

Political Committee
 REPORT OF RECEIPTS AND DISBURSEMENTS
 2021 Annual Report

SECRETARY OF STATE



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 By SOS Elections at 9:51 am, Jan 31, 2022
 DATE STAMP

Name of Committee FRIENDS OF DANE MAXWELL
 Address PO 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

Monday, January 31, 2022 (January 1, 2021 through December 31, 2021) Annual Report
 Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

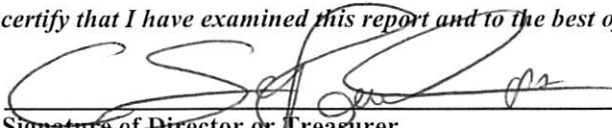
IMPORTANT

- (1) Annual Reports are mandatory UNLESS the political committee filed all 2021 Periodic Reports OR the political committee filed a Termination Report prior to December 31, 2021.
- (2) Until a committee files a Termination Report, annual, periodic and pre-election reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) 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. Political committees supporting or opposing candidates for State, State District, or Legislative Office file with the Secretary of State's Office. Political committees supporting or opposing candidates for county office or county ballot measures file with the circuit clerk's office. Political committees supporting or opposing municipal candidates or municipal ballot measures file with the municipal clerk's office.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

JAN.1, 2021 CASH ON HAND BALANCE			\$1,457.66
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$10,650.00	\$850.00	\$11,500.00
TOTAL AMT OF DISBURSEMENTS	\$12,730.00	\$0.00	\$12,730.00
DEC. 31, 2021 CASH ON HAND BALANCE			\$ 227.66

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

1/31/22
 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).

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2021 through DECEMBER 31, 2021**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	RICHARD DANE MAXWELL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	807 11TH ST	03 / 26 / 21	\$ 500.00
City, State, Zip Code	PASCAGOULA, MS 39567	04 / 09 / 21	\$ 5,000.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		06 / 22 / 21	\$ 750.00
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional)	REIM. FOR VARIOUS CAMPAIGN DONATIONS AND LOAN PAYMENTS	Aggregate Year-to-date	\$ 6,250.00
C. Full name	FIDELIS, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	807 11TH ST.	07 / 09 / 21	\$ 980.00
City, State, Zip Code	PASCAGOULA, MS 39567	__ / __ / __	\$
Purpose of Disbursement (Optional)	REIMB. FOR VIPS TICKETS FOR FUNDRAISER GIVE AWAY	Aggregate Year-to-date	\$ 980.00
D. Full name	JACKSON COUNTY REPUBLICAN WOMEN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO BOX 2512	09 / 16 / 21	\$ 1,000.00
City, State, Zip Code	PASCAGOULA, MS 39569	__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,000.00
E. Full name	BOBBY PAYNE JR	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12179 MURRAY ST.	11 / 01 / 21	\$ 2,000.00
City, State, Zip Code	BILOXI, MS 39532	12 / 02 / 21	\$ 1,500.00
Purpose of Disbursement (Optional)	MARKETING	Aggregate Year-to-date	\$ 3,500.00
F. Full name	MS GOP	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	415 YAZOO ST	11 / 17 / 21	\$ 1,000.00
City, State, Zip Code	JACKSON, MS 39201	__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,000.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2021 through DECEMBER 31, 2021**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	CS-MEI, LLC	<u>04</u> / <u>08</u> / <u>21</u>	\$ 1,250.00
Mailing Address	107 PALASADES BLVD	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	BRANDON, MS 39047	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	N/A	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	N/A	Aggregate year-to-date	\$ 1,250.00
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	McA CONSTRUCTION, INC.	<u>04</u> / <u>08</u> / <u>21</u>	\$ 1,250.00
Mailing Address	107 PALASADES BLVD	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	BRANDON, MS 39047	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	N/A	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	N/A	Aggregate year-to-date	\$ 1,250.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	TOM PAYNE	<u>04</u> / <u>09</u> / <u>21</u>	\$ 500.00
Mailing Address	PO BOX 4956	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	BILOXI, MS 39535	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	SELF EMPLOYED	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	ATTORNEY	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 Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	R.A. PAYNE	<u>04</u> / <u>09</u> / <u>21</u>	\$ 500.00
Mailing Address	2034 BAYSIDE DR	<u>06</u> / <u>16</u> / <u>21</u>	\$ 100.00
City, State, Zip Code	BILOXI, MS 39532	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	RETIRED	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	N/A	Aggregate year-to-date	\$ 600.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2021 through DECEMBER 31, 2021**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	BRANDON PAYNE	04 / 09 / 21	\$ 250.00
Mailing Address	PO BOX 6213	__ / __ / __	\$
City, State, Zip Code	GULFPORT, MS 39506	__ / __ / __	\$
Name of Employer (Required)	THE PAYNE GROUP	__ / __ / __	\$
Occupation (Required)	OWNER	Aggregate year-to-date	\$ 250.00
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	TCSWARE, INC.	04 / 09 / 21	\$ 250.00
Mailing Address	3599 OLD BRANDON RD	__ / __ / __	\$
City, State, Zip Code	PEARL, MS 39208	__ / __ / __	\$
Name of Employer (Required)	N/A	__ / __ / __	\$
Occupation (Required)	N/A	Aggregate year-to-date	\$ 250.00
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	LUCKIES, INC.	04 / 09 / 21	\$ 200.00
Mailing Address	1714 PASS RD	__ / __ / __	\$
City, State, Zip Code	BILOXI, MS 39531	__ / __ / __	\$
Name of Employer (Required)	N/A	__ / __ / __	\$
Occupation (Required)	N/A	Aggregate year-to-date	\$ 200.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	NBB&G, LLC	04 / 09 / 21	\$ 250.00
Mailing Address	PO BOX 1277	__ / __ / __	\$
City, State, Zip Code	BILOXI, MS 39533	__ / __ / __	\$
Name of Employer (Required)	N/A	__ / __ / __	\$
Occupation (Required)	N/A	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2021 through DECEMBER 31, 2021**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	HOME BUILDER'S ASSOCIATION OF MS, PAC FUND	06 / 01 / 21	\$ 200.00
Mailing Address	PO BOX 3556	__ / __ / __	\$
City, State, Zip Code	JACKSON, MS 39207	__ / __ / __	\$
Name of Employer (Required)	N/A	__ / __ / __	\$
Occupation (Required)	N/A	Aggregate year-to-date	\$ 200.00
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	MMHA-PAC	06 / 01 / 21	\$ 500.00
Mailing Address	PO BOX 320369	__ / __ / __	\$
City, State, Zip Code	FLOWOOD, MS 39232	__ / __ / __	\$
Name of Employer (Required)	N/A	__ / __ / __	\$
Occupation (Required)	N/A	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		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	JAMES HEIDELBERG	06 / 15 / 21	\$ 250.00
Mailing Address	1300 DRIFTWOOD ST	__ / __ / __	\$
City, State, Zip Code	PASCAGOULA, MS 39567	__ / __ / __	\$
Name of Employer (Required)	HEIDELBERG STEINBERGER, P.A.	__ / __ / __	\$
Occupation (Required)	ATTORNEY	Aggregate year-to-date	\$ 250.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>LLC</u>			
Full name	DYNAMIC GROUP LLC	06 / 15 / 21	\$ 2,000.00
Mailing Address	9800 AIRLINE HWY, STE 250	__ / __ / __	\$
City, State, Zip Code	BATON ROUGE, LA 70816	__ / __ / __	\$
Name of Employer (Required)	N/A	__ / __ / __	\$
Occupation (Required)	N/A	Aggregate year-to-date	\$ 2,000.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2021 through DECEMBER 31, 2021**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	HOLLIDAY CONSTRUCTION, LLC	<u>06</u> / <u>16</u> / <u>21</u>	\$ 500.00
Mailing Address	534 HWY 26 EAST	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	POPLARVILLE, MS 39470	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	N/A	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	N/A	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 Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	STEPHEN BURROW	<u>06</u> / <u>16</u> / <u>21</u>	\$ 250.00
Mailing Address	PO BOX 2221	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	PASCAGOULA, MS 39569	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	BURROW LAW FIRM	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	ATTORNEY	Aggregate year-to-date	\$ 250.00
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	WAGGONER ENGINEERING, INC.	<u>04</u> / <u>16</u> / <u>21</u>	\$ 200.00
Mailing Address	PO BOX 12227	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	JACKSON, MS 39236-2227	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	N/A	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	N/A	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 Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	WAGGONER RESILIENCE, INC.	<u>04</u> / <u>16</u> / <u>21</u>	\$ 200.00
Mailing Address	10000 CELTIC DRIVE	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	BATON ROUGE, LA 70809	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	N/A	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	N/A	Aggregate year-to-date	\$ 200.00

Name of Candidate or Committee FRIENDS OF DANE MAXWELLReporting period JANUARY 1, 2021 through DECEMBER 31, 2021**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	MARC. A. BRINKMEYER	04 / 16 / 21	\$ 500.00
Mailing Address	1085 HORNBY CREEK RD	___ / ___ / ___	\$
City, State, Zip Code	SANDPOINT, ID 83864-8395	___ / ___ / ___	\$
Name of Employer (Required)	IDAHO FOREST GROUP	___ / ___ / ___	\$
Occupation (Required)	OWNER	Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	IDAHO FOREST GROUP	04 / 16 / 21	\$ 500.00
Mailing Address	4447 E. CHILO RD	___ / ___ / ___	\$
City, State, Zip Code	ATHOL, ID 83801	___ / ___ / ___	\$
Name of Employer (Required)	N/A	___ / ___ / ___	\$
Occupation (Required)	N/A	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 Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	ROBERT GRAND	07 / 30 / 21	\$ 1,000.00
Mailing Address	730 WILLIAMS COVE DR.	___ / ___ / ___	\$
City, State, Zip Code	INDIANAPOLIS, IN 46260	___ / ___ / ___	\$
Name of Employer (Required)	BARNES & THORNBURG	___ / ___ / ___	\$
Occupation (Required)	ATTORNEY	Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan 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	\$