

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: NICKNAME: Dr. FIRST: Llewellyn LAST: Blackburn MI: A. SUFFIX: Sr.	OFFICE USE ONLY Date Received: 2017 07 17 PM 4:44 Date Hand-delivered or Date Postmarked: Receipt #: _____ Amount \$: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2130 Lanark Ave. Dallas, TX. 75203		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (214) PHONE NUMBER: 232-6380 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: NICKNAME: Dr. FIRST: Llewellyn LAST: Blackburn MI: A. SUFFIX: Sr.		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 2130 Lanark Ave. Dallas, TX. 75203 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (214) PHONE NUMBER: 232-6380 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 16 / 2017 07 / 15 / 2017		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)

GO TO PAGE 2

RECEIVED
BOARD SERVICES
DALLAS TSD

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME Dr. Llewellyn A. Blackburn 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

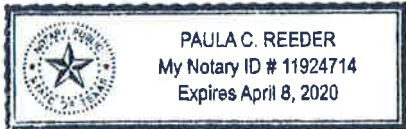
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ —
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 534.99
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, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Llewellyn A. Blackburn
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP SEAL ABOVE

Sworn to and subscribed before me, by the said Llewellyn A. Blackburn, this the 14th day of July, 2017, to certify which, witness my hand and seal of office.

Paula C. Reeder
Signature of officer administering oath

Paula C. Reeder
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Dr. Newellyn A. Blackburn

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u> </u>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <u> </u>
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <u> </u>
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ <u> </u>
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>534.99</u>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <u> </u>
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <u> </u>
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <u> </u>
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <u> </u>
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <u> </u>
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u> </u>
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <u> </u>

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 4	2 FILER NAME Dr. Llewellyn A. Blackburn	3 Filer ID (Ethics Commission Filers)
--------------------------------------	--	---------------------------------------

4 Date 2/8/2017	5 Payee name Constant Contact
--------------------	----------------------------------

6 Amount (\$) \$42.64	7 Payee address; City: State: Zip Code
--------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/8/2017	Payee name Constant Contact
------------------	--------------------------------

Amount (\$) \$42.64	Payee address; City: State: Zip Code
------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/27/2017	Payee name Concord Church
-------------------	------------------------------

Amount (\$) \$75.00	Payee address; City: State: Zip Code 6808 Pastor Bailey Dr. Dallas, TX. 75237
------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY 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 FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office/Overhead/Rental Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **2 of 4** 2 FILER NAME: **Dr. Llewellyn A. Blackburn** 3 Filer ID / Ethics Commission Filer: _____

4 Date: **3/27/2017** 5 Payee name: **Concord Church**

6 Amount (\$): **\$75.00** 7 Payee address: **6808 Pastor Bailey Dr. Dallas, TX. 75237**
 City: State: Zip Code

8 PURPOSE OF EXPENDITURE: **Advertising Expense**

(a) Category (See Categories listed at the top of this schedule): _____

(b) Description:
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense.

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **4/10/2017** Payee name: **Constant Contact**

Amount (\$): **\$42.64** Payee address: _____ City: State: Zip Code: _____

PURPOSE OF EXPENDITURE: **Advertising Expense**

Category (See Categories listed at the top of this schedule): _____

Description:
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense.

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **4/27/2017** Payee name: **Dr. Keisha Lankford**

Amount (\$): **\$50.00** Payee address: _____ City: State: Zip Code: _____

PURPOSE OF EXPENDITURE: **Contribution/Donation**

Category (See Categories listed at the top of this schedule): _____

Description:
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense.

Cedar Hill ISD Campaign

Complete ONLY 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 FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Subscription/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 complete this form.

1 Total pages Schedule F1: **3 of 4** 2 FILER NAME: **Dr. Llewellyn A. Blackburn** 3 Filer ID (Ethics Commission Filers):

4 Date: **5/8/2017** 5 Payee name: **Constant Contact**

6 Amount (\$): **\$42.64** 7 Payee address: City: State: Zip Code:

8 **PURPOSE OF EXPENDITURE** (a) Category: See Categories listed at the top of this schedule: **Advertising Expense** (b) Description:
 Check if travel outside of Texas. Complete Schedule F
 Check if Austin, TX, city for poll polling expense.

9 Complete ONLY if direct expenditure to benefit COH Candidate / Officeholder name: Office sought: Office held:

Date: **6/8/2017** Payee name: **Constant Contact**

Amount (\$): **\$42.64** Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE Category: See Categories listed at the top of this schedule: **Advertising Expense** Description:
 Check if travel outside of Texas. Complete Schedule F
 Check if Austin, TX, city for poll polling expense.

Complete ONLY if direct expenditure to benefit COH Candidate / Officeholder name: Office sought: Office held:

Date: **6/30/2017** Payee name: **Dallas County Elections**

Amount (\$): **\$73.82** Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE Category: See Categories listed at the top of this schedule: **Polling Expense (voter history)** Description:
 Check if travel outside of Texas. Complete Schedule F
 Check if Austin, TX, city for poll polling expense.

Complete ONLY if direct expenditure to benefit COH 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 FOR BOX 8(a)

- | | | | |
|--|---------------------------------|--------------------------------|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Subscription/Printing Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation/Equipment/Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel/Out-of-State |
| Contributions/Donations Made By | Gift Awards/Memorabilia Expense | Printing Expense | Travel/Out-of-State |
| Candidate/Officeholder Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **4 of 4** 2 FILER NAME: **Dr. Hewellyn A. Blackburn** 3 Filer ID: Ethics Commission Filers

4 Date: **7/10/2017** 5 Payee name: **Constant Contact**

6 Amount (\$): **#47.97** 7 Payee address: City: State: Zip Code:

8 PURPOSE OF EXPENDITURE: **Advertising Expense**

(a) Category: See Categories listed at the top of this schedule
 (b) Description:
 Check if made outside of Texas. Complete Schedule F
 Check if Allowed TX off-endorsement expense

9 Complete ONLY if direct expenditure to benefit COH: 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 Description:
 Check if made outside of Texas. Complete Schedule F
 Check if Allowed TX off-endorsement expense

Complete ONLY if direct expenditure to benefit COH: 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 Description:
 Check if made outside of Texas. Complete Schedule F
 Check if Allowed TX off-endorsement expense

Complete ONLY if direct expenditure to benefit COH: Candidate: Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Acct. #	Date Received	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered or Postmarked	
5 OFFICE HELD (if any)	Trustee, Dallas ISD				Date Processed	
6 OFFICE SOUGHT (if known)	Date Imaged					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE					
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u>Llewellyn A Blackburn</u> Signature of Candidate</p> <p><u>7-17-17</u> Date Signed</p>					

GO TO PAGE 2