## **STATEMENT OF**

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FORM 1		C	RGA	NIZA	TIOI	N				Offic	ce Use	Only		
1. NAME OF COMMITTEE (in	full)		(Check if noise changed)		-	le:If typing, t e lines.	ype	12F	E4M5					
RENASAN <sup>*</sup>	T BAN	KEN	1PLOY	'EES'	VOL	.UNTAI	RY P	OLI	TIC	AL	CO	MM	ITT	EE
ADDRESS (number a	nd street)	209 TR	OY STREET											
(Check if address is changed)		PO BO	X 709											
	,	TUPEL	O CITY A					MS STATE	_ <b>= ^</b>	3880			DDE 🛦	
COMMITTEE'S E-MA	AL ADDRES	3S												
(Check if a is changed		coltor	n.wages@	renasant	t.com									
		Optiona	I Second E	-Mail Addr	ess									
COMMITTEE'S WEB  (Check if a is changed	address	JHESS (C	JHL)											
2. DATE 05	5 24	D / Y	2023											
3. FEC IDENTIFIC	CATION NU	MBER	<b>&gt;</b>	<b>C</b> coo	191759									
4. IS THIS STATEN	MENT	NEV	V (N)	OR	×	AMENDE	D (A)							
I certify that I have e	examined thi	is Statem	ent and to	the best o	f my kno	wledge and	belief it i	s true,	correc	t and	comple	ete.		
Type or Print Name of	of Treasurer	Wages	, Colton, , ,											
Signature of Treasure	er <i>Wages</i> ,	, Colton, , ,			[El	ectronically Fi	iled]	Date	M 05	M /	24	/	2023	YYY
NOTE: Submission of	false, errone				-	t the person : JLD BE REP					enaltie	s of 52	U.S.C.	§30109.
Office Use Only					Fe To	r further informoderal Election ( Il Free 800-424 cal 202-694-110	Commission -9530			ı		FOR ed 06/2		

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TYPE OF COMMITTEE:					
Candidate Committee:					
(a) This committee is a principal campaign committee. (Complete t	he candidate information below.)				
(b) This committee is an authorized committee, and is NOT a princinformation below.)	cipal campaign committee. (Complete the candidate				
Name of Candidate					
Candidate Office Party Affiliation Sought: House	Senate President District				
(c) This committee supports/opposes only one candidate, and is N	OT an authorized committee.				
Name of Candidate					
Party Committee:					
(d) This committee is a (National, State or subordinate) committee	(Democratic, e of the Republican, etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connect	ted organization on line 6.) Its connected organization is a:				
Corporation Corporation w/o	Capital Stock Labor Organization				
Membership Organization Trade Association					
In addition, this committee is a Lobbyist/Registrant PA	AC.				
(f) This committee supports/opposes more than one Federal candi committee. (i.e., nonconnected committee)	date, and is NOT a separate segregated fund or party				
In addition, this committee is a Lobbyist/Registrant PA	AC.				
In addition, this committee is a Leadership PAC. (Iden	ntify sponsor on line 6.)				
(g) This committee is an independent expenditure-only political con	nmittee (Super PAC).				
In addition, this committee is a Lobbyist/Registrant PA	AC.				
(h) This committee is a political committee with both contribution a	nd non-contribution accounts (Hybrid PAC).				
In addition, this committee is a Lobbyist/Registrant PA	NC.				
Joint Fundraising Representative:					
(i) This committee collects contributions, pays fundraising expense committees/organizations, at least one of which is an authorize	·				
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser					
1.	C				
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٧	Vrite or Type Committee Name							
	RENASANT BA	NK EMPLOYEES' VOLUNTARY POLITICA	L COMMITTEE					
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso RENASANT BANK EMPLOYEES' VOLUNTARY POLITICAL COMMITTEE							
	Mailing Address	209 TROY STREET						
		PO BOX 709  TUPELO  MS	38804					
		CITY ▲ STATE ▲	ZIP CODE ▲					
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso					
7.	books and records.	ify by name, address (phone number optional) and position of the person in p	possession of committee					
	Wages, Co	iton, , ,						
	Mailing Address	209 Troy St.						
		Tupelo	38804					
		CITY ▲ STATE ▲	ZIP CODE ▲					
	Title or Position ▼							
	Accounting Manager	Telephone number 662	_ 680 1098					
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of					
	Full Name Wages, Co	lton, , ,						
	of Treasurer							
	Mailing Address	209 Troy St.						
		Tupelo MS	38804					
		CITY ▲ STATE ▲	ZIP CODE ▲					
	Title or Position ▼							

1098

662

Telephone number

680

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Full Name of Designated			
Agent			
Mailing Addres	3		
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
	r Depositories: List all banks or other depositories in which oxes or maintains funds.	h the committee deposits fund	ls, holds accounts, rents
Name of Bank,	Depository, etc.		
	Renasant Bank		
Mailing Address	209 Troy St		
	Tupelo	MS	38804
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲