

# 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>5</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <b>Dr. Llewellyn A.</b> NICKNAME      LAST      SUFFIX <b>Blackburn, Sr.</b>	<b>OFFICE USE ONLY</b> Date Received <b>2015 JUL 15 PM 2:22</b> Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <b>2130 Lanark Ave.    Dallas, TX. 75203</b>		
<b>6 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(214 )      232-6380</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <b>Mr. Hollis</b> NICKNAME      LAST      SUFFIX <b>Brashear</b>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <b>1424 W. Red Bird Lane, Dallas, TX., 75232</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(214 )      376-3484</b>		
<b>9 REPORT TYPE</b>	<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 (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month    Day    Year      THROUGH      Month    Day    Year <b>01 / 16 / 2015      07 / 15 / 2015</b>		
<b>11 ELECTION</b>	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	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>	

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 233.86

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Dr. Llewellyn A. Blackburn, Sr. this the 15th day of July, 2015 to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Lisa Henderson  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

**SUBTOTALS - COH**

**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 type="checkbox"/> SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2. <input type="checkbox"/> SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input type="checkbox"/> SCHEDULE B PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input type="checkbox"/> SCHEDULE E LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1 POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 233.86
6. <input type="checkbox"/> SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$ _____
7. <input type="checkbox"/> SCHEDULE F3 PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ _____
8. <input type="checkbox"/> SCHEDULE G POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ _____
9. <input type="checkbox"/> SCHEDULE H PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ _____
10. <input type="checkbox"/> SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ _____
11. <input type="checkbox"/> SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ _____





# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX B(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Salutatory/Endorsing Expense
Accounting/Banking	Fees	Office/Operational/Real Estate	Transportation/Equipment & Related Expenses
Controlling Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorabilia Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The instruction Guide explains how to complete this form

1 Total pages Schedule F1 <b>2 of 2</b>	2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>05/13/2015</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> <b>Advertising</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>6/29/2015</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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<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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Date <b>07/13/2015</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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<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED