2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
Secretary of State
DATE STAMP

Judicial Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Candidate JOSEPH L. TURNEY

Address 716 MAIN STREET, COLUMBIA, MS 39429 County MARION

Telephone Work (601)731-2099 Home (601)441-9334 Fax (601)731-2099

Contact Name JOSEPH TURNEY Email Address josephturney@att.blogspot.net

Office Sought CIRCUIT COURT JUDGE, 15TH JUDICIAL DISTRICT, SEAT 2

☐ Check here if above is different from previous 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

____ 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

(i) 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.

(ii) 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).

(iii) 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	$ 13.40	+$ 0	$ 13.40	$ 1193.40
Total amount of disbursements	$ 0	+$ 0	$ 0	$ 6531.14
Total amount of cash on hand			$ 0	

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

Date 11/10/10

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 forms to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2816.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Delbert Hosemann
SECRETARY OF STATE

DATE STAMP

2010 ELECTION CYCLE

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
20 Judicial Election

Name of Candidate JOSEPH L. TURNEY

Address 716 MAIN STREET, COLUMBIA, MS 39429 County MARION

Telephone Work (601)731-2099 Home (601)441-9334 Fax (601)731-2099

Contact Name JOSEPH TURNEY Email Address josephturney@att.blellsouth.net

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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized +	Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	$ 13.40	+$ 0	$ 13.40	$ 1183.40
Total amount of disbursements	$ 0	+$ 0	$ 0	$ 6531.14
Total amount of cash on hand			$ 0	

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

Date 11/10/10

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).

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SOS 61-19

Name of Candidate or Committee JOSEPH L TURNEY

Reporting period 10/26/10 through TERMINATION REPORT 11/10/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) OUT OF POCKET REIMBURSEMENT BY POLITICAL COMMITTEE	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: POLITICAL COMMITTEE FOR JOSEPH TURNEY	11/10/10	$ 13.40
Mailing Address: 122 ROBBINS-WILKS ROAD	__/__/__	$
City, State, Zip Code: BASSFIELD, MS 39429	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1183.40

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	$

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

DATE STAMP

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee POLITICAL COMMITTEE FOR JOSEPH L. TURNEY

Address 122 ROBBINS-WILKS ROAD, BASFIELD, MS 39421

Telephone 601-736-8265 Fax

Treasurer MICHELLE TURNEY Email michl1952@yahoo.com

☑ Check here if above is different from previous report

TYPE OF REPORT

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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized +	Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	$ 0	+$ 0	$ 0	$ 1200.00
Total amount of disbursements	$ 13.40	+$ 0	$ 13.40	$ 1200.00
Total amount of cash on hand			$ 0	

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

[signature] 11/10/10

Signature of Director or Treasurer 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).

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SOS 01-10

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Name of Candidate or Committee POLITICAL COMMITTEE FOR JOSEPH L. TURNEY

Reporting period 10/26/10 through TERMINATION REPORT

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
JOSEPH L. TURNEY	11/10/10	$ 13.40
Mailing Address 716 MAIN ST.	__/__/__	$
City, State, Zip Code COLUMBIA MS. 39429	Aggregate Year-to-date	$ 1200.00
Purpose of Disbursement (Optional)		

B. 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	$

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	$