FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) Andersen, Mark Candidate, Committee or Party Name Panama City 32405 (3) 2824 Kings Road Address (number and street) City State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): ______ SUPERVISOR OF ELECTIONS Check if PC has DISBANDED Political Committee Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 4/1/2004To 6/30/2004 Cover Period: Report Type: Q2 🖊 Original Special Election Report Amendment Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 50.00 10.00 Cash & Checks Expenditures Transfers to Office 0.00 0.00 Loans Account 50.00 10.00 Total Monetary Total Monetary 0.00 0.00 In-Kind (8) Other Distributions (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 318.93 9,950.00 \$ (11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is I certify that I have examined this report and it is true. true, correct and complete correct and complete Name of Candidate Chairman (PC/PTY only) Name of Treasurer Deputy Treasurer X Signature Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Andersen, Mark				(2)	_ (2) I.D. Number Andersen					
(3) Cover Period $\frac{4/1/2004}{}$ through						1of					
(5) Date (6)	(7) Full Name (Last, Suffix, First	, Middle)	Соі	(8) ntributor	(9)	(10)	(11)	(12)			
Sequence Number	Street Addres City, State, Zip		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount			
5/27/2004	Eaton Teresa 1506 Inverness Roa Lynn Haven, FL 324		I	N/A	CHE	N/A		50.00			
1											
DS-DE 13 (7/98	SE.	E REVERSE F	OR IN	 STRUCTIO	 NS AND CO	DE VALUES					

DS-DE 13 (7/98)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Ander	(2) I.D. Nur	(2) I.D. Number		Andersen			
(3) Cover Period	4/1/2004	through	6/30/2004	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
4/8/2004	Bay County Supervisor of Elections 205 Mosley Lynn Haven, FL 32444	Petition Verification	MON		10.00
1					
S-DE 14 (7/98) SEE REVERSE FOR	R INSTRUCTIONS AND C	ODE VALUES		