

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

RECEIVED
BOARD SERVICES
DALLAS ISD

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>11</u>	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <u>Dr. Lewellyn A.</u> NICKNAME LAST SUFFIX <u>Blackburn, Sr.</u>	Date Received <u>2016 MAY 19 PM 3:53</u> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>07 / 16 / 2015</u> THROUGH <u>01 / 15 / 2016</u>	

6 EXPLANATION OF CORRECTION
The original report incorrectly shows "unknown" for a \$250.00 contribution. The funds are a loan from Dr. Lew Blackburn, Sr.


7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Lewellyn A. Blackburn
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lew Blackburn, this the 19th day of May, 2016, to certify which, witness my hand and seal of office.

Dianna Thompson Dianna Thompson Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	LI
	NICKNAME	LAST	SUFFIX
Dr. Llewellyn A. Blackburn, Sr.			
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		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(214)	232-6380	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	LI
	NICKNAME	LAST	SUFFIX
Mr. Hollis 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 checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 7th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	07	16	2015
THROUGH		Month	Day
		01	15
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<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 ISD

2016 JAN 19 PM 3:53

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME Dr. Ulewellyn 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.

GENERAL
 SPECIFIC

COMMITTEE TYPE: _____ COMMITTEE NAME: _____
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)	\$ 6125. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 738. ⁴⁰
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	\$ 250. 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.

Ulewellyn A. Blackburn, Sr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dr. Ulewellyn A. Blackburn, Sr., this the 19th day of May, 20 14, to certify which, witness my hand and seal of office.

Dianna Thompson
Signature of officer administering oath

Dianna Thompson
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 <i>Dr. Llewellyn A. Blackburn, Sr.</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6125.⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>250.⁰⁰</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>738.⁴⁰</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 1 of 4
2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC (01) _____ MAVIS KNIGHT 6 Contributor address: City: State: Zip Code 6108 Red Bird Ct. Dallas, TX. 75232	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/24/2015	Full name of contributor <input type="checkbox"/> out of state PAC (01) _____ Black Family Capital Trust Contributor address: City: State: Zip Code 751 Kessler Lake Dr. Dallas, TX. 75208	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/24/2015	Full name of contributor <input type="checkbox"/> out of state PAC (01) _____ Willis Johnson Contributor address: City: State: Zip Code 1001 Bellevue St. Dallas, TX. 75215	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/24/2015	Full name of contributor <input type="checkbox"/> out of state PAC (01) _____ Royce B. West Contributor address: City: State: Zip Code 1305 Green Hills Ct. DUNCANVILLE, TX 75137	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 <i>2 of 4</i>
2 FILER NAME <i>Dr. Llewellyn A. Blackburn, Sr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/24/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Justin Reid Surratt</i> 6 Contributor address: City: State: Zip Code	7 Amount of contribution (\$) <i>\$250.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/24/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Robert J. Marshall</i> Contributor address: City: State: Zip Code <i>8 Chettenham Way Dallas, TX. 75230</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/24/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ellen and Scott Sessions</i> Contributor address: City: State: Zip Code <i>3237 Bryn Mawr Dr. Dallas, TX. 75225</i>	Amount of contribution (\$) <i>\$150.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)
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
2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC ID# Pamela B. Burnley 6 Contributor address: City: State: Zip Code 1937 Garden Crest Ln. Dallas, TX. 75232	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 8/24/2015	Full name of contributor <input type="checkbox"/> out of state PAC ID# Micah Clayton Brooks Contributor address: City: State: Zip Code 2121 Rolling Oak Ln. Garland, TX. 75044	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 8/24/2015	Full name of contributor <input type="checkbox"/> out of state PAC ID# Cherri R. Black Darthard Contributor address: City: State: Zip Code 2501 Elmhurst St. Rowlett, TX. 75088	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 10/3/2015	Full name of contributor <input type="checkbox"/> out of state PAC ID# Henry R. Munoz, III Contributor address: City: State: Zip Code 205 W. Kings Hwy. SAN ANTONIO, TX. 78212	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages (Schedule A1) 4 of 4
2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 Filer ID (Ethics Commission filers)
4 Date 11/6/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC (CA) Albert C. Black III	7 Amount of contribution (\$) \$1000.⁰⁰
6 Contributor address: 2420 W. 10th St. Dallas, TX. 75211		City, State, Zip Code
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out of state PAC (CA)	Amount of contribution (\$)
	Contributor address: City, State, Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out of state PAC (CA)	Amount of contribution (\$)
	Contributor address: City, State, Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out of state PAC (CA)	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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 8/24/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Lew Blackburn, Sr.	9 Loan Amount (\$) \$250.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 2130 Lanark Ave. Dallas, TX. 75203	10 Interest rate 0%
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	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 <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 Accounting/Banking Consulting Expenses Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payments	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorabilia Expense Legal Services	Loan Payments/Renewal/Refinancing Office Overhead/Normal Expense Printing Expense Salaries/Wages/Contract Labor	Selection/Fundraising Expenses Transportation/Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3		2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 Filer ID (Ethics Commission Filer)	
4 Date 8/2/2015		5 Payee name Greater Golden Gate Baptist Church			
6 Amount (\$) \$100.00		7 Payee address: City; State; Zip Code 9333 Ferguson Rd. Dallas, TX. 75228			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Gift		(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 COH		Candidate / Officeholder name		Office sought	
Date 8/13/2015		Payee name Constant Contact			
Amount (\$) \$37.31		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 COH		Candidate / Officeholder name		Office sought	
Date 9/04/2015		Payee name Pappadeaux			
Amount (\$) \$208.54		Payee address: City; State; Zip Code 3520 Oak Lawn Dallas, TX. 75219			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense District 5 Leadership Luncheon		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 COH		Candidate / Officeholder name		Office sought	

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 Payoff/rent/Reimbursement | Selection/Fundraising Expense |
| Accounting/Banking | Fees | Other 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 Payments | | | |

The Instruction Guide explains how to complete this form.

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

4 Date: **9/14/2015** 5 Payee name: **Constant Contact**

6 Amount (\$): **\$37.31** 7 Payee address: City: State: Zip Code:

8 PURPOSE OF EXPENDITURE: **Advertising Expense**

(a) Category (See Categories listed at the top of this schedule): **Advertising Expense**

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

9 Complete ONLY if direct expenditure to benefit C.O.H.

Candidate / Officeholder name: Office sought: Office held:

Date: **10/13/2015** Payee name: **Constant Contact**

Amount (\$): **\$37.31** Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE: **Advertising Expense**

Category (See Categories listed at the top of this schedule): **Advertising Expense**

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

Complete ONLY if direct expenditure to benefit C.O.H.

Candidate / Officeholder name: Office sought: Office held:

Date: **11/13/2015** Payee name: **Constant Contact**

Amount (\$): **\$37.31** Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE: **Advertising Expense**

Category (See Categories listed at the top of this schedule): **Advertising Expense**

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

Complete ONLY if direct expenditure to benefit C.O.H.

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	Statutory/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Political Expense	Transportation/Equipment & Related Expense
Contributing Expenses	Fuel/Delivery Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorabilia Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payments			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 3		2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 Filer ID (Ethics Commission Filers)	
4 Date 12/10/2015		5 Payee name U. S. Postal Service (South Oak Cliff Station)			
6 Amount (\$) \$206.00		7 Payee address; City; State; Zip Code 1502 E. Kiest Blvd. Dallas, TX. 75216-9998			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees / Advertising Expense P.O. Box rental, key deposit, stamps		(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 COH Candidate / Officeholder name		Office sought		Office held
Date 12/14/2015		Payee name Constant Contact			
Amount (\$) \$37.31		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the 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		
	Candidate / Officeholder name		Office sought		Office held
Date 1/12/2016		Payee name Constant Contact			
Amount (\$) \$37.31		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the 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		
	Candidate / Officeholder name		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED