FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) Andersen, Mark (2) ___ andersen08 Candidate, Committee or Party Name I.D. Number 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 Open To Close Report Type: TRQ Cover Period: 🗸 Original Special Election Report Independent Expenditure Report Amendment (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 100.00 332.80 Cash & Checks Expenditures Transfers to Office 0.00 0.00 Loans Account 100.00 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 650.00 650.00 \$ (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 Treasurer Deputy Treasurer Name of Candidate Chairman (PC/PTY only) X Signature Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	ameAndersen, Mark				(2)	(2) I.D. Number andersen08				
(3) Cover Period $\frac{4/1/2008}{}$ through						1 of				
(5) Date (6)	(7) Full Name (Last, Suffix, First,		Coi	(8) ntributor	(9)	(10)	(11)	(12)		
Sequence Number	Street Address City, State, Zip		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount		
5/7/2008	Ryals Elisabeth 2030 E. 9th St. Lynn Haven, FL 324	44	I	Retired	CHE			100.00		
1										
DS-DE 13 (7/98	SEE	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. Nu	(2) I.D. Number					
(3) Cover Period	4/1/2008	through	Close	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(5) 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
6/29/2008	Donovan Vanessa 559 Lagoon Oaks Dr. Panama City, FL 32408	Refunded	REF		200.00
6/29/2008	Ryals Elisabeth 2030 E. 9th St. Lynn Haven, FL 32444	Refunded	REF		100.00
2	Andersen Mark 2824 Kings Road	Refund	MON		32.80
3	Panama City, FL 32405				
	_				
	_				
DS-DE 14 (7/9)	SEE DEVEDSE EOD	INSTRUCTIONS AND C	ODE VALUES		