2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
DEC 22 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 HUBBARD 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**

_____ **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**

X **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	$4,532.67 + $ 1,500	$ 6,032.67	$ 34,167.96
Total amount of disbursements	$9,083.82 + $ 154.78	$ 9,238.60	$ 32,180.21
Total amount of cash on hand		$ Ø	

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: 12/21/10

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 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee CAMPAIGN TO ELECT CRAIG BERSFIELD

Reporting period OCTOBER 24, 2010 through TERMINATION

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PROVIAS CONSTRUCTION, LLC	10/26/10	$ 1,000.00
Mailing Address: P.O. BOX 1614	__/__/__	$
City, State, Zip Code: BRANDON, MS 39043	__/__/__	$
Name of Employer (Required): PROVIAS CONSTRUCTION, LLC	__/__/__	$
Occupation (Required): CONSTRUCTION COMPANY	Aggregate year-to-date	$

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MARK K. McKAY, P.A.	10/27/10	$ 250.00
Mailing Address: 540 EAST JACKSON ST.	__/__/__	$
City, State, Zip Code: RIDGELAND, MS 39157	__/__/__	$
Name of Employer (Required): MARK K. McKAY, P.A.	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$

C. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RICHARD A. BROWN	10/29/10	$ 300.00
Mailing Address: 120 NORTH CONGRESS STREET, STE 400	__/__/__	$
City, State, Zip Code: JACKSON, MS 39201	__/__/__	$
Name of Employer (Required): COSMICH, SIMMONS + BROWN, PLLC	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$

D. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JOHN D. COSMICH	10/29/10	$ 1,000.00
Mailing Address: P.O. BOX 22626	__/__/__	$
City, State, Zip Code: JACKSON, MS 39225-2626	__/__/__	$
Name of Employer (Required): COSMICH, SIMMONS & BROWN, PLLC	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$

Name of Candidate or Committee CAMPAIGN TO ELECT CRAIG BRASFIELD

Reporting period OCTOBER 24, 2010 through TERMINATION

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DON EVANS, PLLC	10/28/10	$ 250.00
Mailing Address: 500 E. CAPITOL ST., SUITE 2	__/__/__	$
City, State, Zip Code: JACKSON, MS 39201	__/__/__	$
Name of Employer (Required): DON EVANS, PLLC	__/__/__	$
Occupation (Required): ATTORNEYS	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: FRED KRUTZ, III	12/2/10	$ 500.00
Mailing Address: 1029 ANNONDALE DR.	__/__/__	$
City, State, Zip Code: MADISON, MS 39110	__/__/__	$
Name of Employer (Required): FORMAN, PERRY, WATKINS, KRUTZ & TARDY, PLLC	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) IN KIND	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CRAIG BRASFIELD	11/10/10	$ 100.42
Mailing Address: 5/8 BEACON COVE	11/11/10	$ 1132.25
City, State, Zip Code: BRANDON, MS 39047	__/__/__	$
Name of Employer (Required): FORMAN, PERRY, WATKINS, KRUTZ & TARDY,	__/__/__	$
Occupation (Required): ATTORNEYS	Aggregate year-to-date	$ 1,987.75

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ 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	$

Name of Candidate or Committee: CAMPAIGN TO ELECT CRAIG BRASFIELD

Reporting period: OCTOBER 24, 2010 through: TERMINATION

ITEMIZED DISBURSEMENTS

A. Full name: SERVICE PRINTERS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. BOX 320249	10/26/10	$ 861.35
City, State, Zip Code: FLOWOOD, MS 39232-0249	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5,068.59
B. Full name: CAROL STERN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 118 WATERWOOD DR.	11/4/10	$ 2,000.00
City, State, Zip Code: BRANDON, MS 39047	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 7,101.54
C. Full name: CLARION LEDGER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. BOX 677577	11/9/10	$ 1,480.80
City, State, Zip Code: DALLAS, TX 75267-7577	12/6/10	$ 1,942.80
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3,423.60
D. Full name: IRL DEAN RHODES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 159 DOGWOOD PLACE	11/10/10	$ 596.90
City, State, Zip Code: FLOWOOD, MS 39232	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 596.90
E. Full name: CRAIG BRASFIELD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 518 BEACON COVE	11/10/10	$ 100.42
City, State, Zip Code: BRANDON, MS 39047	12/20/10	$ 1,132.25
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,987.75
F. Full name: RANKIN COUNTY NEWS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 207 EAST GOVERNMENT ST.	12/13/10	$ 960.00
City, State, Zip Code: BRANDON, MS 39043-0107	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 960.00