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 pbreazeale@bsoltd.com is changed) Optional Second E-Mail Address troy@politicalfinancialmanagement.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 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 Breazeale, Paul V.,, Breazeale, Paul V., , , Date 04 03 2024 Signature of Treasurer 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 below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) committee of the REP (Democration Republican	c, , etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Coopera	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 Pa	AC).
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.	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.	or more political
Committees Participating in Joint Fundraiser	
1 C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
W	/rite or Type Committee Name		
	Mississippi Repu	ıblican Party	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
	NRSC Targeted State	e Victory	
	Mailing Address	PO Box 60148	
		Washington DC 2003	39-0148
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponse
:	Custodian of Records: Idention books and records.	ify by name, address (phone number optional) and position of the person in poss	ession of committee
	Brewer, Tro	ру, , ,	
	Full Name	95 White Bridge Rd	
	Mailing Address	Ste. 207	
		N. J. W.	
		Nashville TN 3720)5
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	CPA	Telephone number	
 }.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	Full Name Breazeale, of Treasurer	Paul V., , ,	
	or freasurer	PO Box 80	
	Mailing Address	РО ВОХ 80	
		Jackson	05-0080
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		969 - 7440

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Full Name of Designated Agent		
Mailing Addre	ess	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Positi	on ▼	
	Telephone number	
. Banks or Otl safety deposi	ner Depositories: List all banks or other depositories in which the committee deposits funds boxes or maintains funds.	ds, holds accounts, rents
Name of Ban	k, Depository, etc.	
	Chain Bridge Bank	
Mailing Addre	ss1445-A Laughlin Avenue	
	McLean VA	22101
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Ban	k, Depository, etc.	
	Community Bank	
Mailing Addre	ss 3500 Lakeland Dr	
	Flowood MS	39208
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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2				FEC ID	number	C
3.				FEC ID	number	C
4.	1 1 1 1 1 1			 FEC ID	number	С
	Any Connected (Dumanization Affilia	ated Committee Inima	Fundaniaina Dan	wa a a maadii ya	e, or Leadership PAC Spons
	ISSIPPI VICTOR			Lunuraising nep		
Mai	iling Address	310 FIRST ST SE				
		WASHINGTON	<u> </u>		DC	20003
Rel	ationship:		CITY A		STATE A	ZIP CODE ▲
esignat	ed Agent: Identify	by name, address ((phone number – optior	al)		
esignat		by name, address ((phone number – optior	al)		
Full N		by name, address ((phone number – optior	al)		
Full N	Name	by name, address ((phone number — option	nal)		
Full N	Name	by name, address	(phone number — option	nal)		
Full N	Name		(phone number – option		STATE A	ZIP CODE A

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 Fundrais	ing rantopanti		
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 Fur	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	310 FIRST STREET SE		
	WASHINGTON	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joint Indiana Affiliated Committee Indiana Affiliated Com	oint Fundraising Represent	ative Leadership PAC Sp
		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
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Full Name Mailing Address TITLE OR POSITIO anks or Other Depositatety deposit boxes or research.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in whinaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO anks or Other Deposit afety deposit boxes or reame of Bank,	ify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in whinaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO anks or Other Depositatety deposit boxes or reame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in whinaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO anks or Other Depositatety deposit boxes or reame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in whinaintains funds.	STATE A Telephone Number	ZIP CODE A

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

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h). Joint Fundraisi n	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
TRUMP 47 COMMIT	TEE 		
Mailing Address	P.O. BOX 509		
Relationship:	ARLINGTON CITY	VA VA	22216
Relationship:	CILV A	STATE ▲	ZIP CODE ▲
Connected		Fundraising Represent	ative Leadership PAC Sp
Connected	d Organization	Fundraising Represent	ative Leadership PAC Sp
Connected esignated Agent: Identify	d Organization	Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identify	d Organization	Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identify	d Organization	Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identify	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sports ative Leadership PAC Sports ative ZIP CODE
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee X Joint y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	Affiliated Committee X Joint by by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE ZIP code s funds, holds accounts, rents