

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 COVINGTON, RIMMER, , , JR.				
MAILING ADDRESS 1215 EAST BEACH BOULEVARD			Name of Employer SHAGGY'S RESTAURANT	
CITY PASS CHRISTIAN			Date (month, day, year) 06/25/2022	
STATE MS			Amount 2900.00	
ZIP CODE 39571			Transaction ID : F6.6101	
Occupation RESTAURANTEUR				
B. FULL NAME COVINGTON, TAYLOR, , ,				
MAILING ADDRESS 1215 EAST BEACH BOULEVARD			Name of Employer HOMEMAKER	
CITY PASS CHRISTIAN			Date (month, day, year) 06/25/2022	
STATE MS			Amount 2900.00	
ZIP CODE 39571			Transaction ID : F6.6102	
Occupation HOMEMAKER				
C. FULL NAME FONDREN, JIMMY, , ,				
MAILING ADDRESS 906 CONVENT AVENUE			Name of Employer MICHAEL FONDREN LAW FIRM	
CITY PASCAGOULA			Date (month, day, year) 06/25/2022	
STATE MS			Amount 1000.00	
ZIP CODE 39567			Transaction ID : F6.6104	
Occupation LAW CLERK				
D. FULL NAME GASKILL, JOHN, , ,				
MAILING ADDRESS 100 ETHEL CIRCLE			Name of Employer JMG HOME SOLUTIONS LLC	
CITY OCEAN SPRINGS			Date (month, day, year) 06/25/2022	
STATE MS			Amount 2900.00	
ZIP CODE 39564			Transaction ID : F6.6105	
Occupation PARTNER - MANAGER				
E. FULL NAME GASKILL, JOHN, , ,				
MAILING ADDRESS 100 ETHEL CIRCLE			Name of Employer JMG HOME SOLUTIONS LLC	
CITY OCEAN SPRINGS			Date (month, day, year) 06/25/2022	
STATE MS			Amount 2900.00	
ZIP CODE 39564			Transaction ID : F6.6106	
Occupation PARTNER - MANAGER				
SIGNATURE (optional) HEATH, JOHN S., , ,			DATE 06/27/2022	
[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	

--	--	--

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)

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, 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	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
HODGE, CARL, , ,		Name of Employer SELF-EMPLOYED	
P.O. BOX 10		Date (month, day, year) 06/25/2022	
NICHOLSON MS 39463		Amount 2000.00	
		Transaction ID : F6.6107	
		Occupation FIREWORKS RETAILER	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
MCCORMICK, DAVID, , ,		Name of Employer SELF-EMPLOYED	
P.O. BOX 865		Date (month, day, year) 06/25/2022	
PASCAGOULA MS 39568		Amount 1750.00	
		Transaction ID : F6.6108	
		Occupation ATTORNEY AT LAW	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
MURRAY, ALEX, , ,		Name of Employer RAM LOGISTICS, LLC	
11136 LAKE DRIVE		Date (month, day, year) 06/25/2022	
BAY ST. LOUIS MS 39520		Amount 2900.00	
		Transaction ID : F6.6109	
		Occupation PARTNER - MANAGER	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
MURRAY, LEANNE, , ,		Name of Employer OCHSNER HEALTH SYSTEMS	
11136 LAKE DRIVE		Date (month, day, year) 06/25/2022	
BAY ST. LOUIS MS 39520		Amount 2900.00	
		Transaction ID : F6.6110	
		Occupation NURSE PRACTITIONER	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
SMITH, CAMILLE, , ,		Name of Employer COVINGTON CIVIL & ENVIRONMENT	
2300 - 14TH STREET		Date (month, day, year) 06/25/2022	
GULFPORT MS 39501		Amount 2900.00	
		Transaction ID : F6.6103	
		Occupation EXECUTIVE	

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, 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 SPRUILL, BEN, , , 494 NORTH MARKET STREET PASS CHRISTIAN MS 39571			
Name of Employer GULF COAST PRE-STRESS CONCRETE Transaction ID : F6.6111 Occupation VICE PRESIDENT - OPERATIONS		Date (month, day, year) 06/25/2022 Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE WILLIAMS, M.A., , , 1811 RAY STREET OCEAN SPRINGS MS 39564			
Name of Employer RETIRED Transaction ID : F6.6112 Occupation RETIRED		Date (month, day, year) 06/25/2022 Amount 1000.00	
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	