

Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2022 Annual Report

Ref No: CF202327031

Date Filed: 2/2/2023

Michael Watson

Secretary of State

Name of Candidate Friends of Dane MaxwellAddress PO Box 2361 City/State/Zip Pascagoula/39569Telephone (Work) 228-216-4600

(Home)

(Fax)

Contact Name Nicky MaxwellEmail Address nmaxwell@mssecuritypolice.comOffice Sought Public Service Commissioner, Southern District

Check here if above information is different from previous report

TYPE OF REPORT

☒ Tuesday, January 31, 2023 (January 1, 2022 through December 31, 2022)Annual Report

☐ Termination Report (Candidate 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 for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Annual Reports are mandatory for 2022 Judicial candidates who did not file a Termination report by January 10, 2023, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (3) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (4) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed. Candidates who have previously run for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

JAN. 1, 2022 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2022 CASH ON HAND BALANCE			\$

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTR
ACCUMULATED AFTER JANUARY 1, 2018**

JAN. 1, 2022 CASH ON HAND BALANCE			\$227.66
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 41550.00	\$930.00	\$42480.00
TOTAL AMT OF DISBURSEMENTS	\$ 8335.81	\$	\$8335.81
DEC. 31, 2022 CASH ON HAND BALANCE			\$34371.85

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

W. W. Miller
Signature of Director/Treasurer

01/31/2023
Date

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

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to timely submit required reports in accordance with the applicable statutes 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 23-15-813.

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Name of Candidate or Committee Friends of Dane Maxwell

Date Filed: 2/2/2023

Reporting period Jan. 1, 2022 through Dec. 31, 2022Michael Watson
Secretary of State

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Timothy Blackmon</u>		<u>03/09/2022</u>	\$ <u>3000.00</u>
Mailing Address <u>8809 Mermaid Ave</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>self-employed</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>self-employed</u>		Aggregate year-to-date	\$ <u>3000.00</u>
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>J. Ladner</u>		<u>03/11/2022</u>	\$ <u>1500.00</u>
Mailing Address <u>15470 Sub-Ladner Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39503</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$ <u>1500.00</u>
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William Ladner</u>		<u>03/11/2022</u>	\$ <u>1500.00</u>
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Self-employed</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>self-employed</u>		Aggregate year-to-date	\$ <u>1500.00</u>
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kevin Nailer</u>		<u>03/09/2022</u>	\$ <u>3000.00</u>
Mailing Address <u>2608 Beachview Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>self-employed</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>self-employed</u>		Aggregate year-to-date	\$ <u>3000.00</u>

Name of Candidate or Committee Friends of Dane Maxwell

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Reporting period Jan. 1, 2022 through Dec. 31, 2022**Michael Watson**
Secretary of State**ITEMIZED RECEIPTS**

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Mary Burrow		04/19/2022	\$ 300.00
Mailing Address 1202 Gallery Street		___/___/___	\$
City, State, Zip Code Pascagoula, MS 39581		___/___/___	\$
Name of Employer (Required) Medical Arts Pharmacy		___/___/___	\$
Occupation (Required) Pharmacist		Aggregate year-to-date	\$ 300.00
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Andrew Gillich, Jr.		04/26/2022	\$ 500.00
Mailing Address 2026 Tuilleries Cove		09/21/2022	\$ 500.00
City, State, Zip Code Biloxi, MS 39531		___/___/___	\$
Name of Employer (Required) City of Biloxi		___/___/___	\$
Occupation (Required) Mayor		Aggregate year-to-date	\$1000.00
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Vivian Dailey		04/26/2022	\$ 100.00
Mailing Address 2135 Kingslea Drive		___/___/___	\$
City, State, Zip Code Gautier, MS 39563		___/___/___	\$
Name of Employer (Required) retired		___/___/___	\$
Occupation (Required) retired		Aggregate year-to-date	\$ 100.00
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Walter Perez		04/26/2022	\$ 1000.00
Mailing Address 607 Lakeview Drive		___/___/___	\$
City, State, Zip Code Pascagoula, MS 39567		___/___/___	\$
Name of Employer (Required) retired		___/___/___	\$
Occupation (Required) retired		Aggregate year-to-date	\$ 1000.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bobby Payne, Jr.		04/26/2022	\$ 250.00
Mailing Address 12179 Murray Street		09/21/2022	\$ 200.00
City, State, Zip Code Biloxi, MS 39532		___/___/___	\$
Name of Employer (Required) retired		___/___/___	\$
Occupation (Required) retired		Aggregate year-to-date	\$ 450.00
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mobi Solangi		04/26/2022	\$ 500.00
Mailing Address PO Box 207		___/___/___	\$
City, State, Zip Code Gulfport, MS 39502		___/___/___	\$
Name of Employer (Required) IMMS		___/___/___	\$
Occupation (Required) Director		Aggregate year-to-date	\$ 500.00
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Delbert Hosemann, Jr.		04/26/2022	\$ 1000.00
Mailing Address 2219 Heritage Hill Drive		___/___/___	\$
City, State, Zip Code Jackson, MS 39211		___/___/___	\$
Name of Employer (Required) State of MS		___/___/___	\$
Occupation (Required) elected official		Aggregate year-to-date	\$ 1000.000
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Brian Estes		04/26/2022	\$ 1000.00
Mailing Address PO Box 70		___/___/___	\$
City, State, Zip Code Flora, MS 39071		___/___/___	\$
Name of Employer (Required) self-employed		___/___/___	\$
Occupation (Required) self-employed		Aggregate year-to-date	\$ 1000.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>John Dane, III</u>		<u>04/26/2022</u>	\$ 1000.00
Mailing Address <u>11638 Bluff Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39503</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>self-employed</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>self-employed</u>		Aggregate year-to-date	\$ 1000.00
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Cloyd & Associates</u>		<u>04/26/2022</u>	\$ 200.00
Mailing Address <u>433 East Beach Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 200.00
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Guidepointe, LLC</u>		<u>04/25/2022</u>	\$ 1000.00
Mailing Address <u>1037 Lake Villiage Circle, Suite A</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon, MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1000.00
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Victor Mavar</u>		<u>04/21/2022</u>	\$ 100.00
Mailing Address <u>PO Box 1910</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Biloxi, MS 39533</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$ 100.00

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ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deviney Construction</u>	<u>04/06/2022</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 6717</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39282</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baker Services</u>	<u>04/07/2022</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 6717</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39282</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jackson Excavating</u>	<u>04/08/2022</u>	\$ <u>500.00</u>
Mailing Address <u>1059 Deviney Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Raymond, MS 39154</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deviney Bros Inc</u>	<u>04/06/2022</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 6717</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39282</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

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Name of Candidate or Committee Friends of Dane Maxwell

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr. Jay Willis, Jr.	04/27/2022	\$ 500.00
Mailing Address 1207 Driftwood	___/___/___	\$
City, State, Zip Code Pascagoula, MS 39567	___/___/___	\$
Name of Employer (Required) City of Pascagoula	___/___/___	\$
Occupation (Required) Mayor	Aggregate year-to-date	\$ 500.00
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jimmy Heidelberg	04/29/2022	\$ 250.00
Mailing Address 1300 Driftwood	___/___/___	\$
City, State, Zip Code Pascagoula, MS 39567	___/___/___	\$
Name of Employer (Required) Heidelberg & Steinberger	___/___/___	\$
Occupation (Required) attorney	Aggregate year-to-date	\$ 250.00
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Peggy Eley	05/11/2022	\$ 50.00
Mailing Address 2711 Ridgewood Avenue	___/___/___	\$
City, State, Zip Code Pascagoula, MS 39567	___/___/___	\$
Name of Employer (Required) retired	___/___/___	\$
Occupation (Required) retired	Aggregate year-to-date	\$ 50.00
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Major General Al Hopkins	05/12/2022	\$ 500.00
Mailing Address 2701 24th Avenue	___/___/___	\$
City, State, Zip Code Gulfport, MS 39501	___/___/___	\$
Name of Employer (Required) Hopkins Law	___/___/___	\$
Occupation (Required) attorney	Aggregate year-to-date	\$ 500.00

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Secretary of State**ITEMIZED RECEIPTS**

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MidWest Water Operations, LLC</u>		<u>06/13/2022</u>	\$ <u>5000.00</u>
Mailing Address <u>1351 Jefferson Street, Suite 301</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Washington, MO 63090</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>5000.00</u>
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>21 Design Group</u>		<u>06/09/2022</u>	\$ <u>5000.00</u>
Mailing Address <u>1351 Jefferson Street, Suite 301</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Washington, MO 63090</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>5000.00</u>
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BL-STL, LLC</u>		<u>06/08/2022</u>	\$ <u>5000.00</u>
Mailing Address <u>13421 Manchester Road, Suite 103</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>St. Louis, MO 63131</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>5000.00</u>
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sherri Thornton</u>		<u>09/29/2021</u>	\$ <u>500.00</u>
Mailing Address <u>706 Live Oak</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Pascagoula, MS 39567</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Coldwell Banker</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>realtor</u>		Aggregate year-to-date	\$ <u>500.00</u>

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dudley Maples</u>		<u>09/12/2022</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 292</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Meridian, MS 39302</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gulf South Hospitality, Inc</u>		<u>09/12/2022</u>	\$ <u>250.00</u>
Mailing Address <u>57 Shoreline Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39503</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Clay Daniels</u>		<u>09/20/2022</u>	\$ <u>250.00</u>
Mailing Address <u>3710 Washington Ave</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39507</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>self-employed</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>landscaper</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mitch Bryan, Jr.</u>		<u>09/21/2022</u>	\$ <u>200.00</u>
Mailing Address <u>107 Hickory Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Friends of Dane MaxwellPage 0 of 10 Ref No: CF202327031Reporting period Jan. 1, 2022 through Dec. 31, 2022

Date Filed: 2/2/2023

Michael Watson
Secretary of State

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) <u>Political Campaign</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Phillip Moran Campaign</u>		<u>09/15/2022</u>	\$ <u>1000.00</u>
Mailing Address <u>18516 Old Joe Moran Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Kiln, MS 39556</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CS-MEI, LLC.</u>		<u>09/21/2022</u>	\$ <u>250.00</u>
Mailing Address <u>107 Palisades Blvd.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon, MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gulf South Properties</u>		<u>09/21/2022</u>	\$ <u>250.00</u>
Mailing Address <u>107 Palisades Blvd.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon, MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gulf Hydraulics & Pneumatics</u>		<u>09/07/2022</u>	\$ <u>500.00</u>
Mailing Address <u>10420 Lamey Bridge Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>d'Iberville, MS</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Friends of Dane Maxwell

Date Filed: 2/2/2023

Reporting period Jan. 1, 2022 through Dec. 31, 2022Michael Watson
Secretary of State

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Jim Reeves, Jr</u>		<u>10/10/2022</u>	\$ <u>2000.00</u>
Mailing Address <u>160 Main Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Biloxi, MS 39530</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Reeves & Mestayer</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>attorney</u>		Aggregate year-to-date	\$ <u>2000.00</u>
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Henry Barbour</u>		<u>10/11/2022</u>	\$ <u>300.00</u>
Mailing Address <u>686 Woodland Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Yazoo City, MS 39194</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Capitol Resources</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>consultant</u>		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Cindy Elmore</u>		<u>09/22/2022</u>	\$ <u>100.00</u>
Mailing Address <u>7604 Methodist Church Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Moss Point, MS 39562</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Jackson County</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Admin assistant</u>		Aggregate year-to-date	\$ <u>100.00</u>
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Mark Mavar</u>		<u>10/26/2022</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 730</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Biloxi, MS 39533</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>self-employed</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>self-employed</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Friends of Dane Maxwell

Date Filed: 2/2/2023

Reporting period Jan. 1, 2022through Dec. 31, 2022Michael Watson
Secretary of State**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☒ On or After January 1, 2018

A. Full name Community Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3419 Market Street	03/31/2022	\$ 2.00
City, State, Zip Code Pascagoula, MS 39567	04/29/2022	\$ 2.00
Purpose of Disbursement (Optional) Service Fees	Aggregate Year-to-date	\$
B. Full name Community Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05/31/2022	\$ 2.00
City, State, Zip Code	06/30/2022	\$ 2.00
Purpose of Disbursement (Optional) Service Fees	Aggregate Year-to-date	\$
C. Full name Community Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07/29/2022	\$ 2.00
City, State, Zip Code	08/31/2022	\$ 2.00
Purpose of Disbursement (Optional) Service Fees	Aggregate Year-to-date	\$
D. Full name Community Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09/30/2022	\$ 2.00
City, State, Zip Code	10/31/2022	\$ 2.00
Purpose of Disbursement (Optional) Service Fees	Aggregate Year-to-date	\$
E. Full name Community Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/30/2022	\$ 2.00
City, State, Zip Code	12/30/2022	\$ 2.00
Purpose of Disbursement (Optional) Service Fees	Aggregate Year-to-date	\$ 20.00
F. Full name Jackson County Republican Women	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 2512	06/09/2022	\$ 800.00
City, State, Zip Code Pascagoula, MS 39569	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ 800.00

Name of Candidate or Committee **Friends of Dane Maxwell**Reporting period **Jan. 1, 2022** through **Dec. 31, 2022****ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☒ On or After January 1, 2018

A. Full name Jackson News Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	06/10/2022	\$ 1500.00
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ 1500.00
B. Full name Committee to Elect John Ledbetter Sheriff	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 731	06/13/2022	\$ 1000.00
City, State, Zip Code Pascagoula, MS 39568	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	\$ 1000.00
C. Full name Committee to Elect Stephen Burrow	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1126 Jackson Avenue	08/16/2022	\$ 1000.00
City, State, Zip Code Pascagoula, MS 39568	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	\$ 1000.00
D. Full name SoSo Strong Foundation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 632	09/19/2022	\$ 1250.00
City, State, Zip Code Ocean Springs, MS 39566	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ 1250.00
E. Full name East Central Men's Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09/22/2022	\$ 500.00
City, State, Zip Code Moss Point, MS 39562	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ 500.00
F. Full name Citizen's Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1519 Jackson Avenue	09/26/2022	\$ 209.78
City, State, Zip Code Pascagoula, MS 39568	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 209.78

Name of Candidate or Committee Friends of Dane MaxwellReporting period Jan. 1, 2022 through Dec. 31, 2022

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☒ On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cheyenne Anderson	09/28/2022	\$ 350.00
Mailing Address		
City, State, Zip Code		
Ocean Springs, MS 39564		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 350.00
Photography		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Thunder's	09/29/2022	\$ 733.62
Mailing Address		
1339 Market Street		
City, State, Zip Code		
Pascagoula, MS 39567		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 733.62
Fundraiser expense		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Dane Maxwell	10/11/2022	\$ 180.00
Mailing Address		
PO Box 2361		
City, State, Zip Code		
Pascagoula, MS 39569		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 180.00
reimbursement/fundraiser		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Caroline Nettles	10/13/2022	\$ 140.00
Mailing Address		
City, State, Zip Code		
Ocean Springs, MS 39564		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 140.00
reimbursement/fundraiser		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Goodgames Printing	12.07/2022	\$ 652.41
Mailing Address		
5402 Industrial Road		
City, State, Zip Code		
Pascagoula, MS 39581		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 652.41
printing expense		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Ref No: CF202327031

Date Filed: 2/2/2023

Michael Watson

Secretary of State