

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

COMMITTEE TO ELECT MIKE EZELL

ADDRESS (number and street) P.O. BOX 1842

(Check if address is changed)

GULFPORT MS 39502 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) jheathcpa@aol.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 04 / 09 / 2021

3. FEC IDENTIFICATION NUMBER C C00776393

4. IS THIS STATEMENT  NEW (N) OR  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 HEATH, JOHN, STEGALL, , CPA

Signature of Treasurer HEATH, JOHN, STEGALL, , CPA [Electronically Filed] Date 01 / 09 / 2023

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.

5. 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 candidate information below.)

Name of Candidate EZELL, WALTER, MICHAEL, ,

Candidate Party Affiliation REP Office Sought:  House  Senate  President State MS District 04

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (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 line 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 separate segregated fund or party committee. (i.e., nonconnected committee)

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 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

1. \_\_\_\_\_

C \_\_\_\_\_

2. \_\_\_\_\_

C \_\_\_\_\_

Write or Type Committee Name

# COMMITTEE TO ELECT MIKE EZELL

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Grid lines for organization name

Mailing Address

Grid lines for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor

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

HEATH, JOHN, STEGALL, , CPA

Full Name

Grid lines for full name

Mailing Address

P O BOX 1842

Grid lines for mailing address

GULFPORT

MS

39502

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Grid lines for title or position

Telephone number

228

861

1779

Grid lines for telephone number

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).

HEATH, JOHN, STEGALL, , CPA

Full Name of Treasurer

Grid lines for full name of treasurer

Mailing Address

P O BOX 1842

Grid lines for mailing address

GULFPORT

MS

39502

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Grid lines for title or position

Telephone number

228

861

1779

Grid lines for telephone number

Full Name of Designated Agent HEATH, JOHN, STEGALL, , CPA

Mailing Address P O BOX 1842 GULFPORT MS 39502 CITY STATE ZIP CODE

Title or Position TREASURER Telephone number 228 861 1779

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.

CADENCE BANK

Mailing Address 2909 - 13TH STREET GULFPORT MS 39501 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE