CANDIDATE'S REPORT

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

1. Qualifying Name and Address of Candidate

ALICE "Red" Hammond
P. O. Box 8552
ALEXANDRIA, LA
71306

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

MAYOR
Rapides Parish
ALEXANDRIA
District-C07

OFFICE USE ONLY

9/06
30-P
8/31

0605177

Missing numbered pages were blank and had no information on them.

3. Date of Primary Sept 30, 2006

This report covers from JUN 23, 2006 through Aug 31, 2006

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.)

CHASE BANK
ALEXANDRIA, LA
71301

7. Full Name and Address of Treasurer

Jackie Hammond
3734 6th St.
ALEXANDRIA, LA
71302

SCAN
SEP 07 2006
By: DTS

9. Name of Person Preparing Report ALICE HAMMOND

Daytime Telephone (318) 443-9599

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 31st day of August 2006

Alice Hammond
Signature of Candidate/Chairperson
(To be signed by Chairperson only if report by principal campaign committee)

(318) 443-9599
Daytime Telephone

Jackie Hammond
Signature of Treasurer

(318) 442-3964
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. 1/04, Page Rev. 3/00

SUMMARY PAGE

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

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