

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: **11**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
Dr. Llewellyn A. Blackburn, Sr.				Date Received	2013 MAY -3 PM 5:30 DALLAS ISD	
2130 Lanark Ave. Dallas, TX. 75203				Date Hand-delivered or Postmarked		
2130 Lanark Ave. Dallas, TX. 75203				Receipt #		Amount
2130 Lanark Ave. Dallas, TX. 75203				Date Processed		Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

change of address

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 FIRST MI

NICKNAME LAST 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

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - PR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

04 / 12 / 2013 THROUGH 05 / 03 / 2013

11 ELECTION

Month Day Year ELECTION DATE

Month Day Year ELECTION TYPE

Primary Runoff General Special

12 OFFICE OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

RECEIVED
BOARD SERVICES
DALLAS ISD

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Dr. Lewellyn 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)

\$ 7149.⁸¹

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

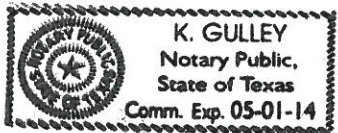
\$

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.

Lewellyn A. Blackburn
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Lew Blackburn*, this the 3rd day of May, 2013, to certify which, witness my hand and seal of office.

K. Gulley
Signature of officer administering oath

K. Gulley
Printed name of officer administering oath

Coordinator/Notary
Title of officer administering oath

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: *1 of 5*

2 FILER NAME

Dr. Newellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

4/20/2013

6 Full name of pledgor out-of-state PAC (ID#: _____)

Pamela Burnley

7 Pledgor address; City; State; Zip Code
*1937 Garden Crest Ln.
Dallas, TX. 75232*

8 Amount of pledge (\$)

\$24.98

9 In-kind description (if applicable)

Water & snacks for campaign walkers

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

Payroll Specialist

11 Employer (See Instructions)

7-Eleven, Inc.

Date

4/27/2013

Full name of pledgor out-of-state PAC (ID#: _____)

Pamela Burnley

Pledgor address; City; State; Zip Code
*1937 Garden Crest Ln.
Dallas, TX. 75232*

Amount of pledge (\$)

\$24.98

In-kind description (if applicable)

Water & snacks for campaign walkers

(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 out-of-state PAC (ID#: _____)

Metrotex Association of Realtors

Pledgor address; City; State; Zip Code
*8201 N. Stemmons Freeway
Dallas, TX. 75247*

Amount of pledge (\$)

\$500.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/2013

Full name of pledgor out-of-state PAC (ID#: _____)

DeMetris Sampson

Pledgor address; City; State; Zip Code
*P.O. Box 2252
Dallas, TX. 75221*

Amount of pledge (\$)

\$500.00

In-kind description (if applicable)

Message dissemination

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/2013

Full name of pledgor out-of-state PAC (ID#: _____)

Dallas KidsFirst

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

\$3829.85

In-kind description (if applicable)

*Direct mail
doorhanger distribution
live phone calls
push cards*

(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: 2 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#: 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)	
Date 4/29/2013	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Richard C. Holland Pledgor address; City; State; Zip Code 1549 N. Atoll Dr. Dallas, TX. 75216	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#: David H. Holland Pledgor address; City; State; Zip Code 6405 Orange Blossom Dr. Midlothian, TX. 76065	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#: Dr. Helen J. James Pledgor address; City; State; Zip Code 1738 Boca Chica Dr. Dallas, TX. 75232	Amount of pledge (\$) \$50.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/2013	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: J. McDonald Williams or Ellen Carter Williams Pledgor address; City; State; Zip Code P.O. Box 796368 Dallas, TX. 75379	Amount of pledge (\$) \$250.00	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: **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		
(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#: Shebronda 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. Hewelwyn 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)
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(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#: _____) 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)
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(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#: _____) Texas Instruments P.A.C. Pledgor address; City; State; Zip Code	Amount of pledge (\$) \$1000.00	In-kind description (if applicable)
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(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#: _____) Grant East Pledgor address; City; State; Zip Code	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
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(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#: _____) Eva Flowers Pledgor address; City; State; Zip Code 520 TIFFANY Trl. Richardson, TX. 75081	Amount of pledge (\$) \$50.00	In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

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

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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 (\$) 450.00	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#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

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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: <i>1 of 4</i>	2 FILER NAME <i>Dr. Llewellyn A. Blackburn, Sr.</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/15/2013</i>	5 Payee name <i>Constant Contact</i>
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6 Amount (\$) <i>#31.98</i>	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) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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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 <i>4/15/2013</i>	Payee name <i>Versa Printing</i>
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Amount (\$) <i>#189.44</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>printing push cards</i>
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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 <i>4/15/2013</i>	Payee name <i>Dodd Education & Support, Inc.</i>
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Amount (\$) <i>#150.00</i>	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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Date <i>4/15/2013</i>	Payee name <i>Edward & Patterson Signs</i>
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Amount (\$) <i>#811.88</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Signs 24" X 18"</i>
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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
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: <i>2 of 4</i>		2 FILER NAME <i>Dr. Llewellyn A. Blackburn, Sr.</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/18/2013</i>		5 Payee name <i>David Okhiulu</i>			
6 Amount (\$) <i>\$310.00</i>		7 Payee address; City; State; Zip Code <i>1827 Southerland Dallas, TX. 75203</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Push cards</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/18/2013</i>		Payee name <i>U. S. Postal</i>			
Amount (\$) <i>\$92.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Stamps</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/19/2013</i>		Payee name <i>Carl Scouts Troop 961</i>			
Amount (\$) <i>\$250.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign walkers</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/19/2013</i>		Payee name <i>U. S. Postal Service</i>			
Amount (\$) <i>\$230.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Stamps</i>	
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 4	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/20/2013	5 Payee name Girl Scouts Troop 961
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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 4/20/2013	Payee name Boys Scouts of America
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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 4/27/2013	Payee name St. Paul Baptist Church
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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
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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 4/27/2013	Payee name Boys Scouts of America
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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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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: <i>4 of 4</i>	2 FILER NAME <i>Dr. Hewellyn A. Blackburn, Sr.</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>4/29/2013</i>	5 Payee name <i>Versa Printing</i>	
6 Amount (\$) <i>\$351.81</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>printing</i>
9 Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED