

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: 19 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: Dr. FIRST: Llewellyn MI: A. NICKNAME: LAST: SUFFIX: Sr. Blackburn, | OFFICE USE ONLY Date Received: 2016 JUL 15 PM 3:45 Date Hand-delivered or Date Postmarked: | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX, APT / SUITE # CITY, STATE ZIP CODE 2130 Lanark Ave. Dallas, TX. 75203 | Receipt # Amount \$ Date Processed Date Imaged | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 232-6380 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: MR FIRST: Hollis MI: NICKNAME: LAST: SUFFIX: Brashear | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY, STATE ZIP CODE 1424 W. Red Bird Lane Dallas, TX 75232 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 376-3484 | | |
| 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 | | |
| 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) | |

RECEIVED
BOARD SERVICES
DALLAS ISD

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME Dr. Llewellyn 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 / 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) | \$8100.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ — |
| | 4. TOTAL POLITICAL EXPENDITURES | \$12,993.99 |
| 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 | \$ |

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.

Gandy A. Black
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP SEAL ABOVE

Sworn to and subscribed before me by the said Llewellyn A. Blackburn this the July 15 day of July 15, 2016, to certify which, witness my hand and seal of office.

Leelynn Montes Leelynn Montes
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Dr. Lewellyn A. Blackburn, Sr.

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|--------------------------|
| <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 8100. ⁰⁰ |
| <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 3996.35 |
| <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ — |
| <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 4000. ⁰⁰ |
| <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 12,993. ⁹⁹ |
| <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ — |
| <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ — |
| <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ — |
| <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ — |
| <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ — |
| <input type="checkbox"/> SCHEDULE I: NON POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ — |
| <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ — |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction guide explains how to complete this form.

1 Total pages Schedule A1
1 of 6

2 FILER NAME
Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date
5/1/2016

5 Full name of contributor out-of-state PAC (ID# _____)
Donnie Lee Breedlove

6 Contributor address, City, State, Zip Code
**1713 Bar Harbor Dr.
Dallas, TX, 75232**

7 Amount of contribution (\$) **\$100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5/1/2016

Full name of contributor out of state PAC (ID# _____)
Patricia Williams

Contributor address, City, State, Zip Code
**2701 Lakemont Drive
Flower Mound, TX 75022**

Amount of contribution (\$) **\$100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/1/2016

Full name of contributor out of state PAC (ID# _____)
Annette Woodward

Contributor address, City, State, Zip Code
**7339 Lakewood Blvd.
Dallas, TX, 75214**

Amount of contribution (\$) **\$25.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/1/2016

Full name of contributor out of state PAC (ID# _____)
LAVONNE MASON

Contributor address, City, State, Zip Code
**7102 Mesa Dr.
Austin, TX, 78731**

Amount of contribution (\$) **\$100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 of 6

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

5/1/2016

5 Full name of contributor out of state PAC ID#

Black Family Good Gov. Acct.

7 Amount of contribution (\$)

\$1,000.⁰⁰

6 Contributor address City State Zip Code

751 Kessler Lake Dr.
Dallas, TX 75208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/1/2016

Full name of contributor out of state PAC ID#

J. McDonald Williams

Amount of contribution (\$)

\$1,000.⁰⁰

Contributor address City State Zip Code

Dallas, TX.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/2016

Full name of contributor out of state PAC ID#

Ortha L. Samples

Amount of contribution (\$)

\$25.⁰⁰

Contributor address City State Zip Code

229 Wildwood Dr.
DeSoto, TX. 75115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2016

Full name of contributor out of state PAC ID#

Michael Rader

Amount of contribution (\$)

\$2,000.⁰⁰

Contributor address City State Zip Code

6228 Colleyville Blvd., Ste. A
Colleyville, TX. 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
3 of 4
3 Filer ID (Ethics Commission Filers)

2 FILER NAME
Dr. Llewellyn A. Blackburn, Sr.

4 Date
5/2/2016

5 Full name of contributor out-of-state PAC (ID#)
Felicia Johnson

6 Contributor address, City, State, Zip Code
4303 Stephen St.
Grand Prairie, TX 75052

7 Amount of contribution (\$)
\$100.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5/2/2016

Full name of contributor out of state PAC (ID#)
Kathy Birks

Contributor address, City, State, Zip Code
3654 Cripple Creek Dr.
Dallas, TX 75224

Amount of contribution (\$)
\$25.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/2/2016

Full name of contributor out of state PAC (ID#)
Andra' Simmons

Contributor address, City, State, Zip Code
11950 Elk Springs
Houston, TX 77067

Amount of contribution (\$)
\$50.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/2/2016

Full name of contributor out of state PAC (ID#)
Lucious Williams

Contributor address, City, State, Zip Code
1421 Covington Dr.
DeSoto, TX 75115

Amount of contribution (\$)
\$500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 2 FILER NAME Dr. Llewellyn A. Blackburn, Sr. | | 1 Total pages Schedule A1 4 of 6 |
| 4 Date 5/2/2016 | | 3 Filer ID (Ethics Commission Filers) |
| 5 Full name of contributor Evalynn Williams | <input type="checkbox"/> out of state PAC ID# | 7 Amount of contribution (\$) \$500. ⁰⁰ |
| 6 Contributor address, City, State, Zip Code 1104 Shadow Wood Trl. DeSoto, TX. 75115 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 5/9/2016 | | Amount of contribution (\$) \$25. ⁰⁰ |
| Full name of contributor Velva Carter | | |
| <input type="checkbox"/> out of state PAC ID# | | |
| Contributor address, City, State, Zip Code 11319 Skyline Ln. Atlanta, GA. 30345 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 5/5/2016 | | Amount of contribution (\$) \$100. ⁰⁰ |
| Full name of contributor Betty Culbreath | | |
| <input type="checkbox"/> out of state PAC ID# | | |
| Contributor address, City, State, Zip Code P.O. Box 764588 Dallas, TX. 75376 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 5/5/2016 | | Amount of contribution (\$) \$100. ⁰⁰ |
| Full name of contributor DeMetris Sampson | | |
| <input type="checkbox"/> out of state PAC ID# | | |
| Contributor address, City, State, Zip Code 2207 Elder Oaks Ln. Dallas, TX 75232 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
5 of 6

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filer)

4 Date

5/6/2016

5 Full name of contributor

Linda Trimble

out of state PAC (ID#)

7 Amount of contribution (\$)

\$50.00

6 Contributor address, City, State, Zip Code

**1534 Robin Ln.
Lancaster, TX 75134**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/6/2016

Full name of contributor

Marcia Page

out of state PAC (ID#)

Amount of contribution (\$)

\$50.00

Contributor address, City, State, Zip Code

**330 E. Las Colinas Blvd. # 1214
Irving, TX 75039**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/6/2016

Full name of contributor

Donna Blackburn

out of state PAC (ID#)

Amount of contribution (\$)

\$50.00

Contributor address, City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out of state PAC (ID#)

Amount of contribution (\$)

Contributor address, City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1 **6 of 6**

2 FILER NAME
Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date
6/1/2016

5 Full name of contributor out of state PAC (ID#)
Michael Davis

7 Amount of contribution (\$)
\$250.00

6 Contributor address, City, State, Zip Code
**P.O. Box 151434
Dallas, TX 75315-1434**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
6/13/2016

Full name of contributor out of state PAC (ID#)
Michael Rader

Amount of contribution (\$)
\$1500.00

Contributor address, City, State, Zip Code
**6228 Colleyville Blvd., Ste. A
Colleyville, TX 76034**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out of state PAC (ID#)

Amount of contribution (\$)

Contributor address, City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out of state PAC (ID#)

Amount of contribution (\$)

Contributor address, City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2

1

2 FILER NAME

Dr. Hewelwyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

5/16/2016

6 Full name of contributor out-of-state PAC (ID#)

Texas State Teachers Assoc. - PAC

7 Contributor address, City, State, Zip Code

316 W. 12th St.
Austin, TX 78701

8 Amount of Contribution \$

\$3996.35

9 In-kind contribution description

Robocall charge
Govt postcards

Check if travel outside of Texas Complete Schedule T

10 Principal occupation / Job title (FOR NON JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of Contribution \$

In-kind contribution description

Contributor address, City, State, Zip Code

Check if travel outside of Texas Complete Schedule T

Principal occupation / Job title (FOR NON JUDICIAL) (See Instructions)

Employer (FOR NON JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

2 FILER NAME

Dr. Hewelwyn A. Blackburn, Sr.

1 Total pages Schedule E

1

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

5/3/2016

7 Name of lender

out-of state PAC (10%)

Dr. Hewelwyn A. Blackburn, Sr.

8 Loan Amount (\$)

\$4000.00

6 Is lender a financial institution?
Y N

8 Lender address

City State Zip Code

2130 Lanark Ave.
Dallas, TX. 75203

10 Interest rate

0

11 Maturity date

0

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

18 Amount Guaranteed (\$)

18 Guarantor address

City State Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of state PAC (10%)

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address

City State Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address

City State Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: <i>1 of 8</i> | | 2 FILER NAME <i>Dr. Hewellyn A. Blackburn</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>5/01/2016</i> | | 5 Payee name <i>La Calle Dose</i> | | | |
| 6 Amount (\$) <i>\$50.00</i> | | 7 Payee address; City; State; Zip Code <i>Dallas, TX. 75208</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | |
| | | <i>Event Expense</i> | | <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 <i>5/2/2016</i> | | Payee name <i>Office Depot</i> | | | |
| Amount (\$) <i>\$617.19</i> | | Payee address; City; State; Zip Code <i>Dallas, TX.</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | | Description | |
| | | <i>Office Expense</i> | | <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 <i>5/2/2016</i> | | Payee name <i>St. Paul Baptist Church</i> | | | |
| Amount (\$) <i>\$250.00</i> | | Payee address; City; State; Zip Code <i>1600 Pear St. Dallas, TX. 75215</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | | Description | |
| | | <i>Youth group donation</i> | | <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 6(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/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract 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 complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: <i>2 of 8</i> | 2 FILER NAME <i>Dr. Jewellyn A. Blackburn, Sr.</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>5/2/2016</i> | 5 Payee name <i>The Order Deck</i> | |
| 6 Amount (\$) <i>\$1057.³⁰</i> | 7 Payee address: City: State: Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>5/3/2016</i> | Payee name <i>Ed Gray ASSO.</i> | |
| Amount (\$) <i>\$50.⁰⁰</i> | Payee address: City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Radio Advertisement</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>5/3/2016</i> | Payee name <i>Jan Gore</i> | |
| Amount (\$) <i>\$1000.⁰⁰</i> | Payee address: City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Campaign workers expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</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 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/Total Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract 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 complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 3 of 8 | 2 FILER NAME Dr. Lewellyn A. Blackburn, Sr. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/3/2016 | 5 Payee name The Order Deck | |
| 6 Amount (\$) \$647.92 | 7 Payee address: City: State: Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 5/4/2016 | Payee name JAN GORE | |
| Amount (\$) \$500.00 | Payee address: City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Campaign workers 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 5/4/2016 | Payee name Castle Business Solutions | |
| Amount (\$) \$2798.74 | Payee address: City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Campaign mailings | 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
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

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 complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: 4 of 8 | | 2 FILER NAME Dr. Kewellyn A. Blackburn, Sr. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 5/6/2016 | | 5 Payee name JAN Gore | | | |
| 6 Amount (\$) \$500.00 | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Campaign workers 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 5/6/2016 | | Payee name Tom Thumb store | | | |
| Amount (\$) \$41.19 | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Food / Beverage 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 5/6/2016 | | Payee name Walgreens store | | | |
| Amount (\$) \$32.46 | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Food/Beverage 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 | |

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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

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 complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 Total pages Schedule F1 5 of 8 | | 2 FILER NAME Dr. Lewellyn A. Blackburn, Sr. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 5/7/2016 | | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 5/10/2016 | | Payee name Democracy Toolbox | | | |
| Amount (\$) \$750.⁰⁰ | | Payee address; City; State; Zip Code 405 Rice Street McKinney, TX, 75069 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Communication Services | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 5/12/2016 | | Payee name JAN GORE | | | |
| Amount (\$) \$500.⁰⁰ | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Campaign Consultant | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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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/Financial Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solidarity/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: 6 of 8 | 2 FILER NAME Dr. Hewellyn A. | 3 Filer ID (Ethics Commission Filers): |
|---|--|--|

| | |
|----------------------------|-------------------------------------|
| 4 Date 5/13/2016 | 5 Payee name Ed Valentine |
|----------------------------|-------------------------------------|

| | |
|-----------------------------------|---|
| 6 Amount (\$) \$1715.76 | 7 Payee address: City; State; Zip Code 2344 Farrington Dallas, TX 75207 |
|-----------------------------------|---|

| | | |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Campaign yard signs | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------------|----------------------------------|
| Date 5/16/2016 | Payee name DAVID SWAIN |
|--------------------------|----------------------------------|

| | |
|---------------------------------|--------------------------------------|
| Amount (\$) \$1900.00 | Payee address: City; State; Zip Code |
|---------------------------------|--------------------------------------|

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

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

| | |
|--------------------------|----------------------------------|
| Date 5/20/2016 | Payee name Terri Hodge |
|--------------------------|----------------------------------|

| | |
|---------------------------------|--------------------------------------|
| Amount (\$) \$1000.00 | Payee address: City; State; Zip Code |
|---------------------------------|--------------------------------------|

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

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

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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/Rentals Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract 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 complete this form.

1 Total pages Schedule F1: **7 of 8** 2 FILER NAME: **Dr. Llewellyn A. Blackburn, Sr.** 3 Filer ID (Ethics Commission Filers)

4 Date: **5/23/2016** 5 Payee name: **Target store**

6 Amount (\$): **\$100.00** 7 Payee address: City, State, Zip Code: **2417 N. Haskell Ave, Dallas, TX.**

8 PURPOSE OF EXPENDITURE: **Gift/Awards expense For parents/volunteer reception**

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

(b) Description
 Check if travel outside of Texas. Complete Schedule F
 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: **5/23/2016** Payee name: **Tes Blackburn**

Amount (\$): **\$156.00** Payee address: City, State, Zip Code

PURPOSE OF EXPENDITURE: **Campaign staff marketing**

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

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

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

Date: **6/7/2016** Payee name: **Constant Contact**

Amount (\$): **\$42.00** 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 F
 Check if Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX B(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

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 complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: 8 of 8 | | 2 FILER NAME Dr. Llewellyn A. Blackburn, Sr. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 6/22/2016 | | 5 Payee name Dorlisa Randolph | | | |
| 6 Amount (\$) \$132.52 | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule): Campaign office 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 7/7/2016 | | 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 7/7/2016 | | Payee name Pay Pal | | | |
| Amount (\$) \$66.99 | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule): Fees | | 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 | |

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