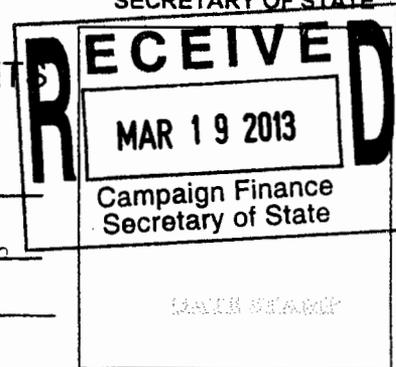


Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election House District 11



Name of Candidate EDERIC L KERNEY
Address P.O. Box 374 SARDIS MS 38666
Telephone 662 609-4132 Fax _____
Office Sought Dist 11 House Rep Email _____

Check here if above is different from previous report

TYPE OF REPORT

- March 19, 2013 Pre-Election Report (January 1, 2013, through March 16, 2013).....Mandatory
- April 9, 2013 Pre-Election Report (March 17, 2013 through April 6, 2013).....Runoff Candidates Only
- January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013).....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	\$ 719.99 + \$ 300.00	\$ 1019.99	\$ 1019.99
Total amount of disbursements	\$ 1833.40 + \$ 0	\$ 1833.40	\$ 1833.40
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.

Ederic Kerney
Signature of Candidate

3/18/13
Date

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 601-576-2545.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Ederic L KerneyReporting period January 1, 2013 through March 16, 2013

ITEMIZED DISBURSEMENTS

A. Full name Cub Flyers.com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address N/A	3 / 4 / 13	\$ 349.98
City, State, Zip Code Miami, Florida	3 / 21 / 13	\$ 214.99
Purpose of Disbursement (Optional) Post Cards and Business Cards	Aggregate Year-to-date	\$ 564.97
B. Full name Banners on The Cheap . Com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 11515A Stone Hollow Dr. Suite 100	3 / 7 / 13	\$ 518.43
City, State, Zip Code Austin, Texas 78758	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Bannes and Signs	Aggregate Year-to-date	\$ 518.43
C. Full name The Panolian Newspaper	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hwy 51 North	3 / 6 / 13	\$ 250.00
City, State, Zip Code Batesville, Ms 38606	___ / ___ / ___	\$
Purpose of Disbursement (Optional) News Paper Ad	Aggregate Year-to-date	\$ 250.00
D. Full name WKRA LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 398	3 / 8 / 13	\$ 500.00
City, State, Zip Code Holly Springs, MS 38635	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Radio Advertisement	Aggregate Year-to-date	\$ 500.00
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	\$

Name of Candidate or Committee Ederic L Kerney

Reporting period January 1, 2013 through March 16, 2013

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Brasher</u>	<u>3</u> / <u>5</u> / <u>13</u>	\$ <u>500.00</u>
Mailing Address <u>345 Hwy 6 West</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Batesville, Ms 38606</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>MS LOANS INC</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Pres</u>	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sertrica Washington</u>	<u>3</u> / <u>21</u> / <u>13</u>	\$ <u>214.99</u>
Mailing Address <u>6957 Recreation Trail S</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jacksonville, Florida 32244</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Unknown</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>classmate</u>	Aggregate year-to-date	\$ <u>214.99</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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	\$ _____