

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Dr. <u>Hewellyn</u> <u>A.</u> NICKNAME LAST SUFFIX <u>Blackburn, Sr.</u>	OFFICE USE ONLY RECEIVED CARD SERVICES DALLAS IS 2013 JUL 15 PM 1:58 Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(214) 232-6380</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. <u>Hollis</u> NICKNAME LAST SUFFIX <u>Brashear</u>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1424 W. Redbird Ln. Dallas, TX. 75232</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(214) 376-3484</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 16th day after campaign treasurer appointment (officeholder only) <input checked="" 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 THROUGH Month Day Year <u>05/04/2013</u> <u>07/15/2013</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>/ /</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME Dr. Llewellyn A. Blackburn, Sr. 15 ACCOUNT # (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

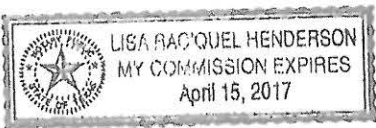
COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3798.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6886.94</u>
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
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Llewellyn A. Blackburn, this the 13 day of July, 20 13, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Lisa Raquel Henderson Printed name of officer administering oath
Notary Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 3	
2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/7/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linebarger Goggain Blair & Sampson, LLC 6 Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX. 78760	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney at Law		10 Employer (See Instructions)	
Date 5/7/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Verna Slider Contributor address; City; State; Zip Code 149 Buffalo Creek Dr. Desoto, TX. 75115	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/7/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LaShanta Ladson Contributor address; City; State; Zip Code 7311 Highland Lake Dr. San Antonio, TX. 78244	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/7/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: June Adair Contributor address; City; State; Zip Code 102 Sandy Oaks San Antonio, TX. 78233	Amount of contribution (\$) \$56.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/7/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jasmine Harris Contributor address; City; State; Zip Code 3817 Lost Creek Dr. Plano, TX. 75074	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 3	
2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission File#)	
4 Date 5/17/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruth Houston	7 Amount of contribution (\$) \$56.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4640 Kushla Ave. Dallas, TX. 75216		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maraverite McClinton	Amount of contribution (\$) \$56.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4650 Cole Dallas, TX. 75206		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Regina Rice	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2941 Spartacus Dr. Grand Prairie, TX. 75052		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin Bryant	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4463 Brookview Dr. Dallas, TX. 75220		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jasen J. Lewis	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1811 Greenville Ave. apt. 2144 Dallas, TX. 75206		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 3	
2 FILER NAME Dr. Jewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/25/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Hollis Brashear	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1424 W. Red Bird Ln. Dallas, TX, 75232		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/25/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Charmaise H. Price	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5206 Woodford Ln. Dallas, TX, 75241		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/25/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Blackburn Foundation	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Blackburn Foundation	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Black Family Good Gov.	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 751 Kessler Lake Dr. Dallas, TX, 75208		(If travel outside of Texas, complete Schedule T)	
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 5	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 ACCOUNT # (Ethics Commission Filer)
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4 Date 5/4/2013	5 Payee name Boys Scouts of America
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6 Amount (\$) \$250.00	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) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Walkers
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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 5/4/2013	Payee name Mt. Horeb Baptist Church
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Amount (\$) \$250.00	Payee address; City; State; Zip Code Dallas, TX.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Walkers
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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 5/04/2013	Payee name Girls Scouts of America, Troop 961
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Amount (\$) \$250.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Campaign walkers
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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 5/11/2013	Payee name David Okhina
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Amount (\$) \$165.00	Payee address; City; State; Zip Code 1827 Southerland Dallas, TX. 75203
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Push cards
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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 5		2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/11/2013		5 Payee name Infinite Press			
6 Amount (\$) \$1655.00		7 Payee address; City; State; Zip Code 7205 Independence Ln. Forest Hill, TX. 76140			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) T-shirts for campaign workers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/15/2013		Payee name Castle Business Solutions			
Amount (\$) \$1576.40		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Polling Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/15/2013		Payee name Constant Contact			
Amount (\$) \$31.98		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) E-mail service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/17/2013		Payee name Paul Quinn College			
Amount (\$) \$600.00		Payee address; City; State; Zip Code Dallas, TX.			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Campaign workers		Description (If travel outside of Texas, complete Schedule T) phone bank	
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 5		2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 5/17/2013		5 Payee name Wal-Mart			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code Lancaster, TX.			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Gift/Awards		(b) Description (If travel outside of Texas, complete Schedule T) District 5 Education Pep Rally	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/17/2013		Payee name Kroger Store			
Amount (\$) \$150.00		Payee address; City; State; Zip Code Wynnewood Village Dallas, TX.			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift/Awards		Description (If travel outside of Texas, complete Schedule T) District 5 Education Pep Rally	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/17/2013		Payee name Tom Thumb Store			
Amount (\$) \$120.00		Payee address; City; State; Zip Code Dallas, TX.			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift/Awards		Description (If travel outside of Texas, complete Schedule T) District 5 Education Pep Rally	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/17/2013		Payee name Cedar Crest Golf Course			
Amount (\$) \$500.00		Payee address; City; State; Zip Code Dallas, TX. 75203			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) District 5 Teachers Appreciation	
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 5	2 FILER NAME Dr. Hewellyn A. Blackburn, Sr.	3 ACCOUNT # (Ethics Commission Filer)
4 Date 5/17/2013	5 Payee name Target Store	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code Dallas, TX.	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift/Awards	(b) Description (If travel outside of Texas, complete Schedule T) District 5 Education Pep Rally
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/20/2013	Payee name Herlisa Randolph	
Amount (\$) \$797.11	Payee address; City; State; Zip Code Dallas, TX. 75249	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expenses	Description (If travel outside of Texas, complete Schedule T) Election night
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/24/2013	Payee name Cedar Crest Golf Course	
Amount (\$) \$1090.00	Payee address; City; State; Zip Code Dallas, TX. 75203	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Teacher Appreciation
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/12/2013	Payee name Constant Contact	
Amount (\$) \$31.98	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) e-mail service
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 5		2 FILER NAME Dr. Lewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/1/2013		5 Payee name Office Depot			
6 Amount (\$) \$19.47		7 Payee address; City; State; Zip Code Grand Prairie, TX.			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office overhead		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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