2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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DATE STAMP

# 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: hsteen3@bellsouth.net

☐ Check here if above is different from previous report

**TYPE OF REPORT**

X 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

____ 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 | $ 9,500.00 | +$ 860.21 | $ 10,360.21 | $ 10,360.21 |
| Total amount of disbursements | $ 6,298.69 | +$ 256.29 | $ 6,554.98 | $ |
| Total amount of cash on hand | | | $ 3,805.23 | |

*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: Dale Hubbard

Date: 5/3/10

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 01-10

Name of Candidate or Committee CAMPAIGN TO ELECT CRAIG BRASFIELD

Reporting period 1/1/10 through 4/30/10

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: WALTER BOONE | 3/9/10 | $ 1,000.00 |
| Mailing Address: 1305 BELVOIR PLACE | / / | $ |
| City, State, Zip Code: JACKSON, MS 39202 | / / | $ |
| Name of Employer (Required): FORMAN, PERRY, WATKINS, KRUTZ & TARDY | / / | $ |
| Occupation (Required): ATTORNEY | Aggregate year-to-date | $ 1,000.00 |

| B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: ALAN OUBRE | 3/10/10 | $ 250.00 |
| Mailing Address: 691 BEAVER LAKE ROAD | / / | $ |
| City, State, Zip Code: HATTIESBURG, MS 39401-9272 | / / | $ |
| Name of Employer (Required): HATTIESBURG PUBLIC SCHOOLS | / / | $ |
| Occupation (Required): ADMINISTRATOR | 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: WALTER G. WATKINS, JR. | 3/10/10 | $ 2,500.00 |
| Mailing Address: 127 SOUTHERN RIDGE | / / | $ |
| City, State, Zip Code: MADISON, MS 39110 | / / | $ |
| Name of Employer (Required): FORMAN, PERRY, WATKINS, KRUTZ & TARDY | / / | $ |
| Occupation (Required): ATTORNEY | 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: EDWIN SPIVEY GAULT, JR. | 3/10/10 | $ 250.00 |
| Mailing Address: 4170 QUAIL RUN ROAD | / / | $ |
| City, State, Zip Code: JACKSON, MS 39211 | / / | $ |
| Name of Employer (Required): FORMAN, PERRY, WATKINS, KRUTZ & TARDY | / / | $ |
| Occupation (Required): ATTORNEY | Aggregate year-to-date | $ 250.00 |

Name of Candidate or Committee CAMPAIGN TO ELECT CRAIG BRASFIELD

Reporting period 1/1/10 through 4/30/10

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: FOREST REN WILKES | 3/15/10 | $ 1,000.00 |
| Mailing Address: 2604 COLISEUM ST | __/__/__ | $ |
| City, State, Zip Code: NEW ORLEANS, LA 70130 | __/__/__ | $ |
| Name of Employer (Required): FORMAN, PERRY, WATKINS, KRUTZ & TARDY | __/__/__ | $ |
| Occupation (Required): ATTORNEY | Aggregate year-to-date | $ 1,000.00 |

| B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: DORIS W. BRASFIELD | 3/17/10 | $ 1,000.00 |
| Mailing Address: 508 HEATH PLACE | 4/29/10 | $ 1,000.00 |
| City, State, Zip Code: ABERDEEN, MS 39730 | __/__/__ | $ |
| Name of Employer (Required): RETIRED | __/__/__ | $ |
| Occupation (Required): RETIRED | Aggregate year-to-date | $ 2,000.00 |

| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: DOGAN & WILKINSON, PLLC | 3/17/10 | $ 1,000.00 |
| Mailing Address: P.O. BOX 23062 | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS 39225-3062 | __/__/__ | $ |
| Name of Employer (Required): LAW FIRM | __/__/__ | $ |
| Occupation (Required): ATTORNEYS | Aggregate year-to-date | $ 1,000.00 |

| D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: DALE HUBBARD | 4/7/10 | $ 500.00 |
| Mailing Address: 510 HEATHERSTONE CT. | __/__/__ | $ |
| City, State, Zip Code: RIDGELAND, MS 39157 | __/__/__ | $ |
| Name of Employer (Required): STRATEGIC ADVISORY GROUP, LLC | __/__/__ | $ |
| Occupation (Required): DEVELOPER | Aggregate year-to-date | $ 500.00 |

Name of Candidate or Committee CAMPAIGN TO ELECT CRAIG BRASFIELD

Reporting period 1/1/10 through 4/30/10

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: W.D. MOUNGER | 4/29/10 | $ 1,000.00 |
| Mailing Address: 200 E. CAPITOL ST., SUITE 1601 | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS 39201-2201 | __/__/__ | $ |
| Name of Employer (Required): SELF EMPLOYED | __/__/__ | $ |
| Occupation (Required): OIL & GAS PRODUCTION | Aggregate year-to-date | $ 1,000.00 |

| B. 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 | $ |

| C. 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 | $ |

| 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 1/1/10 through 4/30/10

# ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| WINNING EDGE COMMUNICATIONS | 3/9/10 | $ 914.27 |
| Mailing Address: P.O. BOX 269 | | |
| City, State, Zip Code: ALEXANDRIA, AL 36250 | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 914.27 |

| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| CAROL STERN | 3/16/10 | $ 1,000.00 |
| Mailing Address: 118 WATERWOOD DR | | |
| City, State, Zip Code: BRANDON, MS 39047 | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 1,000.00 |

| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| FORMAN PERRY, WATKINS, KRUTZ & TARDY | 3/16/10 | $ 210.84 |
| Mailing Address: 200 SOUTH LAMAR, SUITE 100 | | |
| City, State, Zip Code: JACKSON, MS 39201 | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 210.84 |

| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| JULIE LEVANWAY | 3/16/10 | $ 982.75 |
| Mailing Address: 5446 RIVER THAMES ROAD | | |
| City, State, Zip Code: JACKSON, MS 39211 | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 982.75 |

| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| SERVICE PRINTERS | 3/16/10 | $ 1,254.00 |
| Mailing Address: P.O. BOX 320249 | | |
| City, State, Zip Code: FLOWOOD, MS. 39232-0249 | 3/17/10 | $ 1,031.52 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 2,285.52 |

| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| DEARING ADDRESSING | 3/26/10 | $ 355.31 |
| Mailing Address: 200 I-55 TRACE DR., SUITE A | | |
| City, State, Zip Code: RIDGELAND, MS 39157 | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 355.31 |

Name of Candidate or Committee CAMPAIGN TO ELECT CRAIG BRASFIELD

Reporting period 1/1/10 through 4/30/10

# ITEMIZED DISBURSEMENTS

| | | |
|---|---|---|
| A. Full name<br>USPS | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address<br>611 S. PEAR ORCHARD RD. | 3/29/10 | $ 220.00 |
| City, State, Zip Code<br>RIDGELAND, MS 39157-9998 | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 220.00 |
| B. Full name<br>JASON KYLE BROWN | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address<br>102 MEADOWVIEW RIDGE | 4/19/10 | $ 330.00 |
| City, State, Zip Code<br>BRANDON, MS 39047 | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 330.00 |
| 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 | $ |