

Image# 202304199581137077

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) EZELL, WALTER, MICHAEL, ,			2. Candidate's FEC Identification Number H2MS04258	
(b) Address (number and street) 443 CANNON HOUSE OFFICE BUILDING		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code WASHINGTON DC 20515		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate MS 04		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) COMMITTEE TO ELECT MIKE EZELL		
(b) Address (number and street) P.O. BOX 1842		
(c) City, State, and ZIP Code GULFPORT MS 39502		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate EZELL, WALTER, MICHAEL, , <i>[Electronically Filed]</i>	Date 04/19/2023
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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