2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
OCT 06 2010
ELECTIONS DIVISION
SECRETARY OF STATE

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: hsbrn3@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

X 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	$ 4,539.84 + $ 2,200	$ 6,739.84	$ 23,350.05
Total amount of disbursements	$ 7,327.27 + $ 1480	$ 7,342.07	$ 16,268.07
Total amount of cash on hand		$ 6,542.14	

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

Dale Hubbard
Signature of Director or Treasurer

10/6/10
Date

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 601-576-2879.
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: JULY 1, 2010 through SEPTEMBER 30, 2010

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: FORMAN, PERRY, WATKINS, KRUTZ & TARDY Mailing Address: 200 SOUTH LAMAR, STE. 100 City, State, Zip Code: JACKSON, MS 39201 Purpose of Disbursement (Optional):	7/1/10	$ 159.81
	__/__/__	$
	Aggregate Year-to-date	$ 370.65
B. Full name: CAROL STERN Mailing Address: 118 WATERWOOD DR. City, State, Zip Code: BRANDON, MS 39047 Purpose of Disbursement (Optional):	7/1/10	$ 1,000.00
	8/10/10	$ 1,000.00
	Aggregate Year-to-date	$ 5,000.00
C. Full name: U.S. NETWORX Mailing Address: 6360 I-55 NORTH, 3rd FLOOR City, State, Zip Code: JACKSON, MS 39211 Purpose of Disbursement (Optional):	7/12/10	$ 49.95
	8/9/10	$ 49.95
	Aggregate Year-to-date	$ 299.70
D. Full name: STAMM ADVERTISING Mailing Address: 4445 ROBINSON ROAD City, State, Zip Code: JACKSON, MS 39209 Purpose of Disbursement (Optional):	8/4/10	$ 820.48
	8/10/10	$ 424.75
	Aggregate Year-to-date	$ 1,245.23
E. Full name: STAMM ADVERTISING Mailing Address: 4445 ROBINSON ROAD City, State, Zip Code: JACKSON, MS 39209 Purpose of Disbursement (Optional):	8/31/10	$ 922.88
	__/__/__	$
	Aggregate Year-to-date	$ 2,168.11
F. Full name: CAROL STERN Mailing Address: 118 WATERWOOD DR. City, State, Zip Code: BRANDON, MS 39047 Purpose of Disbursement (Optional):	9/1/10	$ 1,000.00
	9/15/10	$ 198.00
	Aggregate Year-to-date	$ 6,198.00

Name of Candidate or Committee: CAMPAIGN TO ELECT CRAIG BRAGFIELD

Reporting period: JULY 1/2010 through SEPTEMBER 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: BRACKEN CONSTRUCTION COMPANY, INC.	7/1/10	$ 500.00
Mailing Address: P.O. BOX 8399	/ /	$
City, State, Zip Code: JACKSON, MS 39284-8399	/ /	$
Name of Employer (Required): BRACKEN CONSTRUCTION COMPANY, INC.	/ /	$
Occupation (Required): STEEL CONSTRUCTION	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: LAW OFFICE OF B. RUTH JOHNSON	7/1/10	$ 300.00
Mailing Address: P.O. BOX 2433	/ /	$
City, State, Zip Code: JACKSON, MS 39225-2433	/ /	$
Name of Employer (Required): LAW OFFICE OF B. RUTH JOHNSON	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 300.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SCOTT, SULLIVAN, STREETMAN & FOX, P.C.	7/1/10	$ 500.00
Mailing Address: P.O. BOX 13847	/ /	$
City, State, Zip Code: JACKSON, MS 39236-3847	/ /	$
Name of Employer (Required): SCOTT, SULLIVAN, STREETMAN & FOX, P.C.	/ /	$
Occupation (Required): ATTORNEYS	Aggregate year-to-date	$ 500.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GRENFELL, SLEDGE & STEVENS, PLLC	7/2/10	$ 500.00
Mailing Address: 1535 LELIA DRIVE	/ /	$
City, State, Zip Code: JACKSON, MS 39216	/ /	$
Name of Employer (Required): GRENFELL, SLEDGE & STEVENS, PLLC	/ /	$
Occupation (Required): ATTORNEYS	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: CAMPAIGN TO ELECT CRAIG BRATFIELD

Reporting period: JULY 1, 2010 through SEPTEMBER 30, 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: COSMICH, SIMMONS & BROWN, PLLC	7/14/10	$ 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): ATTORNEYS	Aggregate year-to-date	$ 1,000.00

B. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: STEFAN G. BOURN	8/10/10	$ 250.00
Mailing Address: 490 JOHNSTONE DR.	/ /	$
City, State, Zip Code: MADISON, MS 39110	/ /	$
Name of Employer (Required): FORMAN, PERRY, WATKINS, KRUTZ & TARDY	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 250.00

C. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: FOREST REN WILKES	8/9/10	$ 500.00
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	$ 1,500.00

D. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BOB T. ROBINSON	9/15/10	$ 250.00
Mailing Address: 2084 DUNBARTON DR.	/ /	$
City, State, Zip Code: JACKSON, MS 39216	/ /	$
Name of Employer (Required): BOB T. ROBINSON, CPA	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee CAMPAIGN TO ELECT CRAIG BRASFIELD

Reporting period JULY 1, 2010 through SEPTEMBER 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: PHILLIP S. SYKES	9/24/10	$ 200.00
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	$ 450.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) IN KIND	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CRAIG BRASFIELD	8/23/10	$ 377.80
Mailing Address: 518 BEACON COVE	9/2/10	$ 89.49
City, State, Zip Code: BRANDON, MS 39047	9/8/10	$ 72.55
Name of Employer (Required): FORMAN, PERRY, WATKINS, KRUTZ & TARDY	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 539.84

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 JULY 1, 2010 through SEPTEMBER 30, 2010

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: US NETWORK Mailing Address: 6360 I-55 NORTH, 3RD FLOOR City, State, Zip Code: JACKSON, MS 39211 Purpose of Disbursement (Optional):	9/8/10	$ 100.78
	__/__/__	$
	Aggregate Year-to-date	$ 400.48
B. Full name: CAIN LITHOGRAPHERS Mailing Address: 755 STONEWALL STREET City, State, Zip Code: JACKSON, MS 39213 Purpose of Disbursement (Optional):	9/15/10	$ 582.28
	__/__/__	$
	Aggregate Year-to-date	$ 582.28
C. Full name: SERVICE PRINTERS Mailing Address: P.O. BOX 320249 City, State, Zip Code: FLOWOOD, MS 39232-0249 Purpose of Disbursement (Optional):	9/16/10	$ 390.55
	__/__/__	$
	Aggregate Year-to-date	$ 2,676.07
D. Full name: USPS Mailing Address: 611 S. PEAR ORCHARD RD. City, State, Zip Code: RIDGELAND, MS 39157-9998 Purpose of Disbursement (Optional):	9/16/10	$ 98.00
	__/__/__	$
	Aggregate Year-to-date	$ 572.00
E. Full name: CRAIG E. BRASFIELD Mailing Address: 518 BEACON COVE City, State, Zip Code: BRANDON, MS 39047 Purpose of Disbursement (Optional): REIMBURSE FOR SIGN MATERIALS, VOTER LIST, MAPS	8/23/10	$ 377.80
	9/2/10	$ 89.49
	Aggregate Year-to-date	$ 467.29
F. Full name: CRAIG E. BRASFIELD Mailing Address: 518 BEACON COVE City, State, Zip Code: BRANDON, MS 39047 Purpose of Disbursement (Optional): REIMBURSE FOR SIGN MATERIALS	9/8/10	$ 72.55
	__/__/__	$
	Aggregate Year-to-date	$ 539.84