CANDIDATE'S REPORT

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

1. Qualifying Name and Address of Candidate

Robert B. Osborn
317 Plank Rd
P.O. Box 6193
St. Joseph, LA. 71366

2. Office Sought (Include title of office as well as parish, city, town and/or election district.)

Mayor
Tensas
Town of St. Joseph

OFFICE USE ONLY

10-G
9/23
9/04

0405202

3. Date of Primary SEPTEMBER 18, 2004

This report covers from SEPTEMBER 8th through SEPTEMBER 20th 04

4. Type of Report:

____180th day prior to primary
____90th 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)
____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.)

Cross Keys Bank
209 Plank Rd
P.O. Box 7
St. Joseph, LA, 71366

7. Full Name and Address of Treasurer

Robert B. Osborn
317 Plank Rd
P.O. Box 6193
St. Joseph, LA 71366

LOUISIANA ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED
2004 SEP 24 PM 12:18

9. Name of Person Preparing Report Robert B. Osborn

Daytime Telephone 318-766-4232

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 20th day of SEPTEMBER, 2004.

Robert B. Osborn
Signature of Candidate/Chairperson
(To be signed by Chairperson only if report by principal campaign committee)

318-766-4232
Daytime Telephone

Robert B. Osborn
Signature of Treasurer

318-766-4232
Daytime Telephone

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).

Form 102, Rev. 1/98, Page Rev. 3/00

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions (Schedule A-1)	0
2. In-kind Contributions (Schedule A-2)	0
3. Campaign paraphernalia sales of $25 *or less*	0
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 +3)	0
5. Other Receipts (Schedule A-3)	0
6. Loans Received (Schedule B)	0
7. Loan Repayments Received (Schedule D)	0
8. **TOTAL RECEIPTS** (Lines 4 + 5 + 6 + 7)	0

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	0
10. Other Disbursements (Schedule E-2)	0
11. Loan Repayments Made (Schedule B)	0
12. Funds Loaned (Schedule D)	0
13. **TOTAL DISBURSEMENTS** (Lines 9 + 10 + 11 + 12)	0

FINANCIAL SUMMARY	Amount
14. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this election)	$71.60
15. *Plus* total receipts this period (Line 8 above)	0
16. *Less* total disbursements this period (Line 13 above)	0
17. *Less* in-kind contributions (Line 2 above)	0
18. Funds on hand at close of reporting period	$71.60

Form 102, Rev. 3/98, Page Rev. 3/98