

# 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 file #)

2 Total pages filed:

5

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI SUFFIX  
Dr. Llewellyn A.  
NICKNAME LAST  
Blackburn, Sr.

OFFICE USE ONLY

Date Received

2012 JAN 17 PM 3:30

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
2130 Lanark Ave. Dallas, TX. 75203

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214) 232-6380

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI SUFFIX  
Mr. Hollis  
NICKNAME LAST  
Brashear

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE  
1424 W. Red Bird 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  Final report (Attach C/OH - FR)  Exceeded \$500 limit  
 July 15  6th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)

10 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
07/15/2011 THROUGH 1/15/2012

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE BOUGHT (if known)

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box Apt / Suite # City State Zip Code

additional page

GO TO PAGE 2

RECEIVED  
BOARD SERVICES  
DALLAS ISD

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

16 C/OH NAME

Dr. Llewellyn A. Blackburn, Sr.

16 ACCOUNT # (Election Commission File #)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

EXPENDITURE TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$1362.62

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$1107.02

CONTRIBUTION BALANCE

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

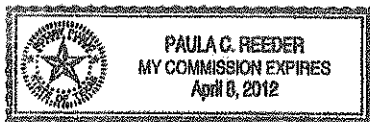
\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Llewellyn A. Blackburn, Sr. this the 15 day of JANUARY, 2012 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

**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</b>	
2 FILER NAME <b>Dr. Llewellyn A. Blackburn, Sr</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>8/31/2011</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Black Family Good Gov.</b> 6 Contributor address; City; State; Zip Code <b>751 Kessler Lake Dr. Dallas, TX. 75208</b>	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date <b>10/24/2011</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Various contributors</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$362.62</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <b>11/7/2011</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Clint McDonough</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 2

2 FILER NAME  
Dr. Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission file)

4 Date <u>8/30/2011</u>	5 Payee name <u>Pappadeaux Seafood Kitchen</u>	7 Amount (\$) <u>\$500.00</u>
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <u>District 5 Leadership Luncheon</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>9/28/2011</u>	Payee name <u>U.S. Postmaster</u>	Amount (\$) <u>\$96.00</u>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <u>P. D. Box Rental</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>10/24/2011</u>	Payee name <u>Wal-Mart</u>	Amount (\$) <u>\$200.00</u>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <u>District 5 Pep Rally Expen</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>11/6/2011</u>	Payee name <u>Pappadeaux Seafood Kitchen</u>	Amount (\$) <u>\$294.78</u>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2 of 2**

2 FILER NAME **Dr. Llewellyn A. Blackburn, Sr.**

3 ACCOUNT # (Ethics Commission file)

4 Date  
**1/12/2012**

5 Payee name  
**Constant Contact Co.**  
6 Payee address; City; State; Zip Code

7 Amount (\$)  
**\$16.24**

8 Purpose of payment (See instructions regarding type of information required.)  
**E-mail service**

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

Date Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**