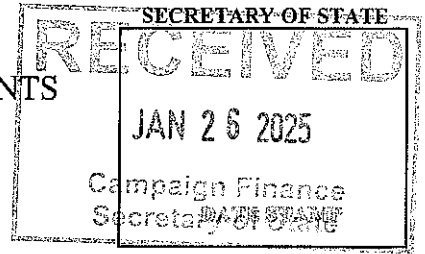


Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Election



Name of Committee JERRY R TURNER
Address 1290 CARROLLVILLE ROAD City/Zip ARLINGTON MS 38824
Telephone 662-321-5558 Fax 662-596-1925
Treasurer ELLEN TURNER Email Address jerry.r.turner@yahoo.com
Office Sought Rep Dist #18 Party Affiliation REPUBLICAN

Check here if above is different from previous report

TYPE OF REPORT

- May 10, 2024 Periodic Report (January 1, 2024 through April 30, 2024) Mandatory
- June 10, 2024 Periodic Report (May 1, 2024 through May 31, 2024) Mandatory
- July 10, 2024 Periodic Report (June 1, 2024 through June 30, 2024) Mandatory
- October 10, 2024 Periodic Report (July 1, 2024 through September 30, 2024) Mandatory
- October 30, 2024 Pre-Election Report (October 1, 2024 through October 27, 2024) Mandatory
- November 20, 2024 Pre-Runoff Report (October 30, 2024 through November 17, 2024) Runoff Candidates Only
- January 10, 2025 Periodic Report (October 1, 2024 through December 31, 2024) Mandatory
- Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) All candidates for office, and their political committees if organized as such, shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the committee shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed.
- (3) Until a committee files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.

- (5) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. 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.

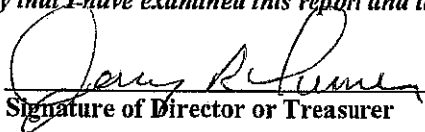
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

JAN. 1, 2024 CASH ON HAND BALANCE				\$ 54021.31
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$ 54021.31

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED AFTER JANUARY 1, 2018**

JAN. 1, 2024 CASH ON HAND BALANCE				\$ 54021.31
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$
IN-KIND CONTRIBUTIONS				\$ 54021.31

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 Director or Treasurer

1-25-25
Date

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) 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).

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email CampaignFinance@sos.ms.gov.
Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

Name of Candidate or Committee JERRY R TURNERReporting period 1-1-24 through 12-31-24

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>LAMAR'S BBO</u>	<u>1 2 24</u>	\$ <u>400.00</u>
Mailing Address <u>730 MS 145</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Baldwyn Ms 38824</u>		\$
Purpose of Disbursement (Optional) <u>MEAL first Responders</u>	Aggregate Year-to-date	\$ <u>400.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>JONES & JONES CPA</u>	<u>2 9 24</u>	\$ <u>350.00</u>
Mailing Address <u>PO Box 250</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Boonville Ms 38829</u>		\$
Purpose of Disbursement (Optional) <u>Accounting</u>	Aggregate Year-to-date	\$ <u>350.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>FFA Sale of Champions</u>	<u>2 1 24</u>	\$ <u>200.00</u>
Mailing Address	<u>1 1</u>	\$
City, State, Zip Code <u>JACKSON MS</u>		\$
Purpose of Disbursement (Optional) <u>SALE of Champions</u>	Aggregate Year-to-date	\$ <u>200.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>VFW Post 4877</u>	<u>2 24 24</u>	\$ <u>200.00</u>
Mailing Address <u>100 W Loveless Rd</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Boonville Ms 38829</u>		\$
Purpose of Disbursement (Optional) <u>DONATION</u>	Aggregate Year-to-date	\$ <u>200.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WHEELER Fire Dept</u>	<u>3 12 24</u>	\$ <u>200.00</u>
Mailing Address <u>663 CR 5031</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Boonville Ms 38829</u>		\$
Purpose of Disbursement (Optional) <u>DONATION</u>	Aggregate Year-to-date	\$ <u>200.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>HOUSE Gift Shop</u>	<u>3 15 24</u>	\$ <u>373.68</u>
Mailing Address <u>400 High Street</u>	<u>1 1</u>	\$
City, State, Zip Code <u>JACKSON MS 39201</u>		\$
Purpose of Disbursement (Optional) <u>SOUVENIERS Students</u>	Aggregate Year-to-date	\$ <u>373.68</u>

Name of Candidate or Committee JERRY R TURNERReporting period 1-1-24 through 12-31-24

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Ford Club</u>	<u>5/30/24</u>	\$ <u>346.06</u>
Mailing Address	<u>5/30/24</u>	\$ <u>346.06</u>
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>346.06</u>
<u>Food Giveaway Baldwin Mayor</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>FRIENDS TO Elect TRACY ARNOLD</u>	<u>8/4/24</u>	\$ <u>300.00</u>
Mailing Address	<u>8/4/24</u>	\$ <u>300.00</u>
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
<u>Political Donation</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WHEELER School</u>	<u>9/6/24</u>	\$ <u>1000.00</u>
Mailing Address	<u>9/6/24</u>	\$ <u>1000.00</u>
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1000.00</u>
<u>DONATION</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Baldwyn Basketball</u>	<u>10/24/24</u>	\$ <u>200.00</u>
Mailing Address	<u>10/24/24</u>	\$ <u>200.00</u>
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
<u>DONATION</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>PINEVILLE Children Home</u>	<u>12/15/24</u>	\$ <u>2000.00</u>
Mailing Address	<u>12/15/24</u>	\$ <u>2000.00</u>
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2000.00</u>
<u>DONATION</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>STOFANTA OLIVEA</u>	<u>12-18-24</u>	\$ <u>648.00</u>
Mailing Address	<u>12-18-24</u>	\$ <u>648.00</u>
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>648.00</u>
<u>Saltville Fire Fighters Donation</u>		

Name of Candidate or Committee JERRY R TURNER

Reporting period 1-1-24 through 12-31-24

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Randy M. Collins</u>	<u>12/17/24</u>	\$ <u>1372.74</u>
Mailing Address <u>5 MAIN ST</u>	<u>12/17/24</u>	\$
City, State, Zip Code <u>Salt Hill MS 38866</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Meal Salt Hill Fire Dept</u>	Aggregate Year-to-date	\$ <u>1372.74</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$