

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2007

FINANCIAL INTERESTS

JUN 16 2008 PM 1:00

LAST NAME — FIRST NAME — MIDDLE NAME:
Mark A. Andersen

MAILING ADDRESS:
2824 Kings Road

CITY : ZIP : COUNTY :
Panama City Florida 32405 Bay

NAME OF AGENCY :
Bay County Supervisor of Elections

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Bay County Supervisor of Elections

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 June 20th, 2008 was \$ 319,500.

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 \$ 70,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home Residence 2824 Kings Road, Panama City, Florida 32405	380,000
2006 Toyota 4 Runner	20,000
IRA and Saving - Innovations Federal Credit Union, PC. FL	55,000
2008 Toyota Scion	18,000
70,000 +(380,000+20,000+55,000+18,000) Total	543,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Countywide Mortgage P.O. Box 660694 Dallas TX.	143,500
Innovations Federal Credit Union, PC. FL.	28,000
AmSouth Bank P.C. FL. 32405	52,000
Total	223,500

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	-0-
Total	-0-

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
Bay County Supervisor of Elections	205 Mosley Drive, Lynn Haven FL. 32444	103,668
	Total	103,668

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
NONE			

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Andersen Appraisal Services		
ADDRESS OF BUSINESS ENTITY	2824 Kings Rd, PC, FL. 32405		
PRINCIPAL BUSINESS ACTIVITY	Residential Appraisals		
POSITION HELD WITH ENTITY	Appraiser		
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	Sole		

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

OATH

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.

STATE OF FLORIDA
COUNTY OF Bay

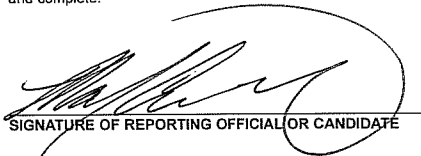
Sworn to (or affirmed) and subscribed before me this 11th day of

June, 2008 by Mark A. Andersen

Cynthia R. Messer
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission Commission Expires: August 01, 2011)
CYNTHIA R. MESSER
NOTARY PUBLIC
FLORIDA
EXPIRES: August 01, 2011

Personally Known By Other Means


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.