

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX	2013 MAY 23 PM 3:15		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount		
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	04	12	2013	THROUGH	05	03 2013
6 EXPLANATION OF CORRECTION						
Mis-calculation of in-kind contribution from Dallas KidsFirst. Reported originally \$3829. ⁸⁵ . It actually was \$10,774. ⁰⁹ .						

RECEIVED BOARD SERVICES DALLAS ISD

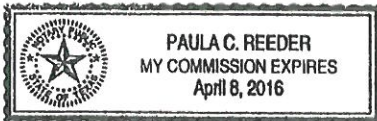
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Llewellyn Blackburn
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Llewellyn Blackburn, this the 22 day of May.

13 to certify which, witness my hand and seal of office.

Paula C. Reeder Signature of officer administering oath
Paula P. Reeder Printed name of officer administering oath
Notary Public Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

**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 Filer)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Dr. Llewellyn A. Blackburn, Sr.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	2130 Lanark Ave. Dallas, TX. 75203		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(214) 232-6380			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Mr. Hollis Brashear		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
1424 W. Redbird Ln. Dallas, TX. 75232			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(214) 376-3484			
9 REPORT TYPE	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Expedited \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
04/12/2013 THROUGH 05/03/2013			
11 ELECTION	Month	ELECTION DATE Day Year	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 BOUGHT (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)

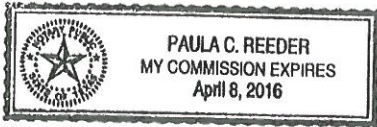
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

additional pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 14,094.05
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3417.11
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 22 day of May, 20 13, to certify which, witness my hand and seal of office.

Paula C. Reeder *Paula C. Reeder* *Notary Public*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <i>1 of 5</i>	
2 FILER NAME <i>Dr. Hewellyn A. Blackburn, Sr.</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: \$			
5 Date <i>4/20/2013</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>Pamela Burnley</i>	8 Amount of pledge (\$) <i>\$24.98</i>	9 In-kind description (if applicable) <i>Water & snacks for campaign walkers</i>
7 Pledgor address; City; State; Zip Code <i>1937 Garden Crest Ln. Dallas, TX. 75232</i>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See instructions) <i>Payroll Specialist</i>		11 Employer (See instructions) <i>7-Eleven, Inc.</i>	
5 Date <i>4/27/2013</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>Pamela Burnley</i>	8 Amount of pledge (\$) <i>\$24.98</i>	9 In-kind description (if applicable) <i>Water & snacks for campaign walkers</i>
7 Pledgor address; City; State; Zip Code <i>1937 Garden Crest Ln. Dallas, TX. 75232</i>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)	
5 Date <i>4/29/2013</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>Metrotex Association of Realtors</i>	8 Amount of pledge (\$) <i>\$500.00</i>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code <i>8201 N. Stemmons Freeway Dallas, TX. 75247</i>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)	
5 Date <i>4/27/2013</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>De Metris, Sampson</i>	8 Amount of pledge (\$) <i>\$500.00</i>	9 In-kind description (if applicable) <i>Message dissemination</i>
7 Pledgor address; City; State; Zip Code <i>P.O. Box 2252 Dallas, TX. 75221</i>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)	
5 Date <i>4/30/2013</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dallas KidsFirst</i>	8 Amount of pledge (\$) <i>\$10,774.00</i>	9 In-kind description (if applicable) <i>Direct mail doorhanger distribution live phone calls push cards</i>
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See instructions)		11 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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 2 of 5	
2 FILER NAME Dr. Lewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: \$			
5 Date 4/29/2013	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Dorothy Holland 7 Pledgor address: City: State: Zip Code 1549 N. Atoll Dallas, TX. 75216	8 Amount of pledge (\$) \$50.00	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
4/29/2013	Richard C. Holland 1549 N. Atoll Dr. Dallas, TX. 75216	\$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4/29/2013	David H. Holland 6405 Orange Blossom Dr. Midlothian, TX. 76065	\$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4/29/2013	Dr. Helen J. Jones 1738 Boca Chica Dr. Dallas, TX. 75232	\$50.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
5/1/2013	J. McDonald Williams or Ellen Carter Williams P.O. Box 796368 Dallas, TX. 75379	\$250.00	
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.			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 3 of 5	
2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date 4/29/2013	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: JERRY M. WALTON	8 Amount of pledge (\$) \$100.⁰⁰	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code 2140 Medical District Dr. #2079 Dallas, TX. 75235		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 4/29/2013	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Bessye M. Adams	Amount of pledge (\$) \$75.⁰⁰	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 523 Breton Dr. Grand Prairie, TX. 75052		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/29/2013	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of pledge (\$) \$25.⁰⁰	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(Money Order) (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/29/2013	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Annie Williams	Amount of pledge (\$) \$100.⁰⁰	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 2040 Argyle Dallas, TX. 75203		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/29/2013	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Shebranda Wilson Blackburn	Amount of pledge (\$) \$100.⁰⁰	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 1037 Eagle Court DeSoto, TX. 75115		(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.			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The instruction Guide explains how to complete this form.		1 Total pages Schedule B: 4 of 5	
2 FILER NAME Dr. Hewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date 4/29/2013	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Derek & Kyrah Coker 7 Pledgor address; City; State; Zip Code 1321 Edgewood Dr. Richardson, TX. 75081	8 Amount of pledge (\$) \$20.⁰⁰	9 In-kind description (if applicable)
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)	
Date 4/29/2013	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Rolling Refunds Pledgor address; City; State; Zip Code 2351 W. Northwest Hwy, Ste. 1235 Dallas, TX. 75220	Amount of pledge (\$) \$100.⁰⁰	In-kind description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 4/29/2013	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Texas Instruments P.A.C. Pledgor address; City; State; Zip Code	Amount of pledge (\$) \$1000.⁰⁰	In-kind description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 4/29/2013	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Grant East Pledgor address; City; State; Zip Code	Amount of pledge (\$) \$100.⁰⁰	In-kind description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 4/29/2013	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Eva Flowers Pledgor address; City; State; Zip Code 520 TIFFANY TR. Richardson, TX. 75081	Amount of pledge (\$) \$50.⁰⁰	In-kind 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.			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 5 of 5	
2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date 4/29/2013	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: T. Richardson	8 Amount of pledge (\$) \$50.00	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code 3140 Dyer St. Dallas, TX. 75275		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind 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 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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | 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 4		2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/15/2013		5 Payee name Constant Contact			
6 Amount (\$) #31.98		7 Payee address; City; State; Zip Code			
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)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/15/2013		Payee name Versa Printing			
Amount (\$) #189.44		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) printing push cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/15/2013		Payee name Dodd Education & Support, Inc.			
Amount (\$) #150.00		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 4/15/2013		Payee name Edward & Patterson Signs			
Amount (\$) #811.88		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) Signs 24" X 18"	
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	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	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: 2 of 4		2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/18/2013		5 Payee name David Okhiulu			
6 Amount (\$) \$310. ⁰⁰		7 Payee address; City; State; Zip Code 1827 Southerland Dallas, TX. 75203			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (if travel outside of Texas, complete Schedule T) Push cards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/18/2013		Payee name U. S. Postal			
Amount (\$) \$92. ⁰⁰		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) Stamps	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/19/2013		Payee name Girl Scouts Troop 961			
Amount (\$) \$250. ⁰⁰		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) Campaign walkers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/19/2013		Payee name U. S. Postal Service			
Amount (\$) \$230. ⁰⁰		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) Stamps	
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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | 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 4	2 FILER NAME Dr. Hewellyn A. Blackburn, Sr.	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------------------	-------------------------------------------------------	----------------------------------------

4 Date 4/20/2013	5 Payee name Girl Scouts Troop 961
----------------------------	----------------------------------------------

6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code
----------------------------------	----------------------------------------

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 4/20/2013	Payee name Boys Scouts of America
--------------------------	---------------------------------------------

Amount (\$) \$250.00	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) Campaign Walkers
------------------------	--------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 4/27/2013	Payee name St. Paul Baptist Church
--------------------------	----------------------------------------------

Amount (\$) \$250.00	Payee address; City; State; Zip Code 1600 Pear St. Dallas, TX. 75217
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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
------------------------	--------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 4/27/2013	Payee name Boys Scouts of America
--------------------------	---------------------------------------------

Amount (\$) \$250.00	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) Campaign Walkers
------------------------	--------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

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 | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | 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 4	2 FILER NAME Dr. Hewellyn A. Blackburn, Sr.	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------------------	-------------------------------------------------------	----------------------------------------

4 Date 4/29/2013	5 Payee name Versa Printing
----------------------------	---------------------------------------

6 Amount (\$) \$351.81	7 Payee address; City; State; Zip Code
----------------------------------	----------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) printing
--------------------------	---------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-------------------------------------------------------	-------------------------------	---------------	-------------

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 (If travel outside of Texas, complete Schedule T)
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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