

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	Date Hand-delivered or Postmarked				
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #				
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		07	16	2012	THROUGH	01	15	2013

6 EXPLANATION OF CORRECTION

Schedule A and Schedule F forms were not attached to the original submission.

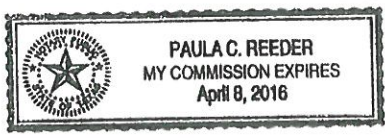
7 AFFIDAVIT

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 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 25 day of February, 2013, to certify which, witness my hand and seal of office.

Paula C. Reeder Signature of officer administering oath
Paula C. 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

RECEIVED
BOARD SERVICES
DALLAS ISD

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Dr. Hewell A</i>	OFFICE USE ONLY		
	NICKNAME LAST SUFFIX <i>Blackburn Sr.</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2130 Lanark Ave. Dallas TX 75203</i>			Date Received
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 232-6380</i>			Date Hand-delivered or Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mr. Hollis</i>	Receipt #	Amount	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1424 W. Reelbird Ln., Dallas, TX 75232</i>	Date Processed	Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 376-3484</i>	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 REPORT TYPE	<input checked="" 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 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 <i>7 / 16 / 2012</i> THROUGH Month Day Year <i>1 / 15 / 2013</i>	ELECTION DATE Month Day Year <i>/ /</i>		
11 ELECTION	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)		
GOTO 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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

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)

\$ *1,388.95*

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *2110.07*

CONTRIBUTION
BALANCE

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

\$

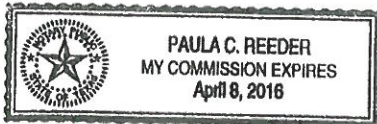
OUTSTANDING
LOAN TOTALS

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 *25* day of *February*, 20 *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

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 7/28/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Avalon Blackburn 6 Contributor address; City; State; Zip Code 7202 Barker Cypress Rd. #15109 Cypress, TX. 77433	7 Amount of contribution (\$) \$56. ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 7/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Wanda Jackson Contributor address; City; State; Zip Code 3309 Jamestown Dr. Ft. Worth, TX. 76140	Amount of contribution (\$) \$56. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 8/3/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) James Kipp Contributor address; City; State; Zip Code	Amount of contribution (\$) \$56. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 8/3/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jeanne Culber Contributor address; City; State; Zip Code	Amount of contribution (\$) \$56. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 8/3/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Brittney Matt Contributor address; City; State; Zip Code 3117 Sondra Dr. #103 Ft. Worth, TX. 76107	Amount of contribution (\$) \$56. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 Filers)	
4 Date 8/16/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marsha Page	7 Amount of contribution (\$) \$56.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ron Price	Amount of contribution (\$) \$56.⁰⁰	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 8/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Environmental Safety	Amount of contribution (\$) \$200.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10553 Shoalhaven Dr. Las Vegas, NV. 89134		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/2012	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)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	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)	

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. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/18/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Pamela Burnley	7 Amount of contribution (\$) \$56.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1937 Garden Crest Ln. Dallas, TX. 75232		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kamron McGee	Amount of contribution (\$) \$56.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 5435 Cherry Glen Ln. Dallas, TX. 75232		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jackie Laey	Amount of contribution (\$) \$56.⁰⁰	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 9/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) J. Boykins	Amount of contribution (\$) \$100.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 130 Victoria Place Fayetteville, GA. 30124		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Lew Blackburn	Amount of contribution (\$) \$28.⁹⁵	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)	

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 B(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: 1 of 4	2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/16/2012	5 Payee name Constant Contact Co.
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6 Amount (\$) \$15.99	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) E-mail Service
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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 8/13/2012	Payee name Constant Contact Co.
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Amount (\$) \$31.98	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) E-mail Service
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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 9/13/2012	Payee name Constant Contact Co.
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Amount (\$) \$31.98	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) E-mail Service
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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 9/14/2012	Payee name U. S. Post Master
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Amount (\$) \$96.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) P.D. Box rental
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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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage 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 of 4** 2 FILER NAME: **Dr. Lewellyn A. Blackburn, Sr.** 3 ACCOUNT # (Ethics Commission filers)

4 Date: **9/14/2012** 5 Payee name: **Pappadeaux Seafood Kitchen**

6 Amount (\$): **\$243.80** 7 Payee address: City, State, Zip Code

8 PURPOSE OF EXPENDITURE: **Event Expense** (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **Campus Leadership Reception**

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

Date: **10/19/2012** Payee name: **Wells Fargo Bank**

Amount (\$): **\$25.00** Payee address: City, State, Zip Code

PURPOSE OF EXPENDITURE: **Gift/Awards Expense** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **District 5 Pep Rally**

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

Date: **10/19/2012** Payee name: **Wells Fargo Bank**

Amount (\$): **\$3.95** Payee address: City, State, Zip Code

PURPOSE OF EXPENDITURE: **Fees** 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: **10/19/2012** Payee name

Amount (\$): **\$93.45** Payee address: City, State, Zip Code

PURPOSE OF EXPENDITURE: **Gift/Awards expense** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **District 5 Pep Rally**

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)	
4 Date 10/19/2012		5 Payee name			
6 Amount (\$) \$400. ⁰⁰		7 Payee address, City, State, Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Gift/Awards Expense		(b) Description (if travel outside of Texas, complete Schedule T) District 5 Pep Rally	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/19/2012		Payee name Wal-Mart			
Amount (\$) \$600. ⁰⁰		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift/Awards Expense		Description (if travel outside of Texas, complete Schedule T) District 5 Pep Rally	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/2012		Payee name Wal-Mart			
Amount (\$) \$200. ⁰⁰		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift/Awards Expense		Description (if travel outside of Texas, complete Schedule T) District 5 Pep Rally	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/2012		Payee name Kroger's			
Amount (\$) \$240. ⁰⁰		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift/Awards Expense		Description (if travel outside of Texas, complete Schedule T) District 5 Pep Rally	
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 4		2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/2012		5 Payee name Constant Contact Co.			
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) E-mail Service	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/13/2012		Payee name Constant Contact Co.			
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 12/13/2012		Payee name Constant Contact Co.			
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 1/14/2013		Payee name Constant Contact Co.			
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