2010 ELECTION CYCLE

Judicial Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS

2010 Judicial Election

RECEIVED
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SECRETARY OF STATE
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Name of Candidate JOSEPH L. TURNEY

Address 716 MAIN STREET, COLUMBIA MS 39429 County MARION

Telephone Work (601)731-2098 Home (601)441-9334 Fax (601)731-2099

Contact Name JOSEPH TURNEY Email Address josephturney@att.blellsouth.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 29, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory

____ November 18, 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	$ 0	+$ 0	$ 0	$ 0
Total amount of disbursements	$ 2515.22	+$ 0	$ 2515.22	$ 3037.37
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 7/8/10

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 601-576-2918.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee JOSEPH L. TURNEY

Reporting period JUNE 4, 2010 through JULY 8, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
PREMIUM GRAPHICS	6/30/10	$ 2401.80
Mailing Address 5512 MITCHELLDALE		
City, State, Zip Code HOUSTON, TEXAS 77092	__/__/__	$
Purpose of Disbursement (Optional) YARD SIGNS	Aggregate Year-to-date	$ 2401.80
B. Full name ALLEYCATS AIRBRUSH AND SCREEN PRINTING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 708 MAIN STREET	6/10/10	$ 113.42
City, State, Zip Code COLUMBIA, MS 39429	__/__/__	$
Purpose of Disbursement (Optional) T-SHIRTS	Aggregate Year-to-date	$ 113.42
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	$