

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>10</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST <b>Llewellyn</b>	MI <b>A.</b>
	LAST <b>Blackburn, Sr.</b>		SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>2130 Lanark Ave. Dallas, TX. 75203</b>		
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(214)</b>	PHONE NUMBER <b>232-6380</b>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST <b>Mr. Hollis</b>	MI
	LAST <b>Brashear</b>		SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <b>1424 W. Red Bird Lane Dallas, TX. 75232</b>		
	8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(214)</b>	PHONE NUMBER <b>376-3484</b>
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>07 / 16 / 2015</b> THROUGH <b>01 / 15 / 2016</b>		
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)

RECEIVED  
 BOARD SERVICES  
 DALLAS ISD

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

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

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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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)	\$ 6375. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 738. <sup>40</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ —
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

18 AFFIDAVIT



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

*Llewellyn A. Blackburn, Sr.*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dr. Llewellyn A. Blackburn, Sr. this the 14 day of Jan. 2016, to certify which, witness my hand and seal of office.

*Shantell Grant*      Shantell Grant  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

Dr. 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	\$ 6375. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
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	\$ 738. <sup>40</sup>
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: <b>1 of 4</b>
2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/24/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MAVIS Knight</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code <b>6108 Red Bird Ct. Dallas, TX. 75232</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>8/24/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Black Family Capital Trust</b>	Amount of contribution (\$) <b>\$1000.00</b>
Contributor address; City; State; Zip Code <b>751 Kessler Lake Dr. Dallas, TX. 75208</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/24/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Willis Johnson</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>1001 Belleview St. Dallas, TX. 75215</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/24/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Royce B. West</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>1305 Green Hills Ct. Duncanville, TX 75137</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: **2 of 4**

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

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/24/2015**

5 Full name of contributor  out of state PAC (ID# \_\_\_\_\_)  
**Justin Reid Surratt**  
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$) **\$250.<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**8/24/2015**

Full name of contributor  out of state PAC (ID# \_\_\_\_\_)  
**UNKNOWN**  
Contributor address; City; State; Zip Code

Amount of contribution (\$) **\$250.<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**8/24/2015**

Full name of contributor  out of state PAC (ID# \_\_\_\_\_)  
**Robert J. Marshall**  
Contributor address; City; State; Zip Code  
**8 Cheltenham Way Dallas, TX. 75230**

Amount of contribution (\$) **\$250.<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**8/24/2015**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Ellen and Scott Sessions**  
Contributor address; City; State; Zip Code  
**3237 Bryn Mawr Dr. Dallas, TX. 75225**

Amount of contribution (\$) **\$150.<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: **3 of 4**

2 FILER NAME **Dr. Llewellyn A. Blackburn, Sr.** 3 Filer ID (Ethics Commission Filers)

4 Date <b>8/24/2015</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) <b>Pamela B. Burnley</b>	7 Amount of contribution (\$) <b>\$100.<sup>00</sup></b>
6 Contributor address: City: State: Zip Code <b>1937 Garden Crest Ln. Dallas, TX. 75232</b>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <b>8/24/2015</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) <b>Micah Clayton Brooks</b>	Amount of contribution (\$) <b>\$50.<sup>00</sup></b>
Contributor address: City: State: Zip Code <b>2121 Rolling Oak Ln. Garland, TX. 75044</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>8/24/2015</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) <b>Cherri R. Black Darthard</b>	Amount of contribution (\$) <b>\$25.<sup>00</sup></b>
Contributor address: City: State: Zip Code <b>2501 Elmhurst St. Rowlett, TX. 75088</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>10/13/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Henry R. Munoz, III</b>	Amount of contribution (\$) <b>\$2500.<sup>00</sup></b>
Contributor address: City: State: Zip Code <b>205 W. Kings Hwy. SAN ANTONIO, TX. 78212</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: **4 of 4**

2 FILER NAME **Dr. Llewellyn A. Blackburn, Sr.** 3 Filer ID (Ethics Commission Filer)

4 Date <b>11/6/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Albert C. Black III</b>	7 Amount of contribution (\$) <b>\$1000.<sup>00</sup></b>
6 Contributor address: <b>2420 W. 10th St.</b> City: <b>Dallas, TX.</b> State: <b>TX.</b> Zip Code: <b>75211</b>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$)
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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.

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 Filer ID (Ethics Commission Filers)
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4 Date 8/2/2015	5 Payee name Greater Golden Gate Baptist Church
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 9333 Ferguson Rd. Dallas, TX. 75228
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 8/13/2015	Payee name Constant Contact
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Amount (\$) \$37.31	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 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 9/04/2015	Payee name Pappadeaux
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Amount (\$) \$208.54	Payee address; City; State; Zip Code 3520 Oak Lawn Dallas, TX. 75219
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense District 5 Leadership Luncheon	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 3	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 Filer ID (Ethics Commission Filers)
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4 Date 9/14/2015	5 Payee name Constant Contact
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6 Amount (\$) \$37.31	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) 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/13/2015	Payee name Constant Contact
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Amount (\$) \$37.31	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 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 11/13/2015	Payee name Constant Contact
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Amount (\$) \$37.31	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 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 MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense                         | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                          | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                          | Food/Beverage Expense         | 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)  |
| Credit Card Payment                         |                               |                                |  |

The Instruction Guide explains how to complete this form.

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