

2016 ELECTION CYCLE



REPORT OF RECEIPTS AND DISBURSEMENTS

2016 Annual Report

 2-6
 Delbert Hosemann
 SECRETARY OF STATE


Name of Candidate JERRY R. TURNER

Address 1290 CARROLLVILLE AVE. County PRENTISS, LEBLANC AND UNION

Telephone 662-365-5135 Fax 662-365-5135

Office Sought DISTRICT 18 STATE REPRESENTATIVE Email Address JERRYTURNER@yahoo.com

☐ Check here if above is different from previous report

☒ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
 All candidates, excluding judicial candidates on the November 2016 General Election ballot.

____ Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual 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 the reporting period.
- (2) 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).
- (3) 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.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2,750.00 + \$ 200.00	\$ 2,950.00	\$ 2,950.00
Total amount of disbursements	\$ 23.78 + \$ 675.00	\$ 3,053.00	\$ 3,053.00
Total amount of cash on hand		\$ 40,907.27	

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

Jerry R. Turner
 Signature of Candidate

1-14-16
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

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Name of Candidate or Committee JERRY R. TURNER
 Reporting period JAN 1, 16 through DEC 31, 16

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSF RAILROAD COMPANY</u>	<u>8/25/16</u>	\$ <u>250.00</u>
Mailing Address <u>2500 LOW MEYER DR. AOB-3</u>	<u>1/1/16</u>	\$ <u>1</u>
City, State, Zip Code <u>FORT WORTH, TX. 76121</u>	<u>1/1/16</u>	\$ <u>1</u>
Name of Employer (Required) _____	<u>1/1/16</u>	\$ <u>1</u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS. POWER COM. STATE PAC</u>	<u>11/3/16</u>	\$ <u>250.00</u>
Mailing Address <u>2992 WEST BEACH BLVD.</u>	<u>1/1/16</u>	\$ <u>1</u>
City, State, Zip Code <u>GULFPORT, MS. 39502-4079</u>	<u>1/1/16</u>	\$ <u>1</u>
Name of Employer (Required) _____	<u>1/1/16</u>	\$ <u>1</u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ADVANCE AMERICA</u>	<u>11/16/16</u>	\$ <u>250.00</u>
Mailing Address <u>135 N. CHURCH ST.</u>	<u>1/1/16</u>	\$ <u>1</u>
City, State, Zip Code <u>SPARTANBURG, S.C. 29306</u>	<u>1/1/16</u>	\$ <u>1</u>
Name of Employer (Required) _____	<u>1/1/16</u>	\$ <u>1</u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ANHEUSER-BUSCH</u>	<u>11/14/16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 217</u>	<u>1/1/16</u>	\$ <u>1</u>
City, State, Zip Code <u>JACKSON, MS. 39205-0217</u>	<u>1/1/16</u>	\$ <u>1</u>
Name of Employer (Required) _____	<u>1/1/16</u>	\$ <u>1</u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Page 4 of 6Name of Candidate or Committee JERRY R. TURNERReporting period JAN 1, 16 through DEC 31, 16

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>GULF STATES TOYOTA</u>		<u>12/2/16</u>	\$ <u>500.00</u>
Mailing Address <u>1375 ENCLAVE PKY.</u>		<u>12/2/16</u>	\$ <u>500.00</u>
City, State, Zip Code <u>HOUSTON, TX 77077</u>		<u>12/2/16</u>	\$ <u>500.00</u>
Name of Employer (Required) _____		<u>12/2/16</u>	\$ <u>500.00</u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: ☒ Corporation ☒ PAC ☐ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>COMCAST CORP</u>		<u>12/2/16</u>	\$ <u>500.00</u>
Mailing Address <u>1701 JFK BLVD.</u>		<u>12/2/16</u>	\$ <u>500.00</u>
City, State, Zip Code <u>PHILADELPHIA, PA 19103-2838</u>		<u>12/2/16</u>	\$ <u>500.00</u>
Name of Employer (Required) _____		<u>12/2/16</u>	\$ <u>500.00</u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>AT&T MS PAC</u>		<u>12/19/16</u>	\$ <u>250.00</u>
Mailing Address <u>111 EAST CAPITOL ST., SUITE 6030</u>		<u>12/19/16</u>	\$ <u>250.00</u>
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u>12/19/16</u>	\$ <u>250.00</u>
Name of Employer (Required) _____		<u>12/19/16</u>	\$ <u>250.00</u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>WM WASTE MANAGEMENT</u>		<u>12/12/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 3027</u>		<u>12/12/16</u>	\$ <u>500.00</u>
City, State, Zip Code <u>HOUSTON, TX 77253</u>		<u>12/12/16</u>	\$ <u>500.00</u>
Name of Employer (Required) _____		<u>12/12/16</u>	\$ <u>500.00</u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

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Name of Candidate or Committee JERRY R. TURNER
 Reporting period JAN. 1, 16 through DEC. 31, 16

ITEMIZED DISBURSEMENTS

A. Full name <u>LEE COUNTY COURIER</u>	Date (Mo., Day, Year) <u>1/27/16</u>	Amount of each disbursement this period \$ <u>180.00</u>
Mailing Address <u>303 WEST MAIN ST.</u>	<u>2/28/16</u>	\$ <u>55.00</u>
City, State, Zip Code <u>TUPERO, MS, 38804</u>	Aggregate Year-to-date	\$ <u>235.00</u>
Purpose of Disbursement (Optional) <u>ADS</u>		
B. Full name <u>LEE COUNTY COURIER</u>	Date (Mo., Day, Year) <u>5/17/16</u>	Amount of each disbursement this period \$ <u>94.00</u>
Mailing Address <u>303 WEST MAIN ST.</u>	<u>7/25/16</u>	\$ <u>94.00</u>
City, State, Zip Code <u>TUPERO, MS, 38804</u>	Aggregate Year-to-date	\$ <u>423.00</u>
Purpose of Disbursement (Optional) <u>ADS</u>		
C. Full name <u>LEE COUNTY COURIER</u>	Date (Mo., Day, Year) <u>12/19/16</u>	Amount of each disbursement this period \$ <u>180.00</u>
Mailing Address <u>303 WEST MAIN ST.</u>	<u>1/1/16</u>	\$ <u>603.00</u>
City, State, Zip Code <u>TUPERO, MS, 38804</u>	Aggregate Year-to-date	\$ <u>603.00</u>
Purpose of Disbursement (Optional) <u>ADS</u>		
D. Full name <u>PRENTISS COUNTY REPUBLICAN PARTY</u>	Date (Mo., Day, Year) <u>1/27/16</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>BOONEVILLE, MS, 38829</u>	<u>1/1/16</u>	\$ <u>200.00</u>
City, State, Zip Code <u>BOONEVILLE, MS, 38829</u>	Aggregate Year-to-date	\$ <u>200.00</u>
Purpose of Disbursement (Optional) <u>LINCOLN DINNER</u>		
E. Full name <u>BALDWIN NEWS</u>	Date (Mo., Day, Year) <u>2/23/16</u>	Amount of each disbursement this period \$ <u>30.00</u>
Mailing Address <u>P.O. BOX 130</u>	<u>3/21/16</u>	\$ <u>105.00</u>
City, State, Zip Code <u>BALDWIN, MS, 38824</u>	Aggregate Year-to-date	\$ <u>135.00</u>
Purpose of Disbursement (Optional) <u>ADS</u>		
F. Full name <u>BALDWIN NEWS</u>	Date (Mo., Day, Year) <u>4/12/16</u>	Amount of each disbursement this period \$ <u>40.00</u>
Mailing Address <u>P.O. BOX 130</u>	<u>5/12/16</u>	\$ <u>90.00</u>
City, State, Zip Code <u>BALDWIN, MS, 38824</u>	Aggregate Year-to-date	\$ <u>265.00</u>
Purpose of Disbursement (Optional) <u>ADS</u>		

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Name of Candidate or Committee

JERRY R TURNER

Reporting period

JAN. 1, 16

through

DEC. 31, 16

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
BALDWIN NEWS	8/24/16	\$ 125.00
Mailing Address		
MAIN ST.	12/3/16	\$ 80.00
City, State, Zip Code		
BALDWIN, MS. 38824	Aggregate Year-to-date	\$ 470.00
Purpose of Disbursement (Optional)		
ADS		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	12/19/16	\$ 105.00
Mailing Address		
	1/1/16	\$
City, State, Zip Code		
	Aggregate Year-to-date	\$ 575.00
Purpose of Disbursement (Optional)		
ADS		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
PRATTS FIRE DEPT	6/11/16	\$ 200.00
Mailing Address		
	1/1/16	\$
City, State, Zip Code		
BALDWIN, MS. 38824	Aggregate Year-to-date	\$ 200.00
Purpose of Disbursement (Optional)		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
TRUMP CAMPAIGN	9/22/16	\$ 500.00
Mailing Address		
	1/1/16	\$
City, State, Zip Code		
	Aggregate Year-to-date	\$ 500.00
Purpose of Disbursement (Optional)		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SALTILLO FOOTBALL BOOSTER	7/26/16	\$ 300.00
Mailing Address		
150 RD. 159	1/1/16	\$
City, State, Zip Code		
SALTILLO, MS. 38802	Aggregate Year-to-date	\$ 300.00
Purpose of Disbursement (Optional)		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	1/1/16	\$
Mailing Address		
	1/1/16	\$
City, State, Zip Code		
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		