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STATEMENT OF

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FORM 1		0	RGAN		ΓΙΟ	N						0	ffice U	Jse Or	ılv		
1. NAME OF COMMITTEE (in	full)		Check if nam changed)			ole:If typ ne lines.	ing, ty	pe	1	2FE	E4M				<u>, </u>		
Wicker for S	enate																
ADDRESS (number a	nd street)	PO Box 6	4		1 1 1	1 1	1 1		1 1	ı		1 1	ı	1 1	1 1	ı	
(Check if a	address				1 1 1	1 1		1 1	1 1				1				
is changed	1)	Jackson	ΓY Δ						L	MS TATE		392	205-0		 	DDE 🛦	
COMMITTEE'S E-MA	AL ADDRES	SS															
(Check if a is changed		mimi@w	rickerforsenat	e.com													
		Optional	Second E-Ma	ail Addres	ss												
COMMITTEE'S WEB (Check if a is changed	address	,	erforsenate.co	om 													
2. DATE 04	M / D 10		y y y 2024														
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	C004	43218												
4. IS THIS STATEM	MENT	NEW	(N) O	R	×	AME	NDED	(A)									
certify that I have e	examined thi	s Stateme	nt and to the	best of	my kno	owledge	and b	elief i	t is tr	ue, c	correc	et and	d con	nplete			
Type or Print Name	of Treasurer	Breazeal	e, Paul V., , M	1r.,													
Signature of Treasure	er B <u>reaz</u>	eale, Paul V	′., , Mr.,					_	Dat	е	O	7	/ D	12	/ Y	202	4
NOTE: Submission of	false, errone		mplete inform										pena	alties o	of 52	U.S.C	. §30109
Office Use					Fe	or further ederal Ele oll Free 80	ction Co	ommiss		t:				C F			

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name of Candidate Wicker, Roger, , Sen.,	
Candidate Party Affiliation REP Office Sought: House X Senate President	State MS District 00
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biodilot 00
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	r Organization
	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees Participating in Joint Fundraiser	
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ı	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	rite or Type Committee Name		
<u> </u>	Wicker for Senat	C ganization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
Ο.	Wicker Victory Comm		mative, or readership 1 Ao openior
	Mailing Address	228 S Washington St Ste 115	
		Alexandria	VA 22314-5404 -
		CITY ▲ ST	TATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Re	epresentative Leadership PAC Sponso
	_		_
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of th	ne person in possession of committee
	Breazeale,	Paul V., , Mr.,	
	Full Name	19 Cypress Ln	
	Mailing Address	9 Cypiess Lii	
		Jackson	MS 39211-5935
		CITY ▲ ST	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone numbe	r
8.	any designated agent (e.g., a		ommittee; and the name and address of
	Full Name Breazeale, of Treasurer	Paul V., , Mr.,	
	Mailing Address	9 Cypress Ln	
		Jackson	MS 39211-5935 - -
		CITY ▲ ST	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone numbe	ır

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent Mailing Address	Breazeale, Paul V., , Mr., 9 Cypress Ln	
	Jackson MS CITY STATE	39211-5935 ZIP CODE ▲
Title or Position Treasurer	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits fuxes or maintains funds.	unds, holds accounts, rents
Name of Bank, D	Depository, etc.	
Mailing Address	Renasant Bank 82A Clark Ave Tupelo MS	38804
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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cker						
Address	120 N Congress S	St 				
	Ste 800					
	Jackson			MS	39201-2616]-[
nship:		CITY A		STATE A	ZIP C	ODE A
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ddress						
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] – [
R POSITION ▼		CITY ▲		STATE A	ZIP CO] -
1	Address Connected Connect	Address 120 N Congress S Ste 800 Jackson aship: Connected Organization Agent: Identify by name, address	Address 120 N Congress St Ste 800 Jackson Ship: CITY Connected Organization Affiliated Committee Agent: Identify by name, address (phone number – option	Address 120 N Congress St Ste 800 Jackson Inship: CITY Connected Organization Affiliated Committee X Joint Fundraising Agent: Identify by name, address (phone number – optional)	Address Ste 800 Jackson MS STATE Connected Organization Affiliated Committee X Joint Fundraising Representation Agent: Identify by name, address (phone number – optional)	Address Ste 800 Jackson MS 39201-2616 ship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadersh Leadersh Leadersh

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(h). Joint Fundraisin	g Participant:		
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4.		FEC ID number	er C
lame of Any Connected	Organization, Affiliated Committee, Joi	nt Fundraising Representa	tive, or Leadership PAC Sponsor
2023 Senators Classic	c Committee		
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	VA	22314-5404
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
П	Organization Affiliated Committee	X Joint Fundraising Repres	entative Leadership PAC Spons
Full Manage			
Full Name			
Mailing Address			
	CITY A	STATE 4	ZIP CODE A
Mailing Address	CITY A	STATE 4	ZIP CODE A

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h). Joint Fundraisi	-			
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Team McConnell				
Mailing Address	228 S Washington St			
	Ste 115			
	Alexandria		VA VA	22314-5404
Relationship:	C	ITY 🛦	STATE 4	ZIP CODE A
	d Organization Affiliated Affilia		t Fundraising Represer	tative Leadership PAC Sp
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(h). Joint Fundraisir	ng Participant:		
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Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
2024 Republican Ser	nate Victory		
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	, , , VA ,	22314-5404
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization	Fundraising Representa	ative Leadership PAC Sponso
Designated Agent: Identif	y by name, address (phone number – optional)		
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	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
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ame of Any Connected	d Organization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Spon
Cornyn Victory Com	mittee		
	228 S Washington Street Suite 115		
Mailing Address			
	Alexandria	VA VA	22314-
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
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(h). Joint Fundraising	,		
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Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
2024 Senators Classic	c Committee		
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	, , , , VA ,	22314-5404
Relationship:	CITY A	STATE ▲	ZIP CODE A
		oint Fundraising Representa	
	by name, address (phone number - optional)		
Designated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
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Full Name	CITY	STATE A	ZIP CODE A
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h). Joint Fundraisi	ng Participant:		
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2024 Thune Republi	can Senate Victory		
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	VA	22314-5404
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