	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1	
The C/OH Instruction (	Guide explains how to complete this form.	2 Total pages ided:	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
NAME	Dr. Llewellyn A.	Date Received	
	Blackburn, Sr.	737	
4 CANDIDATE / OFFICEHOLDER			
MAILING ADDRESS	2130 Lawark Ave. Dallas, TX. 75203		
Change of Address			
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER EXTENSION	Day Book of	
PHONE	(214) a3a-6380	Date Hand-de vered or Date Posimarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI	Receipt # Amount \$	
NAME	MR. Hollis	Dale Processed	
	Brashear	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #; CITY, STATE.	ZIP CODE	
ADDRESS	1424 W. Red Bird Lave Dallas,	TX. 75232	
(Residence or Business)			
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION		
TREASURER PHONE	(214) 376-3484	n	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign	
		L	
	July 15 8th day before election Exceeded \$500 I mit	Final Report (Allach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month	Day Year	
doverne b	07/16/2015 THROUGH 01/	15 /2016	
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary Runoff Cthor Dossription		
	General Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if anomaly		
GO TO PAGE 2			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH

			COVER SHEET PG 2	
14 C/OH NAME	or. Llew	ellyn A. Blackburn, Sr.	15 Filer ID (Ethics Commission Flers)	
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 OF OFFICEHOLDER. THESE EXPENDITURES MAY MAY BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
1		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM Z	\$	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$6375,00	
EXPENDITURE TOTALS	\$			
	4. TOTAL POLITICAL EXPENDITURES \$738.40			
CONTRIBUTION BALANCE	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				
Shantell Grant Notary Public. State of Texas Empires:04-18-2018  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.  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said Dr. Llewellyn A. Blackburn, Sr., this the				
day of Jan. 2016, to certify which, witness my hand and seal of office.				
Shartell Dran Shartell 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 20 Filer ID (Ethics Commission Filers) Dr. Llewellyn A. Blackburn, Sr. 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$6375,00 2. SCHEDULE AS: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER 12. Forms provided by Texas Ethics Commission www.ethics.state.tx.us

Revised 9/8/2015

1			
MONE	TARY POLITICAL CONTR	SCHEDULE A1	
The	Instruction Guide explains how to complete th	s form.	1 Total pages Schedule A1 1 A 4
2 FILER NAME Dr.	Llewellyn A. Blackburn,.	Sr.	3 Filer ID (Ethics Commission Filers)
8/24/2015	5 Full name of contributor   out-of-state PAC (ID)  2015   MAVIS KNIGHT  6 Contributor address; City; State; Zip Code  6-108 Red Bird Ct. Dallas, TX. 75232		7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 8/24/2015	Full name of contributor   Deut-of-state PAI Black Family Capital Trust Contributor address; Clty; State 751 Kessler Lake Dr. Dallas		Amount of contribution (\$)
	751 Kessler Lake Dr. Dallas pallon / Job Illio (See Instructions)	, TX. 75208  Employer (See Instruction	ons)
8/24/2015	Full name of contributor out of state PACE Willis Johnson Contributor address; City: State 1001 Belleview St. Dallas,	; Zip Code TX. 75215	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 8/44/20/5	Full name of contributor out of state PAC  Royce B. West  Contributor address: City: State  1305 Green Hills Ct. Dunca	; Zip Code wille, 7% 75137	Amount of contribution (\$) #250.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ins)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED
	If contributor is out-of-state PAC, please see Instru	orion Anime for annihibital Le	porting requirements.

MONE	TARY POLITICAL CONTR	RIBUTIONS	SCHEDULE A1	
Th	e Instruction Guide explains how to complete th	ls form.	1 Total pages Schedule A1: 2 of 4	
2 FILER NAME	Llewellyn A. Blackburn	, Sr.	3 Filer ID (Ethics Commission Filers)	
8/24/2015	5 Full name of contributor   Dout of state PAC (ID)  JUSTIN Reid Surratt  6 Contributor address: City; State; Zip Code		7 Amount of contribution (\$)  #250. №	
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruct	lons)	
8/24/2015	Full name of contributor   out of state PA  UNKNOWN  Contributor address; City; State		Amount of contribution (S)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
8/24/2015	Full name of contributor Dout of state PAI  Robert J. Marshall  Contributor address: City: State  8 Cheltenham Way Dallas,	o; Zip Code TX. 7523D	Amount of contribution (\$) #250.	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Pate 8/24/2015	Full name of contributor out-pt-state PACE  Ellen and Seoth Sessions  Contributor address; City; State  3237 Bryn Mawr Dr. Dalla	: Zip Code s, TX. 15225	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru	THIS SCHEDULE AS NEE action guide for additional re	DED porting requirements.	

1			
MONE	TARY POLITICAL CONTR	SCHEDULE A1	
	Instruction Guide explains how to complete the	als form.	1 Total pages Schedule A1 3 of 4
2 FILER NAME	Dr. Llewellyn A. Black	cburn, Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 8/24/2015	Famela B. Burnley  6 Contributor address; City: State: Zip Code 1937 Garden Crest Ln. Dallas, 77. 75232		7 Amount of contribution (\$)
	1937 Garden Crest Lw. D	1) as, TX. 75232	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lons)
8/24/2015	Full name of contributor     out-of miles Property   Micah Clayton Brooks   Contributor address   City; State 2121 Rolling Oak W. Gar	ie: Zip Code	Amount of contribution (\$)
Principal occup	ons)		
0alo 8/24/2015	Cherri R. Black Darthar Contributor address: City; State Rowle:	c (lDs )  cd  c. Zip Code  +1, 7% . 75088	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 10/13/2015	Full name of contributor Out-of-state PAGE HENRY R. MUNDZ, III Contributor address; City; State 205 W. Kings Hwy. SAND	2: Zip Code ANTONIO, TX,	Amount of contribution (\$) #2500.55
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF STREET O	FTHIS SCHEDULE AS NEE	DED
		Beine ini Sonitiousi 16	porting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1			
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4 of 4			
Dr. Llewellyn A. Blackburn, Sr.	3 Filer ID (Ethics Commiss on Filers)			
4 Date  5 Full name of contributor   out-of-state PAC (D)  11/6/2015   Albert C. Black III  6 Contributor address. City: State: Zip Code 2420 W. 10th St. Dallas, Tx. 7521/  8 Principal occupation / Job title (See Instructions)   9 Employer (See Instru	7 Amount of contribution (\$)  \$\frac{4}{1000}.\$\frac{50}{50}  ctions)			
Date Full name of contributor out of state PAC (IDE)  Contributor address; City; State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)			
Date  Full name of contributor  Gentributor address  City; State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)			
Date Full name of contributor Dout-of state PAC (IDs:)  Contributor address; City; State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guido for additional r	EDED			

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertibing Expenso Accounting/Banking Consulting Expenso Contributions/Donations Made Candidate/Otticaholder Polit Credt Card Payment	Foes Office Ove Food/Beverage Expense Polling Ex By Gilt/Awards/Momorials Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundrateing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F	Dr. Llewellyn A. Bla	zekburn, Sr.	3 Filer ID (Ethics Commission Filers)
4 Dato 8/2/2015	5 Payee name Greater Golden Gate Ba 7 Payee address; City; State; Zip Code		eh
6 Amount (\$) #1DD.№	9333 Ferguson Rd. Da	illas, TX.	75228
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Giff		sido of Texas. Complete Schedule T TX, officeholder living expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/13/2015	Constant Contact		
#37.31	Payae address; City; State; Zip Code		***************************************
PURPOSE OF EXPENDITURE	Category (See Categories Ested at the top of this schedule)  Advertising Expense		de ol Texas. Complèle Schedu's T 'X, officeholder living expense
Complete <u>ONLY</u> II direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	***************************************	
9/04/2015	Pap padeaux		
Amount (\$)	Payee address; City; State; Zip Code		
#208.54		llas, TX. 7.	5219
757 - 10-10-10 (10-10-10-10-10-10-10-10-10-10-10-10-10-1	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Event Expense	Check if travel outside	e of Texas. Complete Schedule T
EXPENDITURE	District 5 Leadership Luncher	Check if Austin, Th	K, officeholder living expanse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Opnations Made Candidate/Officaholder Politic Credit Card Payment		Office Over Polling Exp ponse Printing Ex Splaries/W.	pense ages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1 2 of 3	Dr. Llewellyn	A.Blackt	urn, Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 9 14 2015	5 Payoe name Constant Co	ontact		
#37.31	7 Payee address; City; S	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the 1  Advertising Expe			isido al Toxas. Compleie Schedule T , TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
10/13/2015	Constant Cont.	act		
Amount (\$) #37. <sup>3</sup>	Payoe address: City; St	tate; Zip Code		100.4
PURPOSE OF EXPENDITURE	Catagory (See Catagories Asled at the to Advertising Exp	PA D PELLULAN LIBORISAN		ide al Texas, Completa Schedule T TX, all'icahaldar living axpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date.	Payee name			
11/13/2015	Constant Con-	tact		
#37. 31	Payee address; City; Sta	ale; Zip Code		
PURPOSE OF EXPENDITURE	Advertising Expe			de al Texas. Complete Schedule T X. alliceholder kiving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidata / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense	EXPENDITURE (	CATEGORIES FOR BOX 8(a)	
Accounting/Banking Consulting Expenso Contributions/Donations Made E Candidata/Officeholder, Politic Credit Card Payment	Food Food/Beverage Expanse Gltt/Awards/Momorials Expa of Committee Legal Services	Office Overhead/Rental Expense Polling Expense anse Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundrationg Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
	T	explains how to complete this form.	
1 Total pages Schedula F1: 3 of 3	Dr. Llewellyn F	7. Blackburn, Sr.	3 Filer ID (Ethics Commission Filers)
4 Dato 12 10 2 015 6 Amount (\$)		rvice (South Dak	Cliff Station)
#206.°D	7 Payoe address; City; Sta 1502 E. Kiest Bl	vd. Dallas, TX.	75216-9998
8	(a) Category (See Categories listed at the top	p of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Fecs / Advertising P.O. Box Rental, key do	Check if Austin	its do al Texas. Complete Schedule T. , TX, efficiencider living expense
	Stamps		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payed name		
12/14/2015	CONSTANT CONT	act	**************************************
Amount (\$)	Payee address: City; Stat	te; Zip Code	
#37.31			
	Category (See Categories listed at the top	of this schedule) Description	
PURPOSE	A 1 1 1 7	Check II Iravol outs	ride of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expen	Check if Austin,	TX, alliceholder living axpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Dale	Payee name		
1/12/2016	CONSTANT CONT	lact	
Amount (\$) \$37.31	Payee address; City; State	e; Zip Code	
	Category (See Categories listed at the top of	of this schodule) Description	
PURPOSE		Chart Blancia and	ide of Texas. Complete Schedule T
OF EXPENDITURE	Advertising Expen	USE Chack if Austin, 7	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C/OH	Carloidate / Officenoider name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			