

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

3 CANDIDATE /  
OFFICEHOLDER  
NAME

Dr. Llewellyn A.  
Blackburn Sr.

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

2130 LANARK AVE. DALLAS, TX. 75203

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

( 214 ) 232-6380

6 CAMPAIGN  
TREASURER  
NAME

Mr. Hollis  
Brashear

7 CAMPAIGN  
TREASURER  
ADDRESS

1424 W. Red Bird Lane Dallas, TX. 75232

8 CAMPAIGN  
TREASURER  
PHONE

( 214 ) 376-3484

9 REPORT TYPE

Primary Election  
 Primary Election / General Election  
 General Election

10 PERIOD  
COVERED

11 FLECTION

Primary  
 General

12 OFFICE

OFFICE USE ONLY

2016 APR - 7 PM 3:09

RECEIVED  
BOARD SERVICES  
DALLAS ISD

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

FORM C/OH  
COVER SHEET PG 2

14 OFFICER NAME **Dr. Llewellyn A. Blackburn, Sr.**

15 FILER ID (Other Candidates: See Filer)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY PERSONS FORMALLY OR INFORMALLY SUPPORTING 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.

1. NAME OF THE POLITICAL COMMITTEE: \_\_\_\_\_

2. TYPE OF COMMITTEE:  ORIGINAL  REVISED

3. COMMITTEE ADDRESS: \_\_\_\_\_

4. NAME OF CAMPAIGN TREASURER: \_\_\_\_\_

5. OFFICE OF CAMPAIGN TREASURER: \_\_\_\_\_

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0
2. TOTAL POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS	\$21,375.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS INCURRED	\$0
4. TOTAL POLITICAL EXPENDITURES	\$13,870.25
5. NET POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0
6. TOTAL UNPAID AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

18 SIGNATURE

I swear or affirm, under penalty of perjury, that the information reported is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Llewellyn A. Blackburn*  
Candidate or Officeholder



Witnessed and subscribed to before me by the said Dr. Llewellyn A. Blackburn, Sr. this the 7th

day of April 2016 to certify which, witness my hand and seal of office.

*[Signature]*  
Notary Public

*Lisa R. Henderson*  
Notary Public

4/7/16

SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

20 For 10-E (for Corporations and Trusts)

21 SCHEDULE SUBTOTALS:  
NAME OF SCHEDULE

AMOUNT  
THROUGH

<input checked="" type="checkbox"/>	1 SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 21,375. <sup>00</sup>
<input type="checkbox"/>	2 SCHEDULE A2 NON-MONETARY (IN KIND) POLITICAL CONTRIBUTIONS	\$ 0
<input type="checkbox"/>	3 SCHEDULE B PLEDGED CONTRIBUTIONS	\$ 0
<input type="checkbox"/>	4 SCHEDULE E1 LOANS	\$ 0
<input type="checkbox"/>	5 SCHEDULE E F1 POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 13,870. <sup>00</sup>
<input type="checkbox"/>	6 SCHEDULE E F2 UNPAID INCURRED OBLIGATIONS	\$ 0
<input type="checkbox"/>	7 SCHEDULE E F3 PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
<input type="checkbox"/>	8 SCHEDULE G POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
<input type="checkbox"/>	9 SCHEDULE H PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF COH	\$ 0
<input type="checkbox"/>	10 SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
<input type="checkbox"/>	11 SCHEDULE K INTEREST CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1  
1 of 13

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/2016

5 Full name of contributor

D'Tel. Communications

out-of-state PAC (ID#)

7 Amount of contribution (\$) \$100.-

6 Contributor address

5135 Bellerive Dr.

City: State: Zip Code

Dallas, TX. 75287

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/28/2016

Full name of contributor

Rahim Tazehzadeh

out-of-state PAC (ID#)

Amount of contribution (\$) \$250.00

Contributor address

5318 Fenwick Way Ct.

City: State: Zip Code

Sugar Land, TX. 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/2016

Full name of contributor

Geof Edwards

out-of-state PAC (ID#)

Amount of contribution (\$) \$500.00

Contributor address

232 Hermosa

City: State: Zip Code

San Antonio, TX. 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/2016

Full name of contributor

Fred Dally

out-of-state PAC (ID#)

Amount of contribution (\$) \$500.00

Contributor address

4211 Creek Ridge Ln.

City: State: Zip Code

Missouri City, TX.

77459

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 13

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/29/2016

5 Full name of contributor

out-of-state PAC (ID# )

mourhaf Sabouni

6 Contributor address:

City, State, Zip Code

23 Palm Blvd. Missouri City, TX. 77450

7 Amount of contribution (\$)

\$1000.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/29/2016

Full name of contributor

out-of-state PAC (ID# )

Sophia Johnson

Contributor address:

City, State, Zip Code

1001 Belleview #1001 Dallas, TX. 75215

Amount of contribution (\$)

\$250.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/2016

Full name of contributor

out-of-state PAC (ID# )

Myra M. Rand

Contributor address:

City, State, Zip Code

1323 Grand Teton Dr. DeSoto, TX. 75115

Amount of contribution (\$)

\$50.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/1/2016

Full name of contributor

out-of-state PAC (ID# )

Environmental Safety Co, Inc.

Contributor address:

City, State, Zip Code

13563 Shoalhaven Dr. Las Vegas, NV 89134

Amount of contribution (\$)

\$500.<sup>00</sup>

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 13

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

2/9/2016

5 Full name of contributor

Tim Powers

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$250.<sup>00</sup>

6 Contributor address

3006 Woodside St. apt. 3017

City, State, Zip Code

Dallas, TX. 75204

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/11/2016

Full name of contributor

Linebarger Goggan Blair & Sampson, LLP

out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.<sup>00</sup>

Contributor address

P.O. Box 17428

City, State, Zip Code

Austin, TX. 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/2016

Full name of contributor

Francisco R. Puentes

out-of-state PAC (ID#)

Amount of contribution (\$)

\$250.<sup>00</sup>

Contributor address

16014 Coleburn Dr.

City, State, Zip Code

Houston, TX. 77095

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/2016

Full name of contributor

Lew Blackburn, Jr.

out-of-state PAC (ID#)

Amount of contribution (\$)

\$25.<sup>00</sup>

Contributor address

4855 Dove Creek Way

City, State, Zip Code

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 <b>4 of 13</b>
2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/17/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Omar Jahwar</b> 6 Contributor address: City: State: Zip Code <b>P.O. Box 458 Lancaster, TX. 75146</b>	7 Amount of contribution (\$) <b>\$100.<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Shirley Newsome</b> Contributor address: City: State: Zip Code <b>P.O. Box 600517 Dallas, TX. 75360-0517</b>	Amount of contribution (\$) <b>\$100.<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/29/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ronald E Jones . Peggy R. Jones</b> Contributor address: City: State: Zip Code <b>1209 Tralee Ln. Garland, TX. 75044 - 3441</b>	Amount of contribution (\$) <b>\$100.<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/29/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charity Smith</b> Contributor address: City: State: Zip Code <b>914 E. 4th St. Ft. Worth, TX. 76102</b>	Amount of contribution (\$) <b>\$50.<sup>00</sup></b>
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 13

2 FILER NAME

Dr. Lewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/2016

5 Full name of contributor

out-of-state PAC (ID#)

Monica Bailey Jackson

6 Contributor address:

City, State, Zip Code

707 Summerwood Dr.  
Arlington, TX. 76017

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/2/2016

Full name of contributor

out-of-state PAC (ID#)

John Lee Proctor

Contributor address:

City, State, Zip Code

P.O. Box 765129  
Dallas, TX. 75216

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/2016

Full name of contributor

out-of-state PAC (ID#)

Michael Rader

Contributor address:

City, State, Zip Code

P.O. Box 249  
Colleyville, TX. 76034

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/2016

Full name of contributor

out-of-state PAC (ID#)

Ruel M. Hamilton

Contributor address:

City, State, Zip Code

325 St. Paul, Ste. 3350  
Dallas, TX. 75201

Amount of contribution (\$)

\$2500.00

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

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2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/2016

5 Full name of contributor

Matt Hyman

out-of-state PAC (ID# )

7 Amount of contribution (\$)

\$500.<sup>00</sup>

6 Contributor address, City, State, Zip Code

14241 Dallas Pkwy, Ste. 1000  
Dallas, TX. 75254

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/2/2016

Full name of contributor

Michael Williams

out-of-state PAC (ID# )

Amount of contribution (\$)

\$500.<sup>00</sup>

Contributor address, City, State, Zip Code

1005 Lakeridge Ct.  
Colleyville, TX. 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/2016

Full name of contributor

Robert E. Davis

out-of-state PAC (ID# )

Amount of contribution (\$)

\$100.<sup>00</sup>

Contributor address, City, State, Zip Code

1616 Thorntree Dr.  
DeSoto, TX. 75115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/2016

Full name of contributor

Royle King

out-of-state PAC (ID# )

Amount of contribution (\$)

\$100.<sup>00</sup>

Contributor address, City, State, Zip Code

2926 San Diego Dr.  
Dallas, TX. 75228-1741

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 <b>7 of 13</b>
2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/2/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# ) <b>Tes Blackburn</b> 6 Contributor address, City, State, Zip Code <b>4855 Dove Creek Way Dallas, TX. 75232</b>	7 Amount of contribution (\$) <b>\$150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/5/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# ) <b>Keisha Lankford</b> Contributor address, City, State, Zip Code <b>Cedar Hill, TX. 75104</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/7/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# ) <b>Pamela Burnley</b> Contributor address, City, State, Zip Code <b>1937 Garden Crest Ln. Dallas, TX. 75232</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/7/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# ) <b>S. L. Riley</b> Contributor address, City, State, Zip Code <b>4225-E Swan Forest Dr. Carrollton, TX. 75010</b>	Amount of contribution (\$) <b>\$100.00</b>
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  
8 of 13

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

3 Filer ID (Ethics Commission Filers)

4 Date  
3/8/2016

5 Full name of contributor  out-of-state PAC (ID# )  
Marian A. Willard  
6 Contributor address; City; State; Zip Code  
3206 Cedarcroft Ln.  
Dallas, TX. 75233

7 Amount of contribution (\$)   
\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
3/8/2016

Full name of contributor  out-of-state PAC (ID# )  
April Clements  
Contributor address; City; State; Zip Code  
800 Bent Tree Ct.  
Irving, TX. 75061

Amount of contribution (\$)   
\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/9/2016

Full name of contributor  out-of-state PAC (ID# )  
Doretha A. Christian  
Contributor address; City; State; Zip Code  
8112 Fox Creek Trail  
Dallas, TX. 75249

Amount of contribution (\$)   
\$30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/9/2016

Full name of contributor  out-of-state PAC (ID# )  
RG Talent Solutions, LLC  
Contributor address; City; State; Zip Code  
6856 Seacrest Dr.  
Grand Prairie, TX. 75054-6827

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  
9 of 13

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/2016

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

Marcus D. Sallis

6 Contributor address; City; State; Zip Code

711 Colten James Ln.  
Dallas, TX. 75204

7 Amount of contribution (\$)

\$100.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/10/2016

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

Preston + Brittney Burnley

Contributor address; City; State; Zip Code

907 Pontiac Ct.  
Arlington, TX. 76013

Amount of contribution (\$)

\$200.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2016

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

Victor + Dorlisa Randolph

Contributor address; City; State; Zip Code

8732 Granville Dr.  
Dallas, TX. 75249

Amount of contribution (\$)

\$200.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2016

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

Dorsha Blackburn

Contributor address; City; State; Zip Code

2130 Lanark Ave.  
Dallas, TX. 75203

Amount of contribution (\$)

\$95.<sup>00</sup>

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

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2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/2016

5 Full name of contributor

Anita L. Odom

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$200.<sup>00</sup>

6 Contributor address;

907 Breckenridge Dr.  
DeSoto, TX. 75115

City, State, Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/10/2016

Full name of contributor

Casey Burgess

out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.<sup>00</sup>

Contributor address;

207 Green Meadows Rd.  
Wilmer, TX. 75172

City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2016

Full name of contributor

Afisu Olabimtan

out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.<sup>00</sup>

Contributor address;

74 Buck Trl.  
Sadler, TX. 76264

City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/2016

Full name of contributor

Alicia Grinage

out-of-state PAC (ID#)

Amount of contribution (\$)

\$25.<sup>00</sup>

Contributor address;

2821 Sheridan Dr.  
Carrollton, TX. 75010

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  
11 of 13

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/23/2016

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

Roberto P. Gonzalez

6 Contributor address; City; State; Zip Code

1747 Fawn Gate  
San Antonio, TX. 78248

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/24/2016

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

Intelligent Engineering Services, LLP

Contributor address; City; State; Zip Code

10001 Reunion Place Blvd., Ste. 200  
San Antonio, TX. 78216

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/2016

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

Ferrell Woodhouse

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/2016

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

Niva M. Patel

Contributor address; City; State; Zip Code

1531 Inspiration Dr. #3019  
Dallas, TX. 75207

Amount of contribution (\$)

\$1500.00

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

3 Filer ID (Ethics Commission Filers)

4 Date  
3/30/2016

5 Full name of contributor  out-of-state PAC (ID# )  
Evelynn A. Williams  
6 Contributor address: City, State, Zip Code  
1104 Shadow Wood Trl.  
DeSoto, TX. 75115

7 Amount of contribution (\$)   
\$500.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
3/30/2016

Full name of contributor  out-of-state PAC (ID# )  
Lucious L. Williams  
Contributor address: City, State, Zip Code  
1421 Covington Dr.  
DeSoto, TX. 75115

Amount of contribution (\$)   
\$500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/30/2016

Full name of contributor  out-of-state PAC (ID# )  
Helen Beasley  
Contributor address: City, State, Zip Code  
2400 Bolton Boone, #6208  
DeSoto, TX. 75115

Amount of contribution (\$)   
\$500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/30/2016

Full name of contributor  out-of-state PAC (ID# )  
Virginia Wooten  
Contributor address: City, State, Zip Code  
1000 W. Pleasant Run Rd.  
DeSoto, TX. 75115

Amount of contribution (\$)   
\$200.<sup>00</sup>

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

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/2016

5 Full name of contributor

out-of-state PAC (ID# )

Clifford Reed, Jr.

7 Amount of contribution (\$)

\$500.<sup>00</sup>

6 Contributor address, City, State, Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/30/2016

Full name of contributor

out-of-state PAC (ID# )

Alliance of Dallas Educators United Teachers PAC

Amount of contribution (\$)

\$1000.<sup>00</sup>

Contributor address, City, State, Zip Code

334 Centre St.  
Dallas, TX. 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/2016

Full name of contributor

out-of-state PAC (ID# )

Larry DUNCAN

Amount of contribution (\$)

\$3000.<sup>00</sup>

Contributor address, City, State, Zip Code

5415 Banting Way  
Dallas, TX. 75227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/2016

Full name of contributor

out-of-state PAC (ID# )

AECOM PAC

Amount of contribution (\$)

\$500.<sup>00</sup>

Contributor address, City, State, Zip Code

2450 Crystal Drive #500  
Arlington, VA. 22202

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# 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 <b>1 of 8</b>	2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/5/2016</b>	5 Payee name <b>Sambuca</b>
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6 Amount (\$) <b>\$250.00</b>	7 Payee address City, State Zip Code <b>2120 McKinney Dallas, TX.</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Fundraising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 <b>2/16/2016</b>	Payee name <b>Constant Contact</b>
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Amount (\$) <b>\$37.31</b>	Payee address City, State Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>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
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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 <b>2/22/2016</b>	Payee name <b>Jan Gore</b>
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Amount (\$) <b>\$2000.00</b>	Payee address City, State Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting 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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 <b>2 of 8</b>	2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/3/2016</b>	5 Payee name <b>NYLO Hotel South</b>
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6 Amount (\$) <b>\$375.00</b>	7 Payee address, City State Zip Code <b>1325 S. Lamar Dallas, TX.</b>
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8  PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  <b>Fundraising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 <b>3/4/2016</b>	Payee name <b>NYLO Hotel South</b>
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Amount (\$) <b>\$1125.00</b>	Payee address, City State Zip Code <b>1325 S. Lamar Dallas, TX.</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  <b>Fundraising 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
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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 <b>3/7/2016</b>	Payee name <b>Concord Church</b>
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Amount (\$) <b>\$75.00</b>	Payee address, City State Zip Code <b>6808 Pastor Bailey Dr. Dallas, TX 75237</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  <b>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
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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 <b>3 of 8</b>	2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr.</b>	3 Filer ID (Ethics Commission Filer)
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4 Date <b>3/14/2016</b>	5 Payee name <b>Constant Contact</b>
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6 Amount (\$) <b>#37.31</b>	7 Payee address: City: State: Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule.) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/15/2016</b>	Payee name <b>Llewellyn Blackburn</b>
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Amount (\$) <b>665.92</b>	Payee address: City: State: Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule.) <b>Office /campaign supplies</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/16/2016</b>	Payee name <b>Elite News</b>
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Amount (\$) <b>#600.00</b>	Payee address: City: State: Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule.) <b>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
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Complete <b>ONLY</b> 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

Self-Initiation/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 <b>4 of 8</b>		2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr.</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/16/2016</b>		5 Payee name <b>The Order Desk</b>			
6 Amount (\$) <b>\$1098.28</b>		7 Payee address, City, State Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		(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 <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/16/2016</b>		Payee name <b>Reilly Echols Printing</b>			
Amount (\$) <b>\$978.58</b>		Payee address, City, State Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>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	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/18/2016</b>		Payee name <b>DAVID SWAIN</b>			
Amount (\$) <b>\$300.00</b>		Payee address, City, State Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>Advertising Expense Social Media</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> 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/Officerholder/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 <b>5 of 8</b>		2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr.</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/21/2016</b>		5 Payee name <b>Pappadeaux Seafood</b>			
6 Amount (\$) <b>\$188.00</b>		7 Payee address, City, State, Zip Code <b>Duncanville, TX.</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense Campaign meeting</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin TX officerholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name		Office sought Office held	
Date <b>3/22/2016</b>		Payee name <b>Democracy Toolbox</b>			
Amount (\$) <b>\$750.00</b>		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin TX officerholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name		Office sought Office held	
Date <b>3/24/2016</b>		Payee name <b>Texas Democratic</b>			
Amount (\$) <b>\$900.00</b>		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Polling Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin TX officerholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder 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 <i>6 of 8</i>	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/24/2016</i>	5 Payee name <i>JAN GORE</i>
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6 Amount (\$) <i>\$2,000.00</i>	7 Payee address, City, State, Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <i>Consulting 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
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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 <i>3/24/2016</i>	Payee name <i>Marina Ruiz</i>
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Amount (\$) <i>\$850.00</i>	Payee address, City, State, Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Advertising 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
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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 <i>3/28/2016</i>	Payee name <i>JAN GORE</i>
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Amount (\$) <i>\$300.00</i>	Payee address, City, State, Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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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 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 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 <b>7 of 8</b>	2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/28/2016</b>	5 Payee name <b>JAN GORE</b>
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6 Amount (\$) <b>\$200.00</b>	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) <b>Campaign workers expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 <b>3/29/2016</b>	Payee name <b>JAN GORE</b>
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Amount (\$) <b>\$403.00</b>	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>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
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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 <b>3/29/2016</b>	Payee name <b>Creations on the Go</b>
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Amount (\$) <b>\$415.00</b>	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense campaign marketing literature</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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  
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 8 of 8	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 Filer ID (Ethics Commission Filer)
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4 Date 3/30/2016	5 Payee name Mark Baker
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6 Amount (\$) \$300.00	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 worker	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 3/30/2016	Payee name Pay Pal
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Amount (\$) \$21.00	Payee address: City State Zip Code
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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
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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	Payee name
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Amount (\$)	Payee address: City State Zip Code
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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