CANDIDATE'S REPORT

(to be filed by a candidate or his/principal campaign committee)

1. Qualifying Name and Address of Candidate
Kim Harbison
315 Oriole Dr.
Slidell, La.
70458-1631

2. Office Sought (include title of office as well as parish, city, town and/or election district)
City Council
District F
Slidell, St Tammany
Parish, Louisiana

OFFICE USE ONLY
4/02
Supp
2/16
0401556

3. Date of Primary 6 April 2002
This report covers from 1 Jan '03 through 31 Dec '03

4. Type of Report:
___ 180th day prior to primary
___ 60th day prior to primary
___ 30th day prior to primary
___ 10th day prior to primary
___ 10th day prior to general
___ 40th day after general
___ Annual (future election)
X Supplemental (past election)
___ Amendment to prior report

5. FINAL REPORT if:
___ Withdrawn
___ Unopposed
___ Filed after the election AND all loans and debts paid

6. Name and Address of Financial Institution (You are required by law to use one or more banks, savings and loan associations, or money market mutual fund as the depository of all campaign funds.)
Parish National Bank
Gause Blvd.
Slidell, La. 70458

7. Full Name and Address of Treasurer
Kim Harbison
315 Oriole Dr.
Slidell, La.
70458

8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY
a. Name and address of principal campaign committee, committee's chairperson, and subsidiary committees, if any (use additional sheets if necessary).

9. Name of Person Preparing Report Kim Harbison
Daytime Telephone 985-643-6900

10. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 7 day of Feb 04

Kim B. Harbison 985-643-6900
Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee) — Daytime Telephone

Kim B. Harbison 985-643-6900
Signature of Treasurer — Daytime Telephone

SCHEDULE B: LOANS RECEIVED

The following information must be provided for each loan or line of credit received this reporting period, even if it has been repaid. Also, complete this schedule for loans received in prior periods that are still outstanding. Separate loans must be reported separately, even if from the same source. Any personal funds a candidate loans to his campaign must be reported on this schedule.

1. Name and address of lender
Kim Harbison
315 Oriole Dr.
Slidell, La. 70458

2. a. Date* 3/25/2 b. Interest rate -0- %(a.p.r.)
c. Amount borrowed* ..... $ 1753.50
d. Balance due ..... $ 1753.50
*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c.
OPTIONAL: Total amount of credit available $_____

3. Endorsers/Guarantors

(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)

4. Repayments this period

Date	Principal	Interest

(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.)

1. Name and address of lender

2. a. Date* _____ b. Interest rate _____ %(a.p.r.)
c. Amount borrowed* ..... $_____
d. Balance due ..... $_____
*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c.
OPTIONAL: Total amount of credit available $_____

3. Endorsers/Guarantors

(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)

4. Repayments this period

Date	Principal	Interest

(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.)