2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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ELECTIONS DIVISION
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Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

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

X 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

____ 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	$ 3,250 +$ 1,750	$ 5,000	$ 16,610.21
Total amount of disbursements	$ 1,264 +$ 56.05	$ 1,320.05	$ 8926
Total amount of cash on hand		$ 7,684.21	

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: 7/1/10

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.

SOS 01-1

Name of Candidate or Committee CAMPAIGN TO ELECT CRAIG BEASFIELD

Reporting period JUNE 1, 2010 through JUNE 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: F. LEE BOWIE, JR.	6/21/10	$ 250.00
Mailing Address: 4038 EASTWOOD PLACE	__/__/__	$
City, State, Zip Code: JACKSON, MS 39211	__/__/__	$
Name of Employer (Required): DAVIDSON & BOWIE	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PHILLIP S. SYKES	6/21/10	$ 250.00
Mailing Address: 1505 N. STATE ST.	__/__/__	$
City, State, Zip Code: JACKSON, MS 39202	__/__/__	$
Name of Employer (Required): FORMAN, PERRY, WATKINS, KRUTZ & TARDY	__/__/__	$
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: IRIS NELL WEAVER	6/21/10	$ 2,000.00
Mailing Address: 60500 COTTON GIN PORT ROAD	6/21/10	$ 500.00
City, State, Zip Code: AMORY, MS 38821	__/__/__	$
Name of Employer (Required): RETIRED	__/__/__	$
Occupation (Required): RETIRED	Aggregate year-to-date	$ 2,500.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: FIRST HERITAGE CREDIT, LLC	6/21/10	$ 250.00
Mailing Address: 605 CRESCENT BLVD, SUITE 101	__/__/__	$
City, State, Zip Code: RIDGELAND, MS 39157	__/__/__	$
Name of Employer (Required): FIRST HERITAGE CREDIT, LLC	__/__/__	$
Occupation (Required): FINANCE COMPANY	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee CAMPAIGN TO ELECT CRAIG BRASFIELD

Reporting period JUNE 1, 2010 through JUNE 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name CAROL STERN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 118 WATERWOOD DR.	6/2/10	$ 1,000.00
City, State, Zip Code BRANDON, MS 39047	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3,000.00
B. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 611 S. PEAR ORCHARD RD.	6/10/10	$ 264.00
City, State, Zip Code RIDGELAND, MS 39157-9998	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 484.00
C. 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	$
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	$