## FEC FORM 2

## STATEMENT OF CANDIDACY

									$\overline{}$	
1.	(a) Name of Candidate (in full)								_	
	Ezell, Walter, Michael, ,						natification N	una la aur		
	(b) Address (number and street) 808 Grant Avenue	☐ Check if address changed				Candidate's FEC Identification Number     H2MS04258				
	(c) City, State, and ZIP Code						lew	Amende	d	
	Pascagoula		MS	3956		`	N) OR	(A)		
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidate				
	REPUBLICAN PARTY	House			IVIS	04				
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	N COMMITTEE				
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 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 Ezel	l							
	(b) Address (number and street) P.O. Box 1842								_	
	1.0. Box 10-12									
	(c) City, State, and ZIP Code									
	Gulfport				MS	39502				
									_	
	DE			_	_	COMMITTEES es)				
(Including Joint Fundraising Representatives)										
8.	I hereby authorize the following name candidacy.	ned committee,	which is NO	T my princip	al campaign con	nmittee, to receive and ex	xpend funds	on behalf of my		
	NOTE: This designation should be f	iled with the pri	ncipal campa	aign commit	ee.					
	(a) Name of Committee (in full)								_	
	(b) Address (number and street)									
	(a) / taar eee (nameer and eneet)									
	( ) 0'' 0' 1 1710 0 1									
	(c) City, State, and ZIP Code									
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correc	t and comple	ete.		
Si	gnature of Candidate					Date	•		—	
	zell, Walter, Michael, ,									
	•••, ••••,			[Elec	tronically Filed]	04/07/2021				
N	OTE: Submission of false, erroneous,	, or incomplete	information n	nay subject	the person signir	ng this Statement to pena	alties of 2 U.S	s.C. §437g.	_	
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FEC FORM 2 (REV. 02/2009)