								Ibert Hosem	enn
REPORT	Ju OF RECE 20	ali Side	erelds Anicoli Icia Lie	SBU	RSEMEN	uts	SEC JUN	ETARY OF 1 V	Sylvani Shan Shan Shan
Name of Candidate Joseph	1.70	RUE	44.76		Ma	REQU		algn Finan tary of Sta	in .
			MS 179	270	U Eas	(401)7	3/-2	099	
Telephone Work (601)731-20	98	Home (4	01)441-	733	/_ ran	4.00		++ abel	1500 ++ .
				12121	The second second second				
Office Sought Court Court	7 JUAG	E,157	H JUAZ	CALAL	HISTERS	7,50	ATE		-
Check here if above is differ	ent from previ	ous report							
May 10, 2010 Periodic Repr	⊶ / lanuary	1. 2009.	through Ap	rii 30, 2	2010)			M	andatory
May 10, 2010 Periodic Repr June 10, 2010 Periodic Rep	ort (May 1,	2010. thn	ough May	31, 201	O)(D)		********		andatory
	مواديا المحسيسية	A PRID	TREATMENT TO	EDMII)	NOT OUT TO 14				
	والشميس مراجعها المراجع		4 2030 m	ירופעסתי		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		(Ortobe	r 24, 2010.	, משפיותו	IL MOAGUUDE:	131501		(1)(04	
January 10, 2011 Periodic Termination Report (Candidampaign expanditures and	idate will no i has no outs	longer at	cept contr campaign t	ibutions debt ob	s or meke igetion)	Requ	ired to ations	terminate (eporung
(1) Pre-Election reports are manda shell submit a report indicating	tory, even if i	10 contil	importance or equations or equa	expendi corted o	tures have of	courred. I and expe	n such mditure	case, the case during th	ndidate a period.
Until a Candidate files a Termin	istion Report	, annual (ид репови	c r a pon	Me berefalle meiste er	A (CISCO III)		ar dava 18 films	dendilnė
Ann. § 23-15-807 (b) (ii) and (iii) The receiving authority must b falls on a weekend or a holiday day before the deadline. Faxet	reporte are	acceptab	le.	_	-	_	×	.m. on the fi	et working
	REPORTE	CONT	RIBUTIO	NS A	ND DISBU This Perio		NTS	Calenda Year-To-D	
Total amount of contributions	0	+\$	0	\$	0		\$	0	
Total amount of disbursements	572.1	5 ^{+\$}	0	\$	5220	15	5	522	.15
Total amount of clash on hand				\$_		0	1		
I certify that I have examined t	his report en	d to the	best of my	knowi	edge and be	ef it is t <u> 7</u> // (rue, ac	curate, and	complete.
Signature of Candidat Authority: Refer to Miss. Code Ann. \$23 Pensities: Failure to submit required red	15-001 (1872) et ons, orfaliure t	seg, for si o submit M	ports in acco	rements. rdance v	Date with statutory de 23-18-611 and 8	endlinës, Qi 43 (4972).	r fallurð í	lo submit yelid	reports shall
Penalties: Fallure to submit required red result in fines of \$50 per day and/or prospend to: 1. Candidates for Staffwide, Serie of	recution in acco	rdance with	stative offices	should ret	um form to Secre	cary of State,	Elections	Division, F. O. &	ox 138, Jackwo
SEND TO: 1, Candidates for Statewick, State of aris 19205 or fax to 601-359-1489 or 601-576-38 1. Candidates for rejumpywide and o	19. Dunty district 6750	ao should re	<i>lum forms</i> to th	eir count)	Chrowli Clark.				#08.01

α		Page	of	
Name of Candidate or Committee	1 L TURNEY			
Reporting period MAY 1,2010	through May 31, 30	10	-	

ITEMIZED DISBURSEMENTS

MARION COUNTY INFORMER. COM	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5125110</u>	\$ 260.00
City, State, Zip Gode		\$
Columbia M5 39429 Purpose of Disbursement (Optional) LN TERNET SITE ALL	Aggregate Year-to-date	\$ 260.00
RD GRAPHILS	Data (Mo., Day, Year)	Amount of each disbursement this period
Belling Address	5125110	\$ 123.05
TOR Mary STREET City, State, Zip Code Calumate. MS 39429		S
Purpose of Disbursement (Optional) TRUCIL MAGNETIC SEGNS	Aggregate Year-to-date	SEE BELOW
RD GRAPHERS PALLEY CATS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 708 Mara Street City, State, Zip Code	5128110	\$ 69.55
Callin NEA. M5 39429	414110	\$ 69.55
Purpose of Disburishent (Optional)	Aggregate Year-to-date	\$ 262.15
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		S
City, State, Zip Code		S
Purpose of Diebursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		\$
City, State, Zip Code		S
Purpose of Diebursement (Optional)	Aggregate Year-to-date	S
F. Full nemo	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s