2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
OCT 26 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee: CAMPAIGN TO ELECT CRAIG BRASFIELD

Address: P.O. BOX 4142 BRANDON, MS 39047

Telephone: (601) 668-9494 Fax: (601) 707-5952

Treasurer: DALE HUGBARD Email: hstern3@bellsouth.net

☐ Check here if above is different from previous report

TYPE OF REPORT

_____ May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010)..... Mandatory

_____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)..... Mandatory

_____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)..... Mandatory

_____ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)..... Mandatory

X October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)..... Mandatory

_____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... Runoff Candidates

_____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)..... Mandatory

_____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

(1) Pre-Election reports are mandatory, 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 this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. 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. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	$ 3,315.24 + $ 1,470	$ 4,785.24	$ 28,135.29
Total amount of disbursements	$ 6,488.96 + $ 184.58	$ 6,673.54	$ 22,941.61
Total amount of cash on hand		$ 4,438.60	

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: [signature] Date: 10/26/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of $50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2619.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee: CAMPAIGN TO ELECT CRAIG BRASFIELD

Reporting period: OCTOBER 1, 2010 through OCTOBER 23, 2010

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: CAROL STERN Mailing Address: 118 WATERWOOD DR. City, State, Zip Code: BRANDON, MS 39047 Purpose of Disbursement (Optional):	10/5/10 __/__/__ Aggregate Year-to-date	$ 101.54 $ $ 5,101.54
B. Full name: LAMAR COMPANIES Mailing Address: P.O. BOX 96030 City, State, Zip Code: BATON ROUGE, LA 70896 Purpose of Disbursement (Optional):	10/5/10 __/__/__ Aggregate Year-to-date	$ 1,600.00 $ $ 1,600.00
C. Full name: STAMM ADVERTISING Mailing Address: 4445 ROBINSON ROAD City, State, Zip Code: JACKSON, MS 39209 Purpose of Disbursement (Optional):	10/11/10 __/__/__ Aggregate Year-to-date	$ 922.88 $ $ 3,090.99
D. Full name: US NETWORX Mailing Address: 6360 I-55 NORTH, 3RD FLOOR City, State, Zip Code: JACKSON, MS 39211 Purpose of Disbursement (Optional):	10/12/10 __/__/__ Aggregate Year-to-date	$ 49.95 $ $ 450.43
E. Full name: SERVICE PRINTERS Mailing Address: P.O. BOX 320249 City, State, Zip Code: FLOWOOD, MS 39232-0249 Purpose of Disbursement (Optional):	10/14/10 10/18/10 Aggregate Year-to-date	$ 755.42 $ 775.75 $ 4,207.24
F. Full name: CRAIG BRASFIELD Mailing Address: 518 BEACON COVE City, State, Zip Code: BRANDON, MS 39047 Purpose of Disbursement (Optional):	10/15/10 __/__/__ Aggregate Year-to-date	$ 215.24 $ $ 755.08

Name of Candidate or Committee CAMPAIGN TO ELECT CRAIG BRASFIELD

Reporting period OCTOBER 1, 2010 through OCTOBER 23, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
HARVEY DALLAS PRINTING & GRAPHICS	10/19/10	$ 1,123.68
Mailing Address P.O. Box 902		
City, State, Zip Code JACKSON, MS 39205-0902	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,123.68

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
DEARING ADDRESSING		
Mailing Address 200 I-55 TRACE DR., SUITE A	10/20/10	$ 694.50
City, State, Zip Code RIDGELAND, MS 39157	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,049.81

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
G. WILLIAMS MARKETING, INC.		
Mailing Address 755 AVIGNON DR.	10/22/10	$ 250.00
City, State, Zip Code RIDGELAND, MS 39157	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00

D. 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	$

E. 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	$

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	$

Name of Candidate or Committee CAMPAIGN TO ELECT CRAIG BRAFFIELD

Reporting period OCTOBER 1, 2010 through OCTOBER 23, 2010

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CERTIFIED HOSPITALITY CORP	10/5/10	$ 500.00
Mailing Address: 1554 WEST PEACE STREET	__/__/__	$
City, State, Zip Code: CANTON, MS 39046	__/__/__	$
Name of Employer (Required): CERTIFIED HOSPITALITY CORP	__/__/__	$
Occupation (Required): HOTEL RESTAURANT MANAGEMENT	Aggregate year-to-date	$ 500.00

B. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BONNIE BRIDGERS SMITH	10/8/10	$ 300.00
Mailing Address: 9 POND SIDE DR.	__/__/__	$
City, State, Zip Code: JACKSON, MS 39211	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

C. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MARCY B. CROFT	10/8/10	$ 500.00
Mailing Address: 125 GLENWOOD ~~BEND~~	__/__/__	$
City, State, Zip Code: MADISON, MS 39110	__/__/__	$
Name of Employer (Required): FORMAN PERRY, WATKINS, KRUTZ & TARDY	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 500.00

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: KITCHENS AND HARDWICK, PLLC	10/8/10	$ 250.00
Mailing Address: 1037B LAKE VILLAGE CIRCLE	__/__/__	$
City, State, Zip Code: BRANDON, MS 39047	__/__/__	$
Name of Employer (Required): KITCHEN AND HARDWICK, PLLC	__/__/__	$
Occupation (Required): ATTORNEYS	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee CAMPAIGN TO ELECT CRAIG BRASFIELD

Reporting period OCTOBER 1, 2010 through OCTOBER 23, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: W. MAC ELLIOTT	10/8/10	$ 500.00
Mailing Address: P.O. BOX 5199	__/__/__	$
City, State, Zip Code: JACKSON, MS 39296	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: PORTER & MALOUF P.A.	10/15/10	$ 750.00
Mailing Address: P.O. BOX 12768	__/__/__	$
City, State, Zip Code: JACKSON, MS 39236-2768	__/__/__	$
Name of Employer (Required): PORTER & MALOUF P.A.	__/__/__	$
Occupation (Required): ATTORNEYS	Aggregate year-to-date	$ 750.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BETH ALDRIDGE	10/20/10	$ 300.00
Mailing Address: 241 SYCAMORE LANE	__/__/__	$
City, State, Zip Code: MADISON MS 39110	__/__/__	$
Name of Employer (Required): TRINITY REHABILITATION, INC.	__/__/__	$
Occupation (Required): PHYSICAL THERAPIST	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) IN KIND	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CRAIG BRASFIELD	10/15/10	$ 215.24
Mailing Address: 518 BEACON COVE	__/__/__	$
City, State, Zip Code: BRANDON, MS 39047	__/__/__	$
Name of Employer (Required): FORMAN, PERRY, WATKINS, KRUTZ & TARDY	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 755.00