2010 ELECTION CYCLE

Dalbert Hosemann
SECRETARY OF STATE

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Judicial Candidate

# REPORT OF RECEIPTS AND DISBURSEMENTS
## 2010 Judicial Election

Name of Candidate JOSEPH L. TURNEY County MARION

Address 716 MAIN STREET, COLUMBIA MS 39429

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 28, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010) ..... Runoff Candidates

____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010) ..... Mandatory

____ 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 | $ 1,170.00 + | $ 0 | $ 1,170.00 | $ 1,170.00 |
| Total amount of disbursements | $ 2249.17 + | $ 0 | $ 2249.17 | $ 5286.14 |
| 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 10/5/10

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, Business 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 91-18

Name of Candidate or Committee JOSEPH L. TURNEY

Reporting period JULY 9, 2010 through OCTOBER 5, 2010

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) OUT OF PACKET REIMBURSEMENT BY POLITICAL COMMITTEE | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: POLITICAL COMMITTEE FOR JOSEPH TURNEY | 10/5/10 | $ 1,170.00 |
| Mailing Address: 12 ROBBINS-WILKS ROAD | __/__/__ | $ |
| City, State, Zip Code: BASSFIELD, MS 39421 | __/__/__ | $ |
| Name of Employer (Required): NA | __/__/__ | $ |
| Occupation (Required): NA | Aggregate year-to-date | $ 1,170.00 |

| 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 | $ |

Name of Candidate or Committee JOSEPH L. TURNEY
Reporting period JULY 9, 2010 through OCTOBER 5, 2010

# ITEMIZED DISBURSEMENTS

| | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| A. Full name: ALLEYCAT'S AIRBRUSH & SCREEN PRINTING<br>Mailing Address: 708 MAIN STREET<br>City, State, Zip Code: COLUMBIA, MS 39429<br>Purpose of Disbursement (Optional): CARDS | 7/9/10 | $ 90.95 |
| | 8/16/10 | $ 90.95 |
| | Aggregate Year-to-date | $ 295.32 |
| B. Full name: RA GRAPHICS<br>Mailing Address: 708 MAIN STREET<br>City, State, Zip Code: COLUMBIA, MS 39429<br>Purpose of Disbursement (Optional): BROCHURES | 8/19/10 | $ 372.41 |
| | 9/22/10 | $ 302.86 |
| | Aggregate Year-to-date | $ 937.42 |
| C. Full name: WCJU/WJDR<br>Mailing Address: 37 SOUTH HIGHSCHOOL AVENUE<br>City, State, Zip Code: COLUMBIA, MS 39429<br>Purpose of Disbursement (Optional): AD | 9/16/10 | $ 304.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ 304.00 |
| D. Full name: WFPF<br>Mailing Address: 811 MAIN STREET<br>City, State, Zip Code: COLUMBIA, MS 39429<br>Purpose of Disbursement (Optional): AD | 9/16/10 | $ 238.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ 238.00 |
| E. Full name: THE PRENTISS HERALD-LIGHT<br>Mailing Address: PO BOX 1257<br>City, State, Zip Code: PRENTISS, MS 39474<br>Purpose of Disbursement (Optional): AD | 9/20/10 | $ 100.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ 100.00 |
| F. Full name: COLUMBIAN PROGRESS<br>Mailing Address: PO BOX 1171<br>City, State, Zip Code: COLUMBIA, MS 39429<br>Purpose of Disbursement (Optional): | 9/20/10 | $ 225.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ 225.00 |

Name of Candidate or Committee JOSEPH L. TURNEY

Reporting period JULY 9, 2010 through OCTOBER 5, 2010

# ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| WRJW | 9/24/10 | $ 500.00 |
| Mailing Address 2438 HWY 43 SOUTH | | |
| City, State, Zip Code PICAYUNE, MS 39466 | __/__/__ | $ |
| Purpose of Disbursement (Optional) AD | Aggregate Year-to-date | $ 500.00 |
| **B. Full name** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| COMMUNITY BILLBOARDS | 9/27/10 | $ 25.00 |
| Mailing Address 107 WALTER PAYTON DRIVE #157 | | |
| City, State, Zip Code COLUMBIA, MS 39429 | __/__/__ | $ |
| Purpose of Disbursement (Optional) AD | Aggregate Year-to-date | $ 25.00 |
| **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 | $ |