CANDIDATE'S REPORT

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

1. Qualifying Name and Address of Candidate

Johnny Blount
102 Mitchell Drive
Hammond, LA 70401

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

Tangipahoa Parish
City of Hammond
Councilman District 1

OFFICE USE ONLY

10-G 10/10
9/12

11003974

3. Date of Primary October 2, 2010

This report covers from January 2010 through September 2010

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)
X Supplemental (post election)
____ Amendment to prior report

5. FINAL REPORT if:

____ Withdrawn
____ Unopposed
____ Filed after the election AND all loans and debts paid

Same report as #11003972

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.)

Florida Parish Bank
1300 W. Morris St
Hammond, LA 70401

7. Full Name and Address of Treasurer

None

9. Name of Person Preparing Report Larry Francis, Sr

Daytime Telephone 985-277-5627

10. I/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 September 2011

Johnny Blount

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

Daytime Telephone

Preparer: Larry Francis, Sr.

Signature of Treasurer

985-277-5625

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).