The C/OH instruction G	1 Filer ID (Ethics Commission in the state of the state o	Friers, 2 Total pages filled:
CANDIDATE / OFFICEHOLDER	MS MRS / MR FIRST MI	OFFICE USE ONLY
NAME	Dr. Llewellyn A. NICKNAME Blackburn, Sr.	Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS PO BOX: APT / SUITE #: CITY: STATE; ZIP CO 2130 LANGE K AVE DAILAS, TX. 75	
Change of Address		~
OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 232-6380	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST MI	Receipt # Amount \$
TREASURER NAME	Dr. Llewellyw A.	Date Processed
	MICHIANIC CASI SOLID	
CAMPAIGN TREASURER ADDRESS (Residence or Business)	Blackburn, Sr. STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE 2130 Lanark Ave. Dallas, TX. 75	
TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE	; ZIP CODE
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE 6; CITY. STATE 2130 LANAK AVE. Dallas, TX. 75	15th day after campaign treasurer appointment (Officeholder Only)
ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE 6; CITY. STATE 213D LANACK AVE. Dallas, TX. 75 AREA CODE PHONE NUMBER EXTENSION (214) 232-638D January 15 30th day before election Runoff July 15 8th day before election Excouded \$5	15th day after campaign treasurer appointment (Officeholder Only)
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE 6; CITY. STATE 213D LANACK AVC. Dallas, TX. 75 AREA CODE PHONE NUMBER EXTENSION (214) 232-638D January 15 30th day before election Runolf July 15 8th day before election Exceeded \$5 Month Day Year OI 16 2018 THROUGH ELECTION DATE ELECTION DATE BY YEAR Primary Runolf Oth	T5th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C OH - FR: Month Day Year 77 15 2018

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH **COVER SHEET PG 2**

14 C/OH NAME D	r. Llewell	lyn A. Blackburn, Sr. 15 Filer	ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL				
	COMMITTEE ADDRESS				
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS. S ITEMIZED	\$		
	4. TOTAL POLITICAL EXPENDITURES		\$ 437.82		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$4000.00		
18 AFFIDAVIT					
		I swear, or affirm, under penalty of perjury, true and correct and includes all informatic			
100 No.	PAULA C. REEDER	under Title 15. Election Code.			
	Ay Notary ID # 119247	14	10.11		
Expires April 8, 2020 Revelly Tolacke					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAN	MP SEALABOVE				
Sworn to and subsc	cribed before me,	by the said Llewellyn A. Blackburn, Sr	this the		
day of July 1.		to certify which, witness my hand and seal of office.			
Paula	(Lade	Haula C. Reedere	Norbey		
Signature of officer	administering oath	Printed name of officer administering oath	itle of officer administering cath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	Dr. Llewellyn A. Blackburn, Sr.	ommission Filers)
	CCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$437.82
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7,-	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s ——
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate:Officeholder/Political Committee

Event Expense Feas Food/Beverage Expense Glft/Awards/Memorials Expense Lagal Sorvicos Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Confract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to		3 Filer 1D (Ethics Commission Filers)
otal pages Schedule F1:	Dr. Llewellyn A. Black	Burn, Sr.	THE TE (Lance Commence visco)
Date	5 Payeer and		Y-
amount (\$)	7 Payee address: City: State: Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	C -	outside of Texas. Complete Schedule T. in, TX, officeholder flying expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
2/7/2018	Constant Contact	-	
Amount (\$) #47.97	Payee address; City: State; Zip Code		
PURPOSE OF EXPENDITURE	Category (Son Categories listed at the top of this schedule) Advertising Expense	-	outside of Texas, Complete Schedule T fin. TX. officeholder living expense
OF	Advertising Expense Candidate / Officeholder name	Check I travel	
OF EXPENDITURE	Advertising Expense Candidate / Officeholder name	Check if Aus	fin. TX officeholder kving expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Advertising Expense Candidate / Officeholder name Payee name	Check if bavel	fin. TX officeholder kving expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 3/7/2018 Amount (\$)	Advertising Expense Candidate / Officeholder name Payee name Constant Contact	Check if Aus Check if Aus Office sought Description Check if trave	fin. TX officeholder kving expanse

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting Banking Consulting Expense Contributions:Donations Made By Candidate/Officeholder/Politica	Food Office Ove Food/Beverage Expense Polling Expense Printing Expense Pri	nyment/Reimbursement rhead/Rental Expense panse tpense /ages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)		
Criscil Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 2 of 3	Dr. Llewellyn A. Blan	ekburn, Sn	3 Filer ID (Ethics Commission Filers)		
4 Date 4/7/2018	5 Payee name Constant Contact				
447.97	7 Payee address: City: State; Zip Code				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		itside of Texas. Complete Schedule T. TX off:ceholder living expense		
EXPENDITURE	_		The Silver of the Park of the		
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 4/4/2018	Dodd Education & Si	apport			
Amount (\$) #150.	Payee address: City: State; Zip Code				
PURPOSE OF EXPENDITURE	Category (Some Calegories listed at the top of this schedule) Confribution Delta Sigma Theta, Inc.		tside of Texas. Complete Schedulo I. TX_officehordor: living_expanse		
Complete <u>CNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nams	Office sought	Office held		
5/7/2018	Payee name Constant Contact				
# 4 7 . 92	Payee address: City: State: Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		tside of Texas. Complete Schedule [⊤] . -⊤X_officeholder_living_expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officaholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Glit/Awards/Memorials Expense Printing Exp	head/Rental Expense Transpense Travel Travel ages/Contract Labor Other (ation/Fundralsing Expense ortation Equipment & Related Expense In District Out Of District enter a category not listed above)
1 Total pages Schedule F1:	Dr. Llewellyn A. Blac	kburn, Sr. 3 File	or ID (Ethics Commission Filers)
4 Date 6 7 2018	Constant Contact		
6 Amount (\$)* #47.97	7 Payee address; City: State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categores listed at the top of this achadula) Advertising Expense	(b) Description Check if travel outside of Te Check if Austin, TX. office	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
7/6/2018	Payee name Constant Contact		
Amount (\$)	Payee address; City: State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Te Check if Austin, TX, office	
Complete ONLY if direct expenditure to penefit G/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		exas, Complete Schedule T iceholder Ilving expense
Complete <u>ONLY</u> if direct expenditure to benefit CrO	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	