

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 Filer)	2 Total pages filed: <div style="text-align: center; font-size: 24pt; font-weight: bold;">20</div>												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-size: 8pt;">TITLE</td> <td style="width:40%;">Dr.</td> <td style="width:10%; font-size: 8pt;">FIRST</td> <td style="width:20%;">Llewellyn</td> <td style="width:10%; font-size: 8pt;">MI</td> <td style="width:10%;">A.</td> </tr> <tr> <td style="font-size: 8pt;">SURNAME</td> <td></td> <td style="font-size: 8pt;">LAST</td> <td style="text-align: center; font-size: 24pt; font-weight: bold;">Blackburn,</td> <td style="font-size: 8pt;">SUFFIX</td> <td style="text-align: center; font-size: 24pt; font-weight: bold;">Sr.</td> </tr> </table>	TITLE	Dr.	FIRST	Llewellyn	MI	A.	SURNAME		LAST	Blackburn,	SUFFIX	Sr.	OFFICE USE ONLY	
TITLE	Dr.	FIRST	Llewellyn	MI	A.										
SURNAME		LAST	Blackburn,	SUFFIX	Sr.										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8pt;">ADDRESS (PO BOX, APT / SUITE #)</td> <td style="width:20%; font-size: 8pt;">CITY</td> <td style="width:10%; font-size: 8pt;">STATE</td> <td style="width:30%; font-size: 8pt;">ZIP CODE</td> </tr> <tr> <td colspan="4" style="text-align: center; font-size: 18pt; font-weight: bold;">2130 Lanark Ave. Dallas, TX. 75203</td> </tr> </table>	ADDRESS (PO BOX, APT / SUITE #)	CITY	STATE	ZIP CODE	2130 Lanark Ave. Dallas, TX. 75203				<div style="text-align: center; font-size: 12pt; font-weight: bold;"> RECEIVED BOARD SERVICES DALLAS ISD </div> <div style="text-align: center; font-size: 12pt; font-weight: bold;"> 2015 MAY -2 PM 4:53 </div>					
ADDRESS (PO BOX, APT / SUITE #)	CITY	STATE	ZIP CODE												
2130 Lanark Ave. Dallas, TX. 75203															
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8pt;">AREA CODE</td> <td style="width:40%; font-size: 8pt;">PHONE NUMBER</td> <td style="width:40%; font-size: 8pt;">EXTENSION</td> </tr> <tr> <td style="text-align: center; font-size: 18pt;">(214)</td> <td style="text-align: center; font-size: 18pt;">232-6380</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(214)	232-6380		Date Hand-carried or Date Filed:							
AREA CODE	PHONE NUMBER	EXTENSION													
(214)	232-6380														
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-size: 8pt;">TITLE</td> <td style="width:40%;">Mr.</td> <td style="width:10%; font-size: 8pt;">FIRST</td> <td style="width:20%;">Hollis</td> <td style="width:10%; font-size: 8pt;">MI</td> <td style="width:10%;">A.</td> </tr> <tr> <td style="font-size: 8pt;">SURNAME</td> <td></td> <td style="font-size: 8pt;">LAST</td> <td style="text-align: center; font-size: 24pt; font-weight: bold;">Brashear</td> <td style="font-size: 8pt;">SUFFIX</td> <td></td> </tr> </table>	TITLE	Mr.	FIRST	Hollis	MI	A.	SURNAME		LAST	Brashear	SUFFIX		Date Processed:	
TITLE	Mr.	FIRST	Hollis	MI	A.										
SURNAME		LAST	Brashear	SUFFIX											
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8pt;">ADDRESS (NO PO BOX PLEASE, APT / SUITE #)</td> <td style="width:20%; font-size: 8pt;">CITY</td> <td style="width:10%; font-size: 8pt;">STATE</td> <td style="width:30%; font-size: 8pt;">ZIP CODE</td> </tr> <tr> <td colspan="4" style="text-align: center; font-size: 18pt; font-weight: bold;">1424 W. Red Bird Lane Dallas, TX. 75232</td> </tr> </table>	ADDRESS (NO PO BOX PLEASE, APT / SUITE #)	CITY	STATE	ZIP CODE	1424 W. Red Bird Lane Dallas, TX. 75232				Date Filed:					
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AREA CODE	PHONE NUMBER	EXTENSION													
(214)	376-3484														
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Offholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 5th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 (Offholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 5th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)				
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:10%; text-align: center;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:10%; text-align: center;">Year</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year					
Month	Day	Year	THROUGH	Month	Day	Year									
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8pt;">ELECTION DATE</td> <td style="width:70%; font-size: 8pt;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 8pt;">Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special								
ELECTION DATE	ELECTION TYPE														
Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special														
12 OFFICE	OFFICE HELD (If any)	13 OFFICE BOUGHT (If any)													

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)

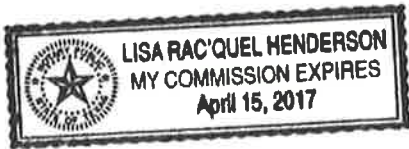
16 NOTICE FROM POLITICAL COMMITTEE(S): THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES 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 checked="" 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)	\$ 21,205.53
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,535.11
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 25, Election Code.

Llewellyn A. Blackburn
Signature of Candidate or Officeholder

AFFIDANTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Llewellyn Blackburn this the 29th day of April, 2016 to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Lisa R. Henderson
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. Llewellyn A. Blackburn, Sr.

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>9130.⁰⁰</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>12,075.⁵³</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>25,535.¹¹</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<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: **5**

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

3 Filer ID (Ethics Commission Filers)

4 Date: **4/1/2016**
5 Full name of contributor: out-of-state PAC (ID#: _____)
Shebronda Blackburn
6 Contributor address; City; State; Zip Code
1037 Eagle Ct. DeSoto, TX. 75115

7 Amount of contribution (\$)
\$500.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: **4/1/2016**
Full name of contributor: out-of-state PAC (ID#: _____)
Albert C. Black, III
Contributor address; City; State; Zip Code
2426 W. 10th St. Dallas, TX. 75211

Amount of contribution (\$)
\$500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **4/1/2016**
Full name of contributor: out-of-state PAC (ID#: _____)
DeMetris Sampson
Contributor address; City; State; Zip Code
P.O. Box 2252 Dallas, TX. 75221

Amount of contribution (\$)
\$500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **4/1/2016**
Full name of contributor: out-of-state PAC (ID#: _____)
Michael B. Russell
Contributor address; City; State; Zip Code
504 Fair St. SW Atlanta, GA 30313

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.

1 Total pages Schedule A1:

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/2016

5 Full name of contributor

Katrina M. Keyes

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

3003 State St. Dallas, TX. 75204

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/2016

Full name of contributor

West & Associates, LLP

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

320 S. RL Thornton Fwy. Ste. 300
Dallas, TX. 75203

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/2016

Full name of contributor

Herschel Bowens

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10.00

Contributor address;

1013 15th Place #340
Plano, TX. 75074

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/2016

Full name of contributor

Daniel A. Ortiz

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$75.00

Contributor address;

1304 West Abram
Arlington, TX. 76013

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:

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/2016

5 Full name of contributor

Sandra A. McCall

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50.⁰⁰

6 Contributor address; City; State; Zip Code

6651 Maryibel Circle
Dallas, TX. 75237

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/2016

Full name of contributor

Lew Blackburn, Sr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$750.⁰⁰

Contributor address; City; State; Zip Code

2130 Lanark Ave.
Dallas, TX. 75203

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2016

Full name of contributor

D. L. Harris

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$175.⁰⁰

Contributor address; City; State; Zip Code

1046 Lansdale Dr.
Duncanville, TX. 75115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2016

Full name of contributor

Environmental Safety Company, Inc.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.⁰⁰

Contributor address; City; State; Zip Code

10553 Shoalhaven Dr.
Las Vegas, NV. 89134

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 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/12/2016

5 Full name of contributor

Henri L. Simpson Ph.D.

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$300.⁰⁰

6 Contributor address;

P.O. Box 222246
Dallas, TX 75222

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/18/2016

Full name of contributor

J. McDonald Williams

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.⁰⁰

Contributor address;

5546 Milton St., Ste. 407
Dallas, TX. 75206

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/2016

Full name of contributor

Black Family Good Gov. Acct.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000.⁰⁰

Contributor address;

751 Kessler Lake Dr.
Dallas, TX. 75208

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/2016

Full name of contributor

Betty S. Davis

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20.⁰⁰

Contributor address;

710 Sceptre Circle
Garland, TX. 75043

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:

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/23/2016

5 Full name of contributor

Walter Dansby

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

1909 Cliffbrook Court
Ft. Worth, TX. 76112

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/23/2016

Full name of contributor

Alexandro A. Damiran

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2500.00

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)

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: **2**

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3/22/2016

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

TX. Democratic Party

8 Amount of Contribution \$

\$1400.00

9 In-kind contribution description

Voter file Access

7 Contributor address: City: State: Zip Code

1106 LAVACA, Ste. 100 Austin, TX

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

4/28/2016

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

Texas Organizing Project, PAC

Amount of Contribution \$

\$7,027.12

In-kind contribution description

**Voter canvassing
Voter phone bank**

Contributor address: City: State: Zip Code

**P.O. Box 120296
SAN ANTONIO, TX. 78212**

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form.

1 Total pages Schedule A2

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer (Ethics Commission filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

4/28/2016

6 Full name of contributor: out-of-state PAC (ID#) **Texas State Teachers Association, PAC**

7 Contributor address; City; State; Zip Code
316 W. 12th St. Austin, TX. 78701

8 Amount of Contribution \$

#3648.41

9 In-kind contribution description

**mail outs
Postage
Printing**

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

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POLITICAL EXPENDITURES 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	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 10	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2016	5 Payee name JAN GORE	
6 Amount (\$) \$2500.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign workers : phone bank	(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 4/2/2016	Payee name U.S. Postal Service	
Amount (\$) \$98.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) stamps	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 4/7/2016	Payee name Creations To Go	
Amount (\$) \$340.00	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

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POLITICAL EXPENDITURES 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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2016	5 Payee name Rachel Lee	
6 Amount (\$) \$160.00	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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 4/3/2016	Payee name Circle Ten Council (Boys Scouts)	
Amount (\$) \$250.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign volunteers	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 4/3/2016	Payee name Wal-Mart	
Amount (\$) \$41.87	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office supplies	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	

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POLITICAL EXPENDITURES 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	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 Filer ID (Ethics Commission Filers)	
4 Date 4/3/2016		5 Payee name Dorlisa Randolph			
6 Amount (\$) \$1200.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Campaign T-shirts		(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 4/7/2016		Payee name Examiner Newspaper			
Amount (\$) \$750.00		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 4/7/2016		Payee name Terri Hodge			
Amount (\$) \$1500.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Campaign workers		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 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 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2016	5 Payee name Deborah Culberson	
6 Amount (\$) \$300.00	7 Payee address, City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign workers	(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 4/7/2016	Payee name Constant Contact	
Amount (\$) \$37.31	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of 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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 4/7/2016	Payee name NLG Photography	
Amount (\$) \$90.00	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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES 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	Polling Expense	Travel in District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 Filer ID (Ethics Commission Filers)
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4 Date 4/8/2016	5 Payee name JAN GORE
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6 Amount (\$) \$2000.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Workers	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/8/2016	Payee name Etta Phi Beta
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Amount (\$) \$150.00	Payee address; City; State; Zip Code
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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 F <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/12/2016	Payee name The Order Deck
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Amount (\$) \$1892.02	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES 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	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2016	5 Payee name Relly Echols Printing	
6 Amount (\$) \$2070.28	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 4/15/2016	Payee name JAN GORE	
Amount (\$) \$2000.00	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 4/15/2016	Payee name Office Depot	
Amount (\$) \$664.60	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office supplies	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 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 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2016	5 Payee name JAN GORE	
6 Amount (\$) \$1000.00	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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 4/18/2016	Payee name Creations On The Go	
Amount (\$) \$193.30	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
	Candidate / Officeholder name Office sought Office held	
Date 4/18/2016	Payee name NCH Software	
Amount (\$) \$120.75	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
	Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES 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
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		2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 Filer ID (Ethics Commission Filers)	
4 Date 4/18/2016		5 Payee name International Purchase Transaction			
6 Amount (\$) \$ 3.62		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(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 4/22/2016		Payee name Jan Gore			
Amount (\$) \$2500.00		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 4/23/2016		Payee name Jan Gore			
Amount (\$) \$2000.00		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	

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POLITICAL EXPENDITURES 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 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 Filer ID (Ethics Commission Filers)			
4 Date 4/23/2016	5 Payee name La Tonya Stewart				
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign volunteers	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 4/23/2016	Payee name Mark Baker				
Amount (\$) \$200.00	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 4/23/2016	Payee name Castle Business Solutions				
Amount (\$) \$2623.64	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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES 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	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2016	5 Payee name KHYM	
6 Amount (\$) \$600.00	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 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 <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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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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