

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL COMMITTEE TO ELECT MIKE EZELL				
ADDRESS (number and street) P.O. BOX 1842				
CITY GULFPORT		STATE MS		ZIP CODE 39502
2. NAME OF CANDIDATE EZELL, WALTER, MICHAEL, ,			3. OFFICE SOUGHT (State and District) House MS 04	
4. FEC IDENTIFICATION NUMBER C00776393				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME BHAKTA, SAM, , ,				
MAILING ADDRESS 1150 BEACH BLVD.			Name of Employer THE CREEKS II, LLC	
CITY BILOXI			Date (month, day, year) 05/27/2022	
STATE MS			Amount 1000.00	
ZIP CODE 39532			Transaction ID : F6.5479	
Occupation REAL ESTATE DEVELOPMENT				
B. FULL NAME DAVIS, RAYMOND, , ,				
MAILING ADDRESS 10601 HIGHWAY 63			Name of Employer CHEMTANE ENERGY LLC	
CITY MOSS POINT			Date (month, day, year) 05/27/2022	
STATE MS			Amount 900.00	
ZIP CODE 39562			Transaction ID : F6.5480	
Occupation OWNER				
C. FULL NAME DAVIS, RAYMOND, , ,				
MAILING ADDRESS 10601 HIGHWAY 63			Name of Employer CHEMTANE ENERGY LLC	
CITY MOSS POINT			Date (month, day, year) 05/27/2022	
STATE MS			Amount 100.00	
ZIP CODE 39562			Transaction ID : F6.5484	
Occupation OWNER				
D. FULL NAME SMITH, G MARSHALL, , ,				
MAILING ADDRESS 2717 SAWGRASS POINT			Name of Employer GULF SALES & SUPPLY	
CITY GAUTIER			Date (month, day, year) 05/27/2022	
STATE MS			Amount 1000.00	
ZIP CODE 39553			Transaction ID : F6.5481	
Occupation OWNER				
E. FULL NAME WITTERSHEIM, DANIEL, , ,				
MAILING ADDRESS 2611 SAW GRASS POINT			Name of Employer BIENVILLE ORTHOPAEDICS	
CITY GAUTIER			Date (month, day, year) 05/27/2022	
STATE MS			Amount 2900.00	
ZIP CODE 39553			Transaction ID : F6.5482	
Occupation PHYSICIAN				
SIGNATURE (optional) HEATH, JOHN S., , ,			DATE 05/27/2022	
[Electronically Filed]			For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)

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ADDRESS (number and street) P.O. BOX 1842			
CITY, STATE, and ZIP CODE GULFPORT MS 39502			
2. NAME OF CANDIDATE EZELL, WALTER, MICHAEL, ,		3. OFFICE SOUGHT (State and District) House MS 04	
4. FEC IDENTIFICATION NUMBER C00776393		<i>continuation page</i>	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE WITTERSHEIM, DANIEL, , , 2611 SAW GRASS POINT GAUTIER MS 39553			
Name of Employer BIENVILLE ORTHOPAEDICS Transaction ID : F6.5483 Occupation PHYSICIAN		Date (month, day, year) 05/27/2022 Amount 2900.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	