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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) McGill, Michael, , ,			2. Candidate's FEC Identification Number H4MS04171	
(b) Address (number and street) PO Box 413		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Long Beach MS 39560		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" 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) MISSISSIPPIANS FOR MICHAEL MCGILL		
(b) Address (number and street) PO BOX 413		
(c) City, State, and ZIP Code LONG BEACH MS 39560		

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 Paul McGill, Michael, Paul, Mr,	Date 09/19/2023
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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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