FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mississippi Republican Party P. O. Box 60 ADDRESS (number and street) (Check if address is changed) Jackson 39205-0060 MS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address sritchie@bradley.com is changed) Optional Second E-Mail Address troy@politicalfinancialmanagement.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00084368 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Ritchie, Spencer, , Date 05 29 2025 Signature of Treasurer Ritchie, Spencer, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	tion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	ittee. (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 NOT an authorized col	mmittee.
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on li	ne 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a scommittee. (i.e., nonconnected committee)	separate segregated 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	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 a	ccounts (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 process committees or committees of a feet of the committee of the committee of a feet of the committee of	·
(j) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal car	· · · · · · · · · · · · · · · · · · ·
Committees Participating in Joint Fundraiser	
1	C
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W	/rite or Type Committee Name				
	Mississippi Repu	ıblican Party			
6.	-	rganization, Affiliated Committee, Joint Fundrais	sing Represe	entative, or Leaders	hip PAC Sponsor
	NRSC Targeted State	e Victory			
	Mailing Address	PO Box 60148			
		Washington		DC 20039-0	148
		CITY ▲	ST	ΓΑΤΕ ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint F	Fundraising R	epresentative	Leadership PAC Sponsor
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number optional) and	I position of th	ne person in possess	on of committee
	Full Name Brewer, Tro	oy, , , 			
	Mailing Address	Ste. 207			
		Nashville		TN 37205	
		DIT. 1			
	Title or Position ▼	CITY ▲	SI	「ATE ▲	ZIP CODE ▲
	CPA		phone numbe	r	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasussistant treasurer).	urer of the co	ommittee; and the na	me and address of
	Full Name Ritchie, Sp of Treasurer	encer, , ,			.
	Mailing Address	PO Box 80			
		Jackson		MS 39205-0	080
		CITY ▲	ST	ΓΑΤΕ ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer	Telep	hone numbe	r 601 – L	592 9975

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De	all Name of esignated gent			
Ma	ailing Address			
Tit	tle or Position \		ATE ▲	ZIP CODE ▲
L				
		Depositories: List all banks or other depositories in which the committee deces or maintains funds.	eposits funds, hold	s accounts, rents
Na	ıme of Bank, D	epository, etc.		
		Chain Bridge Bank		
Ма	ailing Address	1445-A Laughlin Avenue		
		McLean	VA 22101	
		CITY ▲ STA	TE ▲	ZIP CODE ▲
Na	ıme of Bank, D	epository, etc.		
		Community Bank		1
Ма	ailing Address	3500 Lakeland Dr		
		Flowood	MS 39208	
		CITY ▲ STA	TE A	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
MISSISSIPPI VICTO	PRY 		
Mailing Address	310 FIRST ST SE		
Relationship:	WASHINGTON CITY	DC STATE A	20003 ZIP CODE A
neiationship.	CITY	SIAIE	ZIP CODE A
	d Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	Leadership PAC Spo
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Spo
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Spo
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A relephone Number the committee deposit	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds.	STATE A relephone Number the committee deposit	ZIP CODE A ts funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds.	STATE A relephone Number the committee deposit	ZIP CODE A ts funds, holds accounts, rents

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
		•	
-	d Organization, Affiliated Committee, Joint Fu IONAL COMMITTEE	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	310 FIRST STREET SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect		oint Fundraising Represent	ative Leadership PAC Sp
Connect	ed Organization Affiliated Committee X J		ative Leadership PAC Sp
Connect	ed Organization Affiliated Committee X J		ative Leadership PAC Sp
esignated Agent: Ident	ed Organization Affiliated Committee X J		ative Leadership PAC Sp
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ed Organization	STATE A Telephone Number	ZIP CODE A
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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
TRUMP 47 COMMI	TEE 		
Mailing Address	P.O. BOX 509		
Mailing Addiess			
	ARLINGTON	ı VA	22216
Relationship:	CITY A	STATE A	ZIP CODE A
	ed Organization Affiliated Committee X Jo fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
			Leadership TAC S
esignated Agent: Identi			Leadership TAC S
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