CANDIDATE OATH	
STATE AND LOCAL PARTISAN OFFICE	2022 JUN 13 PM12:05
WITH PARTY AFFILIATION	
Candid	OFFICE USE ONLY
, Rickie Cotton 99.021(1)(a), Florida Statutes) 2 t. If your last name consists of two or more names but has no
	ames). No change can be made after the end of qualifying.)
am a candidate for the office of SANTA Post (Office)	(District #) (Circuit #)
(Group or Seat #)	County, Florida; I am a qualified elector
for no other public office in the state, the term of which office	ice to which I desire to be nominated or elected; I have qualified e or any part thereof runs concurrent with the office I seek; and I resign pursuant to Section 99.012, Florida Statutes; and I will tion of the State of Florida.
	nt of Party)(b), Florida Statutes)
I am a member of the KEJJICAN which I am seeking nomination as a candidate, for 365 days	Party; I have been a registered member of this political party, for before the beginning of qualifying preceding the general election vied against me, if any, by the executive committee of the above-
Candidate's Florida Voter Registration Number (located on	your voter information card): 107608579
	on the line below as you wish it to be pronounced on the audio
1	
Signature of Candidate S258 N, CIFAS LAKE 20 M, 12 Address City	
STATE OF FLORIDA COUNTY OF Santa Rosa	Signature of Notary Public
Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence	Print, Type, or Stamp Commissioned Name of Notary Public below:
this 10th day of Fune, 2027.	TAMUSSION EL
Personally Known M OR Produced Identification	* * **********************************
DS-DE 301A (Rev. 08/2021)	Rule 1S-2.0001, F.A.C.

)

FORM 6 FULL AND PUBLIC DISCLOSURE	2021
Please print or type your name, mailing OF FINANCIAL INTERESTS FOR address, agency name, and position below:	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: Cotton Rickie Eugene Jr	
MAILING ADDRESS: 9298 Nichols Lake Road	
7	A22 100
CITY : ZIP : COUNTY : Milton 32583 Santa Rosa NAME OF AGENCY :	022 JUN 13 PM12:05
NAME OF OFFICE OR POSITION HELD OR SOUGHT : County Commissioner Dist 2	
CHECK IF THIS IS A FILING BY A CANDIDATE	
PART A NET WORTH	
Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: I culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see the instruction of the second seco	
My net worth as of <u>June 10</u> , 20 <u>22</u> was \$ <u>361,000.00</u>	
PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This ca following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased. The aggregate value of my household goods and personal effects (described above) is \$ 528,134 ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	
DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2019 3bd 2bt 1600sqft Manufactured Home + 2.5 Acres	230,000
2018 Nissan Titan P/U	34,000 4,400
1999 Jeep 2021 New Holland 40 hp Tractor	29,000
	, , , , , , , , , , , , , , , , , , ,
PART C LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	
Santa Rosa County Federal Credit Union, 5909 N. Stewart St. MIlton, Fl. 32570 Truck	19,442.00
Santa Rosa County Federal Credit Union, 5909 N. Stewart St. Milton, FL. 32570 P-Loan	3,437.00
Eglin Federal Credit Union, Mastercard 838 Eglin Parkway, Ft Walton Bch, FL 32547	16,734.00
CNH Industrial Capital P.O Box 3600 Landcaster, Pen. 17604	26,123.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
XIA	

			PART D	INCOME		
copy of your 2021 federal inco attaching your returns, as the I	me tax return, includi aw requires these do my 2021 federal inco	ing all W2s ocuments b ome tax retu	s, schedules, a se posted to th urn and all Wi	0 during the year, including seconda and attachments. Please redact any ne Commission's website. 2's, schedules, and attachments. u need not complete the remainder of	social security	
PRIMARY SOURCES OF INC						
NAME OF SOURCE OF INC			ge Jj.	ADDRESS OF SOURCE OF INCO	OME	AMOUNT
Florida Retirement Syst			P.O Box 9	9000 Tallahassee, FL. 323		58,706.52
				·		
	INCOME [Major cust	omers clic	ints, etc. of b	ousinesses owned by reporting perso	on-see instruc	tions on page 51.
NAME OF BUSINESS ENTITY	NAME C		SOURCES	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA						
	PART E INTER	ESTS IN	SPECIFIE	ED BUSINESSES [Instructions	on page 61	
		SENTITY #		BUSINESS ENTITY # 2		SINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA					
ADDRESS OF BUSINESS ENTITY	NA					
PRINCIPAL BUSINESS ACTIVITY	NA					
POSITION HELD WITH ENTITY	NA					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NA					
NATURE OF MY OWNERSHIP INTEREST	NA					
			PART F -	TRAINING		
This section applies only to	o officers required	to comple		thics training pursuant to section	112.3142, F.	S. [See instructions p. 6]
	•	•		IPLETED THE REQUIRE		
0	ATH			E OF FLORIDA Saula	Joan	
I, the person whose name ap				n to (or affirmed) and subscribed be	<u> </u>	ans of
i, the person whose name ap beginning of this form, do de	•	nation	/	hysical presence or D online notar		10+11 day of
and say that the information				Tell11 2022	Prote	e Cotton
and any attachments hereto			-5	The nu Dr.	PII	Chan
and complete.			(Signa	ature of Notary Public-State of Flor	ida)	Juli' 1
	/		. 3.			AMCO
SOC	\sum		(Print,	, Type, or Stamp Commissioned Na	me of Netary	Rubie, OW
1000	1		Perso	onally Known OR F	Produced 1860	Intation 1
SIGNATURE OF REPORTIN	IG ØFFICIAL OR CA	NDIDATE		of Identification Produced	*	v.
		1			30.0	
If a certified public accounta she must complete the follow		napter 47		ey in good standing with the Florid	A PL PU	ed this form on the or
	-		, prepared	the CE Form 6 in accordance w	ith Art. W.Set	8. STATEnda Donstitution,
Section 112.3144, Florida S and correct.	tatutes, and the ins	tructions to	o the form. L	Jpon my reasonable knowledge a	and belief, the	Conclusion is true
 Diago-t					Dat	P
Signat Preparation of this form		tornev d	oes not reli	ieve the filer of the responsib		-
				O ON A SEPARATE SHEET,		
				- or the owner that the office of the owner o		

Continued from form 6, page 2

Assets:

2010 Sundance Boat		5,000.00
Household Goods		50,000.00
Florida Retirement D.R.O.P.		205,000.00
Santa Rosa County FCU (Checking)	5909 N. Stewart St. Milton, FL. 32570	14,000.00
Santa Rosa County FCU (Savings)	5909 N. Stewart St. Milton, FL. 32570	241.38
Eglin FCU (Savings)	838 Eglin Pkwy Ft. Walton Beach, FL. 32547	108.66
Santa Rosa County FCU Campaign Acc	t. 5909 N. Stewart St. Milton, FL. 32570	14,230.94

Liabilities:

Capital One – Visa	P.O Box 71083 Scarlotte, NC. 28272	1,744.00
Lowes - Synchrony	P.O Box 965004 Orlando, FL. 32896	1,175.00
Amazon - Synchrony	P.O Box 960013 Orlando, FL. 3286	577.00
JMAG LLC. – Portable Building	P.O Box 2882 Harrisburg, IL. 62946	6,500.00
21 St . Mortgage	620 Market St. Knoxville, TN. 32902	145,096.00