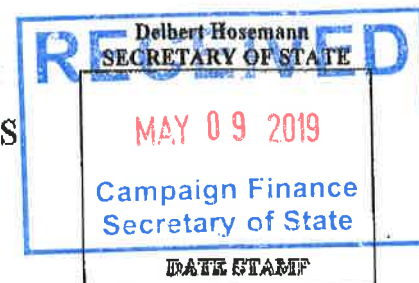


2019 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS

Name of Committee FRIENDS OF DANE MAXWELLAddress PO BOX 698 City/State/Zip PASCAGOULA, MS 39568Telephone 228-762-6343 Fax 228-762-4498Treasurer 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	\$57,075.00	\$1,550.00	\$58,625.00	\$58,625.00
TOTAL AMT OF DISBURSEMENTS	\$57,659.86	\$100.00	\$57,759.86	\$57,759.86
CASH ON HAND BALANCE				\$3,116.09

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

5/9/19

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 MAXWELLReporting period JANUARY 1, 2019 through APRIL 30, 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 ADVANCED PATROL TECH		03 / 21 / 19	\$ 250.00
Mailing Address 17366 GENTRY DRIVE		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39503-8140		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
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 ROY ANDERSON		02 / 21 / 19	\$ 500.00
Mailing Address PO BOX 520		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39502		___ / ___ / ___	\$
Name of Employer (Required) ANDERSON CONSTRUCTION		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. 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 SHERWOOD BAILEY		02 / 21 / 19	\$ 500.00
Mailing Address 813 EAST PASS RD		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39507		___ / ___ / ___	\$
Name of Employer (Required) BAILEY LUMBER		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. 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 WALTER KETCHINGS		02 / 21 / 19	\$ 500.00
Mailing Address 5352 RED CREEK RD		___ / ___ / ___	\$
City, State, Zip Code LONG BEACH, MS 39560		___ / ___ / ___	\$
Name of Employer (Required) BAYOU PORTAGE, LLC		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2019 through APRIL 30, 2019**ITEMIZED RECEIPTS**

A. 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 RONALD BLACKLIDGE		02 / 21 / 19	\$ 500.00
Mailing Address 9025 VICTORIA CIRCLE		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39503		___ / ___ / ___	\$
Name of Employer (Required) RETIRED		___ / ___ / ___	\$
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 FRANK BORDEAUX		02 / 21 / 19	\$ 250.00
Mailing Address 11633 BLUFF LANE		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39503		___ / ___ / ___	\$
Name of Employer (Required) BXS INSURANCE		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. 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 SONYA BRIDGES		02 / 21 / 19	\$ 500.00
Mailing Address 142 ELM DRIVE		___ / ___ / ___	\$
City, State, Zip Code COLUMBUS, MS 39701		___ / ___ / ___	\$
Name of Employer (Required) EAST MISSISSIPPI COMMUNITY COLLEGE		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. 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 GEORGE BRYAN, JR.		02 / 21 / 19	\$ 500.00
Mailing Address 107 HICKORY DRIVE		___ / ___ / ___	\$
City, State, Zip Code OCEAN SPRINGS, MS 39564		___ / ___ / ___	\$
Name of Employer (Required) RETIRED		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2019 through APRIL 30, 2019**ITEMIZED RECEIPTS**

A. 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 STEPHEN BURROW		02 / 21 / 19	\$ 250.00
Mailing Address 1202 GALLERY ST.		___ / ___ / ___	\$
City, State, Zip Code PASCAGOULA, MS 39581		___ / ___ / ___	\$
Name of Employer (Required) SELF EMPLOYED		___ / ___ / ___	\$
Occupation (Required) ATTORNEY		Aggregate year-to-date	\$ 250.00
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 ELIZABETH CLARK		04 / 26 / 19	\$ 200.00
Mailing Address 329 LAKE VILLAGE DRIVE		___ / ___ / ___	\$
City, State, Zip Code MADISON, MS 39110		___ / ___ / ___	\$
Name of Employer (Required) BUTLER SNOW		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
C. 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 CLAY DANIELS		02 / 21 / 19	\$ 200.00
Mailing Address 3710 WASHINGTON AVE		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39508		___ / ___ / ___	\$
Name of Employer (Required) SELF EMPLOYED		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
D. 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 DUKES, DUKES, KEATING & FRANECA		04 / 11 / 19	\$ 250.00
Mailing Address 2909 13TH ST		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39502		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2019 through APRIL 30, 2019**ITEMIZED RECEIPTS**

A. 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 RONNIE GIBSON		<u>04</u> / <u>11</u> / <u>19</u>	\$ 200.00
Mailing Address 6 PLAINVIEW CROSSING		___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402		___ / ___ / ___	\$
Name of Employer (Required) SOUTHEAST AVIATION		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
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 ELENA GUIDA		<u>02</u> / <u>21</u> / <u>19</u>	\$ 500.00
Mailing Address 19 CEDARWOOD LANE		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39503		___ / ___ / ___	\$
Name of Employer (Required) HOMEMAKER		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. 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 BRENT GUTIERREZ		<u>02</u> / <u>21</u> / <u>19</u>	\$ 250.00
Mailing Address 211 CAILLAVET ST		___ / ___ / ___	\$
City, State, Zip Code BILOXI, MS 39530		___ / ___ / ___	\$
Name of Employer (Required) GLOBAL SEAFOOD TECHNOLOGIES		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. 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 JAMES HEIDELBERG		<u>03</u> / <u>21</u> / <u>19</u>	\$ 200.00
Mailing Address 1300 DRIFTWOOD ST		___ / ___ / ___	\$
City, State, Zip Code PASCAGOULA, MS 39667		___ / ___ / ___	\$
Name of Employer (Required) SELF EMPLOYED		___ / ___ / ___	\$
Occupation (Required) ATTORNEY		Aggregate year-to-date	\$ 200.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2019 through APRIL 30, 2019**ITEMIZED RECEIPTS**

A. 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 AL HOPKINS		02 / 21 / 19	\$ 300.00
Mailing Address 2701 24TH AVE		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39501		___ / ___ / ___	\$
Name of Employer (Required) SELF EMPLOYED		___ / ___ / ___	\$
Occupation (Required) ATTORNEY		Aggregate year-to-date	\$ 300.00
B. 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 HRL DISASTER SERVICES		03 / 21 / 19	\$ 1,000.00
Mailing Address 753 GEORGE WISE RD		___ / ___ / ___	\$
City, State, Zip Code CARRIERE, MS 39426-7777		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. 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 INDUSTRIAL CRANE SERVICES		02 / 21 / 19	\$ 500.00
Mailing Address 2301 PETIT BOIS ST		___ / ___ / ___	\$
City, State, Zip Code PASCAGOULA, MS 39581		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. 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 INTERNATIONAL FISHERY DEVELOPMENT SERVICES		02 / 21 / 19	\$ 500.00
Mailing Address PO BOX 207		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39502		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2019 through APRIL 30, 2019**ITEMIZED RECEIPTS**

A. 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 TROY JOHNSTON		04 / 26 / 19	\$ 200.00
Mailing Address 4636 NOTTINGHAM RD		___ / ___ / ___	\$
City, State, Zip Code JACKSON, MS 39211-4928		___ / ___ / ___	\$
Name of Employer (Required) BUTLER SNOW		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
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 ROBERT KNESAL		02 / 21 / 19	\$ 500.00
Mailing Address 111 LUNDGREN LN		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39507		___ / ___ / ___	\$
Name of Employer (Required) UTILITY PARTNERS		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. 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 HENSLEY LEE		04 / 26 / 19	\$ 2,500.00
Mailing Address 753 GEORGE WISE RD		04 / 26 / 19	\$ 5,000.00
City, State, Zip Code CARRIERE, MS 39426		___ / ___ / ___	\$
Name of Employer (Required) SELF EMPLOYED		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 7,500.00
D. 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 EUGENE LITTLE		02 / 21 / 19	\$ 500.00
Mailing Address 8601 RICKY DR		___ / ___ / ___	\$
City, State, Zip Code MOSS POINT, MS 39562		___ / ___ / ___	\$
Name of Employer (Required) RETIRED		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2019 through APRIL 30, 2019**ITEMIZED RECEIPTS**

A. 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 CHARLES LOBRANO		<u>02</u> / <u>21</u> / <u>19</u>	\$ 500.00
Mailing Address 8241 PERSIMMON LN		<u>04</u> / <u>11</u> / <u>19</u>	\$ 500.00
City, State, Zip Code LONG BEACH, MS 39560		___ / ___ / ___	\$
Name of Employer (Required) GULFPORT MEMORIAL HOSPITAL		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
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 MONTE LUFFEY		<u>02</u> / <u>21</u> / <u>19</u>	\$ 200.00
Mailing Address PO BOX 836		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39502-0836		___ / ___ / ___	\$
Name of Employer (Required) SOUTHEAST COMMERCIAL REAL ESTATE		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
C. 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 MARK MAVAR		<u>02</u> / <u>21</u> / <u>19</u>	\$ 500.00
Mailing Address PO BOX 730		___ / ___ / ___	\$
City, State, Zip Code BILOXI, MS 39533		___ / ___ / ___	\$
Name of Employer (Required) BILOXI FREEZING & PROCESSING		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. 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 VICTOR MAVAR		<u>02</u> / <u>21</u> / <u>19</u>	\$ 500.00
Mailing Address PO BOX 1910		___ / ___ / ___	\$
City, State, Zip Code BILOXI, MS 39533		___ / ___ / ___	\$
Name of Employer (Required) RETIRED		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2019 through APRIL 30, 2019**ITEMIZED RECEIPTS**

A. 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 KENT NICAUD		02 / 21 / 19	\$ 500.00
Mailing Address 849 E. SCENIC DR		04 / 11 / 19	\$ 1,000.00
City, State, Zip Code PASS CHRISTIAN, MS 39571		04 / 26 / 19	\$ 5,000.00
Name of Employer (Required) MEMORIAL HOSPITAL		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 6,500.00
B. 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 OIL PLUS, INC.		03 / 21 / 19	\$ 1,000.00
Mailing Address 19006 PINEVILLE RD		___ / ___ / ___	\$
City, State, Zip Code LONG BEACH, MS 39560		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. 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 JASON AND ANNA OVERSTREET		03 / 21 / 19	\$ 500.00
Mailing Address 53 WALTON RD		___ / ___ / ___	\$
City, State, Zip Code WIGGINS, MS 39577		___ / ___ / ___	\$
Name of Employer (Required) SELF EMPLOYED		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. 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 PHILIPS PEST CONTROL CO LLC		02 / 21 / 19	\$ 500.00
Mailing Address 18516 JOE MORAN RD		04 / 11 / 19	\$ 100.00
City, State, Zip Code KILN, MS 39556		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 600.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2019 through APRIL 30, 2019**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input checked="" 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 PICKERING, INC. PAC		<u>02</u> / <u>21</u> / <u>19</u>	\$ 500.00
Mailing Address 6775 LENOX CENTER CT, STE 300		___ / ___ / ___	\$
City, State, Zip Code MEMPHIS, TN 38115		___ / ___ / ___	\$
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 CHARLES PORTER		<u>02</u> / <u>21</u> / <u>19</u>	\$ 1,000.00
Mailing Address 1037 LAKE VILLAGE CIRCLE		___ / ___ / ___	\$
City, State, Zip Code BRANDON, MS 39047		___ / ___ / ___	\$
Name of Employer (Required) SELF-EMPLOYED		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. 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 EDDIE AND MARIA PRESTON		<u>02</u> / <u>21</u> / <u>19</u>	\$ 600.00
Mailing Address 12293 SHEFFIELD RD		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39503		___ / ___ / ___	\$
Name of Employer (Required) EDDIE'S TIRES & AUTOMOTIVE		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. 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 SUSAN SAMSON		<u>02</u> / <u>21</u> / <u>19</u>	\$ 250.00
Mailing Address 24355 OAK ISLAND DR		___ / ___ / ___	\$
City, State, Zip Code PASS CHRISTIAN, MS 39671-8138		___ / ___ / ___	\$
Name of Employer (Required) HOMEMAKER		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2019 through APRIL 30, 2019

ITEMIZED RECEIPTS

A. 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 SIMONICH		02 / 21 / 19	\$ 500.00
Mailing Address 819 FORD ST		04 / 11 / 19	\$ 100.00
City, State, Zip Code GULFPORT, MS 39607		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) DENTAL HYGIENIST		Aggregate year-to-date	\$ 600.00
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 MORRIS STRICKLAND		02 / 21 / 19	\$ 500.00
Mailing Address 6819 WASHINGTON AVE		___ / ___ / ___	\$
City, State, Zip Code OCEAN SPRINGS, MS 39564		___ / ___ / ___	\$
Name of Employer (Required) EAGLE EXPRESS, LLC		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. 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 SHANNON STRUNK		02 / 21 / 19	\$ 250.00
Mailing Address 3001 BEACH BLVD		___ / ___ / ___	\$
City, State, Zip Code PASCAGOULA, MS 39581		___ / ___ / ___	\$
Name of Employer (Required) SELF EMPLOYED		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. 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 THOMPSON LAW OFFICE, PLLC		02 / 21 / 19	\$ 200.00
Mailing Address PO BOX 280		___ / ___ / ___	\$
City, State, Zip Code GULFPORT, MS 39501-0280		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00

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A. 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 STEPHEN VASSALLO		<u>04</u> / <u>11</u> / <u>19</u>	\$ 225.00
Mailing Address 3 HIGHLAND PL		___ / ___ / ___	\$
City, State, Zip Code OXFORD, MS 38655		___ / ___ / ___	\$
Name of Employer (Required) RETIRED		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 225.00
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 BRENT WARR		<u>02</u> / <u>21</u> / <u>19</u>	\$ 500.00
Mailing Address 1814 BEACH DR		<u>04</u> / <u>11</u> / <u>19</u>	\$ 200.00
City, State, Zip Code GULFPORT, MS 39507		___ / ___ / ___	\$
Name of Employer (Required) SELF EMPLOYED		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 700.00
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 CHARTER BANK		<u>01</u> / <u>29</u> / <u>29</u>	\$ 25,000.00
Mailing Address 1721 MEDICAL PARK DR., STE 103		___ / ___ / ___	\$
City, State, Zip Code BILOXI, MS 39532		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 25,000.00
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 JANUARY 1, 2019through APRIL 30, 2019

ITEMIZED DISBURSEMENTS

A. Full name THE GUILDEN ENDEAVOR	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4515 HARRISON AVE	<u>01</u> / <u>29</u> / <u>19</u>	\$ 850.00
City, State, Zip Code GULFPORT, MS 39507	<u>04</u> / <u>22</u> / <u>19</u>	\$ 6,975.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 7,825.00
B. Full name ACE SPECIALTIES, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 80427	<u>02</u> / <u>21</u> / <u>19</u>	\$ 3,319.02
City, State, Zip Code LAFAYETTE, LA 70508	<u>02</u> / <u>27</u> / <u>19</u>	\$ 638.92
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,957.94
C. Full name JACKSON COUNTY REPUBLICAN WOMEN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 2512	<u>04</u> / <u>02</u> / <u>19</u>	\$ 650.00
City, State, Zip Code PASCAOULA, MS 39568	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 650.00
D. Full name RICHARD LEE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 12334 FOX FORREST DR.	<u>04</u> / <u>02</u> / <u>19</u>	\$ 1,000.00
City, State, Zip Code GULFPORT, MS 39503	<u>04</u> / <u>24</u> / <u>19</u>	\$ 1,500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,500.00
E. Full name JERNIGAN COPELAND ATTORNEYS PLLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 587 HIGHLAND COLONY PKWY	<u>04</u> / <u>09</u> / <u>19</u>	\$ 5,517.50
City, State, Zip Code RIDGELAND, MS 39157	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,517.50
F. Full name CHARTER BANK	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>02</u> / <u>11</u> / <u>19</u> <u>03</u> / <u>08</u> / <u>19</u>	\$ 8,630.05 8,630.05
City, State, Zip Code	<u>04</u> / <u>11</u> / <u>19</u>	\$ 261.12
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 17,521.22

Name of Candidate or Committee FRIENDS OF DANE MAXWELL
 Reporting period JANUARY 1, 2019 through APRIL 30, 2019

ITEMIZED DISBURSEMENTS

A. Full name DANE MAXWELL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 811 11TH ST	<u>03</u> / <u>21</u> / <u>19</u>	\$ 10,688.20
City, State, Zip Code PASCAGOULA, MS 39567	<u>04</u> / <u>26</u> / <u>19</u>	\$ 9,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 19,688.20
B. 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	\$
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	\$