CANDIDATE'S REPORT

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

1. Qualifying Name and Address of Candidate

Robert L. Phares
403 East Chestnut
PO Box 1250
Amite, LA 70422

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

Chief of Police
Town of Amite

OFFICE USE ONLY

10-G 10/08
11/12

0807378

3. Date of Primary October 4, 2008

This report covers from August 26, 08 through October 14, 08

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 (prior election)
____Amendment to prior report

Same report as 10-P

5. FINAL REPORT if:

____Withdrawn
✓ Filed after the election AND all loans and debts paid
____Unopposed

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.)

Regions
759 W Oak St
Amite, LA 70422

7. Full Name and Address of Treasurer

Renee Robbins Phares
405 East Chestnut
PO Box 1250
Amite, LA 70422

8. Name of Person Preparing Report Renee Robbins Phares

Daytime Telephone 985-969-3028

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 12 day of Nov, 2008.

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

Daytime Telephone

Renee Robbins-Phares
Signature of Treasurer

985-969-3028
Daytime Telephone

9. 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. 1/03, Page Rev. 2/07