

# 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: <b>6</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <b>Dr. Llewellyn A.</b> NICKNAME      LAST      SUFFIX <b>Blackburn, Sr.</b>		<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>2130 Lanark Ave. Dallas, TX. 75203</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(214) 232-6380</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <b>MR. Hollis</b> NICKNAME      LAST      SUFFIX <b>Brashear</b>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>1424 W. Red Bird Ln. Dallas, TX. 75232</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(214) 376-3484</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 <b>01/16/2013      04/11/2013</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>/ /</b>	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 OFFICESOUGHT (if known)
<b>GO TO PAGE 2</b>			

RECEIVED  
BOARD SERVICES  
MAY 15 2013 11:50

# 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ *9623.00*

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *825.35*

CONTRIBUTION  
BALANCE

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

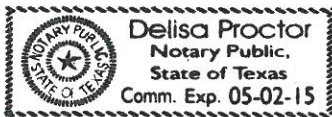
\$

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 Blackburn, this the 17th day of April, 2013, to certify which, witness my hand and seal of office.

*Delisa Proctor*  
Signature of officer administering oath

DELISA PROCTOR  
Printed name of officer administering oath

Notary Public  
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: <b>1 of 3</b>	
2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/22/2013</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBINSON + HOSKINS, L.L.P.</b> 6 Contributor address; City; State; Zip Code <b>920 Bank of America Tower 400 S. ZANG Blvd. #920 Dallas, TX. 75208</b>	7 Amount of contribution (\$) <b>\$1000.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/22/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Black Family Good Gov.</b> Contributor address; City; State; Zip Code <b>751 Kessler Lake Dr. Dallas, TX. 75208</b>	Amount of contribution (\$) <b>\$500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/22/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Environmental Safety Company, Inc</b> Contributor address; City; State; Zip Code <b>10553 Shoalhaven Dr. Las Vegas, NV. 89134-7425</b>	Amount of contribution (\$) <b>\$500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/22/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Daniel A. Ortiz Attorney at Law</b> Contributor address; City; State; Zip Code <b>1304 West Abram Arlington, TX. 76013</b>	Amount of contribution (\$) <b>\$350.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/22/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jalina or Dan R. Jones</b> Contributor address; City; State; Zip Code <b>2900 Highway 24 Commerce, TX. 75428</b>	Amount of contribution (\$) <b>\$250.<sup>00</sup></b>	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: <b>2 of 3</b>	
2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/22/2013</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Linda Trimble and Ray Trimble</b> 6 Contributor address; City; State; Zip Code <b>1534 Robin Ln. Lancaster, TX. 75134</b>	7 Amount of contribution (\$) <b>\$123.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/22/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mattie L. Richardson</b> Contributor address; City; State; Zip Code <b>517 Buckingham Pl. DeSoto, TX. 75115</b>	Amount of contribution (\$) <b>\$100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/22/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DIA M. ALLEN</b> Contributor address; City; State; Zip Code <b>4111 Summitt Ridge Dr. Dallas, TX. 75216-6015</b>	Amount of contribution (\$) <b>\$50.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/22/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Elaine Johnson</b> Contributor address; City; State; Zip Code <b>2004 Glen Meadow Ct. Richardson, TX. 75081</b>	Amount of contribution (\$) <b>\$25.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/22/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>"CASH"</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$25.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3 of 3</b>	
2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/27/2013</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Educate Dallas</b>	7 Amount of contribution (\$) <b>\$5000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>700 N. Pearl St., Suite 1200 Dallas, TX, 75201</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/27/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dale Silver Robinowitz, D.D.S.</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>12240 Inwood Rd., Suite 501 Dallas, TX, 75244</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/27/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Felicia F. Johnson</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4303 Stephen St. Grand Prairie, TX, 75052</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/27/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dr. Rosie M.C. Sorrells</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5506 Glen Forest Ln. Dallas, TX, 75241</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/10/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>The Real Estate Council</b>	Amount of contribution (\$) <b>\$1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5430 LBJ Frwy. Ste 100 Dallas, TX, 75240</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

## POLITICAL EXPENDITURES

## SCHEDULE F

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F.	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/30/2013	5 Payee name Dallas County Election	
6 Amount (\$) \$167.44	7 Payee address; City; State; Zip Code Dallas, TX.	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling Expense	(b) Description (if travel outside of Texas, complete Schedule T) Voter history list
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/21/2013	Payee name Sears	
Amount (\$) \$108.24	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (if travel outside of Texas, complete Schedule T) Photos
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/1/2013	Payee name David Okhiulu	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1827 Southerland Dallas, TX. 75203	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/1/2013	Payee name Llewellyn Blackburn	
Amount (\$) \$400.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (if travel outside of Texas, complete Schedule T) Campaign workers
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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