Image# 202501319748904985			■ PAGE	
FEC FORM 1	STATEMEN ORGANIZ			
1. NAME OF	(Check if name	Example: If typing, type	Office Use Only	
COMMITTEE (in full)	is changed)	over the lines.		
Responsibility and	Freedom Work PA	AC (RFWPAC)		
ADDRESS (number and street)	PO Box 54			
(Check if address is changed)				
is changed)	Jackson		MS 39205-0054 -	
	CITY ▲		STATE ▲ ZIP CODE	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	mimi@wickerforsenate.com) 		
	Optional Second E-Mail Add mimi@wickerforsenate.com	dress		1 1
COMMITTEE'S WEB PAGE AD (Check if address is changed)	URESS (URL)			
2. DATE 12				
3. FEC IDENTIFICATION N	JMBER ► C C	00368696		
I. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined th	nis Statement and to the best	of my knowledge and belief	t is true, correct and complete.	
-			· · · · · · · · · · · · · · · · · · ·	
ype or Print Name of Treasure	r Taylor, Mimi, , ,			
Signature of Treasurer Taylo	or, Mimi, , ,)25
IOTE: Submission of false, erron		may subject the person signing	this Statement to the penalties of 52 U.S. WITHIN 10 DAYS.	.C. §3010
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		

01/31/2025 13 : 59

FEC FC	orm 1 (Revised 03/2022)	Page 2
5. TYF	PE OF COMMITTEE:	
Cai	indidate 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 ca information below.)	ndidate
	Name of Candidate	
	Candidate Office Sought: House X Senate President	State MS
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 00
(0)		
	Name of Candidate	
Par (d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc) Party
Pol	litical Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	ganization is a:
	Corporation Corporation w/o Capital Stock Labor Organ	ization
	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 separate segregated fu committee. (i.e., nonconnected committee)	nd or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	\mathbf{X} 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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(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
2.

Relationship:

Connected Organization

	FEC Form 1 (Revised 0	2/2009)																		Р	age	• 3		
W	Vrite or Type Committee Name																							
	Responsibility ar	nd Freedom V	Vork	PA	C	(R	F۷	٧F	۶A	C)	١													
6.	Name of Any Connected Or	rganization, Affiliated	Commi	ittee, .	Join	t Fu	ndra	aisi	ng l	Rep	res	ent	ativ	/e,	or	Lea	ade	ersh	nip	PA	C S	зроі	ารด	r
	Wicker Victory Comm	nittee																						
	Mailing Address	228 S Washington St																						
		Ste 115	1																					
		Alexandria										L VA	4 ⊥		Į	22	314	4-54	104		-[
			CITY								S	STAT	TE 4	▲					ZIP	, C	ODI	E 🔺		

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Affiliated Organization

X Joint Fundraising Representative

Leadership PAC Sponsor

Taylor, Min	ni, , ,		
Full Name			
Mailing Address	120 North Congress Street		
	Suite 800		
	Jackson		39201-2616
	CITY 🔺	STATE 🔺	ZIP CODE
Title or Position ▼			
Custodian of Records		Telephone number	1 - <u>968</u> - <u>5453</u>

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Taylor, Mimi, , ,
of Treasurer	
Mailing Address	120 North Congress Street
	Suite 800
	Jackson MS 39201-2616 Image: Second seco
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Image:

	FEC	Form	1	(Revised	02/2009)
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Full Name of Designated Agent	Taylor, Mimi, , ,
Mailing Address	120 North Congress Street
	Suite 800
	Jackson MS 39201-2616
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	BancorpSouth		
Mailing Address	P.O. Drawer 789		
	Tupelo	MS 38	802
	CITY A	STATE A	ZIP CODE
Name of Bank, [Pepository, etc.		
Mailing Address			
		_	
	CITY ▲	STATE 🔺	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

or (h). 🔍	Joint Fundraising	Failuc																					
1.											F	EC I	ID r	numb	er	С							
2.											F	EC I	ID r	numb	er	С							
3.								1			F	EC I	ID r	numb	er	С							
4.				1 1	1						F	EC	ID r	numb	er	С							
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Name of A	Any Connected O	rganiz	zation,	Affilia	ated (Comr	nittee	e, Jo	int I	Fund	raisin	g Re	epre	sent	ative	, or	Lea	ders	ship	PA	c s	pon	so
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Mail	ing Address	120	N Cong	ress S	St																		
		Ste	800				I	1 1	I	1 1		1	I		I		I				I		
		Jack	son											MS	1		392	201-2	616	_	-		
Rela	tionship:					CITY							ç	GTATE	 =	L			ZIP	 CO			
		Organiz	zation	ļ	Affiliate	ed Co	mmitt	ee	×	Join	t Func	draisir	ng F	Repre	senta	tive		Le	ader	ship	PAG		
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Full Na	d Agent: Identify I	_		-						_			ng F					Le			PAC		
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Full Na	d Agent: Identify I ame	_		-						_			ng F	<pre>{epre:</pre>				Le	ader:		- L		
Full Na	d Agent: Identify I ame	by nan		-	(phon		mber			_				Aepres							-		
Full Na	d Agent: Identify I ame	by nan		-	(phon	e nur	mber			al)			ST								-		
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CITY

STATE **A**

ZIP CODE

FEC Form 1S (Revised 02/2017)

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

g) or (h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Wicker, Roger, F, S	Organization, Affiliated Committee, Joint Fund	iraising Representati	ve, or Leadership PAC Sponsor
Mailing Address	521 Magnolia Drive		
		MS	38804-3529
Relationship:		STATE A	
Connecte	d Organization	nt Fundraising Represer	tative X Leadership PAC Sponso
Designated Agent: Identif	y by name, address (phone number – optional)		
Mailing Address			
Maning Address			
TITLE OR POSITION		STATE A	ZIP CODE
		Felephone Number	
safety deposit boxes or ma Name of Bank, Depository, etc.	pries: List all banks or other depositories in which aintains funds.	n the committee depos	its funds, holds accounts, rents
Mailing Address			