## Candidate

## REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF STATE

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JAN 2 0 2020

2024 Annual Report

Name of Candidate Gary Brumied	Secretary of State
Address 1129 Clearview Dr. W. City/State/Zip Magnolia, MS.	39652
Telephone (Work) 601, 359, 3237 (Home) 601, 395, 7480 (Fax)	
Contact Name Patricia Trusts Email Address abrumfieldes	ensteins, gov
Office Sought	
Check here if above information is different from previous report	
TYPE OF REPORT	
Friday, January 31, 2025 (January 1, 2024 through December 31, 2024)	Annual Report
Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation)	Required to terminate reporting obligations

## IMPORTANT

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, 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 the reporting period.
- (2) Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, 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 the reporting period.
- (3) 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.
- (4) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

  Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

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

JAN. 1, 2024 CASH ON HAND BA	LANCE		\$ 350
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$ 200 00	\$	\$
TOTAL AMT OF DISDLINGEN COURS	ά	ά	ф
TOTAL AMT OF DISBURSEMENTS	2	\$	<b>5</b>
DEC. 31, 2024 CASH ON HAND B	ALANCE		\$ 350°

<sup>&</sup>lt;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 Gary A. Brumfie	4	of
Reporting periodthrough	•	
ITEMIZED CONTRIB	UTIONS	
A. Source: OCorporation OFAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ten One PAC	12/19/24	\$ 2000
Mailing Address  200 N Congress St., Ste 403  City, State, Zip Code 0	//	\$
J26 Son, ms 396201-1917	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	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		\$
Mailing Address		\$
City, State, Zip Code	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	//	\$
Mailing Address	//	\$
City, State, Zip Code		S
Name of Employer (Required)	//	S
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		s
City, State, Zip Code	<u> </u>	-

Name of Employer (Required)

Occupation (Required)

\$

\$

Aggregate year–to-date