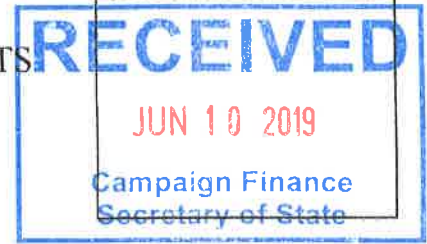


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2019 Election



Name of Committee FRIENDS OF DANE MAXWELL
 Address P.O. BOX 698 City/State/Zip PASCAGOULA, MS 39568
 Telephone 228-762-6343 Fax 228-762-4498
 Treasurer C. SCOTT RANKIN, CPA Email Address SCOTT@RANKINCPA.COM

Check here if above is different from previous report

TYPE OF REPORT

- May 10, 2019 Periodic Report (January 1, 2019 through April 30, 2019) Mandatory
- June 10, 2019 Periodic Report (May 1, 2019 through May 31, 2019) Mandatory
- July 10, 2019 Periodic Report (June 1, 2019 through June 30, 2019) Mandatory
- July 30, 2019 Primary Pre-Election Report (July 1, 2019 through July 27, 2019) Mandatory
- August 20, 2019 Primary Pre-Runoff Report (July 28, 2019 through August 17, 2019) Runoff Candidates Only
- October 10, 2019 Periodic Report (July 1, 2019 through September 30, 2019) Mandatory
- October 29, 2019 Pre-Election Report (October 1, 2019 through October 26, 2019) Mandatory
- November 19, 2019 Pre-Runoff Report (October 27, 2019 through November 16, 2019) Runoff Candidates Only
- January 10, 2020 Periodic Report (October 1, 2019 through December 31, 2019) Mandatory
- Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero cash on hand balance) **Required to terminate reporting obligations**

IMPORTANT


- (1) Political Committees which accept contributions and/or make expenditures for the purpose of influencing or attempting to influence the action of voters for or against any candidate regularly elected in 2019 are required to file periodic, pre-election and annual reports until the filing of a Termination Report.
- (2) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline.

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 6,000.00	\$ 0.00	\$ 6,000.00	\$ 64,625.00
TOTAL AMT OF DISBURSEMENTS	\$ 1,000.72	\$ 0.00	\$ 1,000.72	\$ 58,760.58
CASH ON HAND BALANCE				\$ 8,115.37

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.



Signature of Director or Treasurer



Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Send to: Political Committees supporting or opposing Statewide, State District or Legislative candidates file this form with the Secretary of State: hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P. O. Box 136, Jackson, MS 39205; faxed to (601) 576-2545; or emailed to CampaignFinance@sos.ms.gov. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

Name of Candidate or Committee FRIENDS OF DANE MAXWELL

Reporting period MAY 1, 2019 through MAY 31, 2019

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name GULFPORT PERSONNEL SERVICES	05 / 28 / 19	\$ 500.00
Mailing Address 979 TOMMY MUNRO DR	__ / __ / __	\$
City, State, Zip Code GULFPORT, MS 39532	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MARY SIMNOCH	05 / 28 / 19	\$ 500.00
Mailing Address 819 FORD ST.	__ / __ / __	\$
City, State, Zip Code GULFPORT, MS 39607	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required) DENTAL HYGENIST	Aggregate year-to-date	\$ 1,100.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name RICHARD MAXWELL	05 / 09 / 19	\$ 5,000.00
Mailing Address 807 11TH STREET	__ / __ / __	\$
City, State, Zip Code PASCAGOULA, MS 39567	__ / __ / __	\$
Name of Employer (Required) SELF EMPLOYED	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 5,000.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__ / __ / __	\$
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period MAY 1, 2019 through MAY 31, 2019**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name CARA WILSON	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4506 CAULEY LANE	<u>05 / 07 / 19</u>	\$ 750.00
City, State, Zip Code PASCAGOULA, MS 39567	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 750.00
B. Full name CHARTER BANK	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1721 MEDICAL PARK DR, STE 103	<u>05 / 09 / 19</u>	\$ 250.72
City, State, Zip Code BILOXI, MS 39532	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 17,771.94
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$