

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2007

FINANCIAL INTERESTS

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LAST NAME — FIRST NAME — MIDDLE NAME:
 Nelson Louis Michael

MAILING ADDRESS:
 2612 Pembroke Drive

CITY : ZIP : COUNTY :
 Panama City 32405 Bay

NAME OF AGENCY :
 Bay County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 County Commissioner

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2007, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December, 20 07 was \$ 294,343

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 category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 80,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence: 2612 Pembroke Drive, Panama City, FL 32405	250,000.00
Business: Mike Nelson & Assoc., 509 Harrison Ave., Panama City 32401	30,000.00
Cash Monies: Tyndall Federal Credit Union, 23rd Street, Panama City, FL 32401	4,575.00
FRS Retirement: Tallahassee, Florida	32,183.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suntrust Mortgage, P.O. Box 26149, Richmond, VA 23260	71,250.00
Bay Bank, 509 Harrison Avenue, Panama City, FL 32401	6,700.00
Tyndall Federal Credit Union, 23rd Street, Panama City, FL 32401	24,465.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2007 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2007 federal income tax return. [If you check this box and attach a copy of your 2007 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
ING	909 Locust St. , Des Moines IA 50309	4,583.46
FRS	P.O. Box 9000, Tallahassee, FL 32315	6,018.00
Board of County Commissioners	P.O. Box 2269, Panama City, FL 32402	57,779.00
Mike Nelson & Assoc.	509 Harrison Ave., Panama City, FL 32401	35,400.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

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PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Mike Nelson & Assoc		
ADDRESS OF BUSINESS ENTITY	509 Harrison Ave, Panama City		
PRINCIPAL BUSINESS ACTIVITY	Investment		
POSITION HELD WITH ENTITY	Owner		
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	Owner		

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

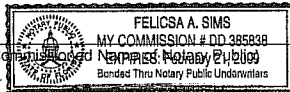
STATE OF FLORIDA
COUNTY OF Bay

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 16th day of

June, 2008 by Louis M. Nelson

Aelisa Sims
(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commission and Name of Notary Public)
Personally Known OR Produced Identification

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.