CANDIDATE'S REPORT

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

1. Full Mailing Name and Address of Candidate
Jimmie L. Winston
912 St Charles St
Thibodaux, LA
70301

2. Office Sought (include title of office as well as parish, city, town and/or election district)
City Council Seat
Dist. C, Thibodaux
LaFourche Parish
Thibodaux, LA
2.7

OFFICE USE ONLY
10/10
409
12/13
NRTF
10002954

3. Date of Primary: October 2, 2010

This report covers from 10/14/10 through 12/02/10

4. Type of Report:

____180th day prior to primary
____90th day prior to primary
____30th day prior to primary
____14th day prior to primary
____10th day prior to general
____40th day after general
____Annual (Odd-year election)
____Supplemental (post 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.)
Capital One Bank
203 W. 2nd St
Thibodaux, LA 70301

7. Full Name and Address of Treasurer
Jimmie L. Winston
912 St Charles St.
Thibodaux, LA
70301

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

9. Name of Person Preparing Report: Jimmie L. Winston
Daytime Telephone: 985) 859-5628

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 12th day of December 2010

Signature of Candidate/Chairperson
(To be signed by Chairperson only if report by principal campaign committee)
985) 859-5628
Daytime Telephone

Signature of Treasurer
985) 859 5628
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).

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)	
6. Loans Received (Schedule B)	
7. Loan Repayments Received (Schedule D)	
8. TOTAL RECEIPTS (Lines 4 + 5 + 6 + 7)	

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	
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)	

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)	19.12
15. *Plus* total receipts this period (Line 8 above)	— 0 —
16. *Less* total disbursements this period (Line 13 above)	
17. *Less* in-kind contributions (Line 2 above)	
18. Funds on hand at close of reporting period	19.12

Form 102, Rev. 2003, Page Rev. 3/08