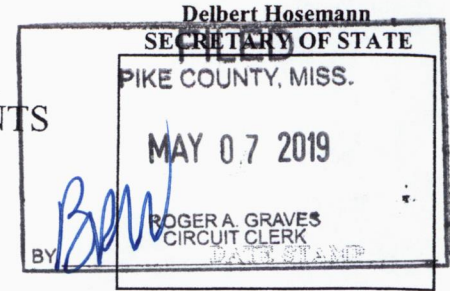




Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2019 Election



Name of Candidate James B. Brunfield  
Address 10007 Osyka Program Rd City/Zip Magnolia, MS 39652  
Telephone (Work) 601-395-3849 (Home) 601-542-3383 (Fax) N/A  
Contact Name James Email Address jamesbbrunfield16@gmail.com  
Office Sought Sheriff Political Party (if any) Republican

Check here if above is different from previous report

TYPE OF REPORT

- May 10, 2019 Periodic Report (January 1, 2019 through April 30, 2019) ..... Mandatory
- June 10, 2019 Periodic Report (May 1, 2019 through May 31, 2019) ..... Mandatory
- July 10, 2019 Periodic Report (June 1, 2019 through June 30, 2019) ..... Mandatory
- July 30, 2019 Primary Pre-Election Report (July 1, 2019 through July 27, 2019) ..... Mandatory
- August 20, 2019 Primary Pre-Runoff Report (July 28, 2019 through August 17, 2019) ..... Runoff Candidates Only
- October 10, 2019 Periodic Report (July 1, 2019 through September 30, 2019) ..... Mandatory
- October 29, 2019 Pre-Election Report (October 1, 2019 through October 26, 2019) ..... Mandatory
- November 19, 2019 Pre-Runoff Report (October 27, 2019 through November 16, 2019) ..... Runoff Candidates Only
- January 10, 2020 Periodic Report (October 1, 2019 through December 31, 2019) ..... Mandatory
- Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero cash on hand balance) ..... Required to terminate reporting obligations

IMPORTANT

- (1) All candidates for office shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed.
- (3) Until a candidate files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use"

restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.

- (5) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. 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.

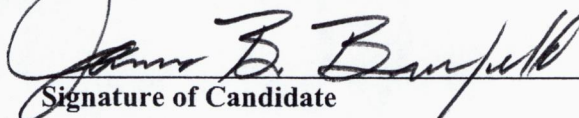
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS  
ACCUMULATED PRIOR TO JANUARY 1, 2018**

JAN. 1, 2019 CASH ON HAND BALANCE				\$ 0
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
<b>TOTAL AMT OF CONTRIBUTIONS<sup>1</sup></b>	\$	\$	\$	\$
<b>TOTAL AMT OF DISBURSEMENTS</b>	\$	\$	\$	\$
<b>CASH ON HAND BALANCE</b>				\$

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS  
ACCUMULATED AFTER JANUARY 1, 2018**

JAN. 1, 2019 CASH ON HAND BALANCE				\$ 0
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
<b>TOTAL AMT OF CONTRIBUTIONS</b>	\$ 5,950	\$ 690	\$ 6,640	\$ 6,640
<b>TOTAL AMT OF DISBURSEMENTS</b>	\$ 5,416	\$	\$ 5,416	\$ 5,416
<b>CASH ON HAND BALANCE</b>				\$ 1,224

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 Candidate

5/6/19  
Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to submit required reports in accordance with applicable statutes may result in the imposition of civil penalties of \$50 per day for a maximum of ten (10) calendar days and/or prosecution. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Candidates for Statewide, State District or Legislative Office file this Report with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email [CampaignFinance@sos.ms.gov](mailto:CampaignFinance@sos.ms.gov).  
Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

<sup>1</sup> Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

Name of Candidate or Committee JAMES BRUNFIELD

Reporting period January 1, 2019 through April 30, 2019

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MARKET MAX</u>	<u>1</u> / <u>30</u> / <u>19</u>	\$ <u>1,500</u> -
Mailing Address <u>6066 PLAZA DRIVE</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Tylertown, MS 39667</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>MARKET MAX</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>OWNER OPERATOR</u>	Aggregate year-to-date	\$ <u>1,500</u> -
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pigot Oil</u>	<u>1</u> / <u>30</u> / <u>19</u>	\$ <u>1,500</u> -
Mailing Address <u>6066 PLAZA DRIVE</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Tylertown, MS 39667</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Pigot Oil</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>OWNER OPERATOR</u>	Aggregate year-to-date	\$ <u>1,500</u> -
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DR &amp; MRS WR WEBB</u>	<u>1</u> / <u>30</u> / <u>19</u>	\$ <u>250</u> -
Mailing Address <u>134 MARION AVENUE</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Webb CHIROPRACTOR</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>DR of CHIROPRACTOR</u>	Aggregate year-to-date	\$ <u>250</u> -
D. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Buddy Powell, Jr.</u>	<u>2</u> / <u>20</u> / <u>19</u>	\$ <u>300</u> -
Mailing Address <u>200 ANNA DRIVE</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>GOLDEN STAR RESTAURANTS</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>300</u> -

Name of Candidate or Committee James Brunfield

Reporting period Jan 1, 2019 through April 30, 2019

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Claude B. Nielsen</u>	<u>7/30/19</u>	\$ <u>500</u>
Mailing Address <u>3108 Coultford Rd</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Birmingham, Alabama 35223</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Poca-Cola United</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Owner</u>	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JAMES COVINGTON</u>	<u>2/12/19</u>	\$ <u>200</u>
Mailing Address <u>1611 LISSA DRIVE</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>McCOMB, MS 39648</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>FIRST BANK</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>CHAIRMAN OF BOARD</u>	Aggregate year-to-date	\$ <u>200</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Katie &amp; Hollis Alford</u>	<u>4/12/19</u>	\$ <u>1,000</u>
Mailing Address <u>1032 Hwy 575 North</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Magnolia, MS 39652</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Retired</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>1,000</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JAMES BRUNFIELD</u>	<u>7/6/19</u>	\$ <u>500</u>
Mailing Address <u>10007 Osyka Progress Rd</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Magnolia, MS 39652</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Retired</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>500</u>

4950

Name of Candidate or Committee JAMES BRUNFIELD

Reporting period JANUARY 1, 2019 through APRIL 30, 2019

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>FORREST ROBERTS</u>	<u>1</u> / <u>30</u> / <u>19</u>	\$ <u>200</u>
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code <u>HATTISBURG, MS</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>ROBERTS FOODS</u>	□ / □ / □	\$ _____
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>200</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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 <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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 JAMES BRUNFIELD  
 Reporting period JANUARY 1, 2019 through APRIL 30, 2019

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Dike County</u>	<u>1/2/19</u>	\$ <u>100 -</u>
Mailing Address <u>1130 North Clark St</u>		
City, State, Zip Code <u>Magnolia, MS</u>	<u>1/1/19</u>	\$
Purpose of Disbursement (Optional) <u>Qualifying</u>	Aggregate Year-to-date	\$ <u>100 -</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Enterprise Journal</u>	<u>1/15/19</u>	\$ <u>185 -</u>
Mailing Address <u>117 Olive Emmerich Drive</u>		
City, State, Zip Code <u>McComb MS 39648</u>	<u>1/30/19</u>	\$ <u>600 -</u>
Purpose of Disbursement (Optional) <u>Ad Purchase / Political Calendar</u>	Aggregate Year-to-date	\$ <u>785 -</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Southwest Broadcasting</u>	<u>2/19/19</u>	\$ <u>150 -</u>
Mailing Address <u>206 North Front St</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>1/1/19</u>	\$
Purpose of Disbursement (Optional) <u>Political Calendar</u>	Aggregate Year-to-date	\$ <u>150 -</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Super Talk Radio</u>	<u>3/21/19</u>	\$ <u>300 -</u>
Mailing Address		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>1/1/19</u>	\$
Purpose of Disbursement (Optional) <u>Political Calendar</u>	Aggregate Year-to-date	\$ <u>300 -</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Stewart's Signs</u>	<u>2/29/19</u>	\$ <u>1,164 -</u>
Mailing Address <u>2109 Hwy 48 West</u>		
City, State, Zip Code <u>Magnolia, MS</u>	<u>4/30/19</u>	\$ <u>939 -</u>
Purpose of Disbursement (Optional) <u>Yard Signs</u>	Aggregate Year-to-date	\$ <u>2,106 -</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Gator Signs</u>	<u>3/18/19</u>	\$ <u>1,295 -</u>
Mailing Address <u>1027 Kacey Andrews Rd</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>1/1/19</u>	\$
Purpose of Disbursement (Optional) <u>Political Cards</u>	Aggregate Year-to-date	\$ <u>1,295 -</u>

Name of Candidate or Committee James Brunsfield  
 Reporting period January 1, 2019 through April 30, 2019

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Friends of Pike County</u>	<u>3/26/19</u>	\$ <u>150</u> —
Mailing Address		
<u>1004 Holmsville St</u>		
City, State, Zip Code	<u>   /   /   </u>	\$
<u>Summit, MS 3966</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>150</u> —
<u>Sanding on Tracks Booth Space</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Felder UMC</u>	<u>3/29/19</u>	\$ <u>50</u> —
Mailing Address		
<u>1014 Campground Rd</u>		
City, State, Zip Code	<u>   /   /   </u>	\$
<u>McCumb, MS 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>50</u> —
<u>Campaign Ad</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>McCumb Railroad Museum</u>	<u>4/2/19</u>	\$ <u>480</u> —
Mailing Address		
<u>108 North Railroad Blvd</u>		
City, State, Zip Code	<u>   /   /   </u>	\$
<u>McCumb, MS 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>480</u> —
<u>Campaign Ad for Fund Raiser</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>   /   /   </u>	\$
Mailing Address		
	<u>   /   /   </u>	\$
City, State, Zip Code		
	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>   /   /   </u>	\$
Mailing Address		
	<u>   /   /   </u>	\$
City, State, Zip Code		
	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>   /   /   </u>	\$
Mailing Address		
	<u>   /   /   </u>	\$
City, State, Zip Code		
	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$