

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:

9

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Dr.
NICKNAME

Llewellyn
LAST

A.
SUFFIX

Blackburn, Sr.

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

Mr.
NICKNAME

Hollis
LAST

SUFFIX

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 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD
COVERED

Month Day Year Month Day Year
07 / 16 / 2010 THROUGH 01 / 15 / 2011

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (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 pages

GO TO PAGE 2

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date imaged

RECEIVED
BOARD SERVICES
DALLAS ISD

JUN 18 PM 3:00

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Dr. Llewellyn A. Blackburn, Sr. 16 ACCOUNT # (Ethics Commission Filers)

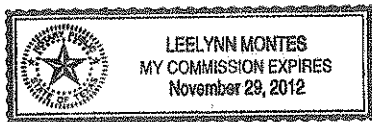
17 NOTICE FROM POLITICAL COMMITTEE(S)

** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$4600. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$7325. ²⁶
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



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, Sr., this the 14th day of January, 2011, to certify which, witness my hand and seal of office.

Leelynn Montes
Signature of officer administering oath

Leelynn Montes
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: <i>1 of 2</i>	
2 FILER NAME <i>Dr. Llewellyn A. Blackburn, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>Aug. 2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Black Family Good Gov.</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>751 Kessler Lake Dr. Dallas, TX. 75208</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>Aug. 2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Morath</i>	Amount of contribution (\$) <i>\$500.00</i>	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 <i>Aug. 2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Environmental Safety Co.</i>	Amount of contribution (\$) <i>\$500.00</i>	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 <i>Aug. 2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gwyneith Black</i>	Amount of contribution (\$) <i>\$1000.00</i>	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 <i>Sept. 2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mourhaf Sabouni</i>	Amount of contribution (\$) <i>\$1500.00</i>	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 FORM 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: 2 of 2	
2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/3/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Shebrownda Blackburn	7 Amount of contribution (\$) \$100.00	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 12/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) ENVIRONMENTAL SAFETY Co.	Amount of contribution (\$) \$500.00	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	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)	
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)	
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)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1 of 5

2 FILER NAME

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/23/2010

5 Payee name

Things Remembered

6 Payee address; City; State; Zip Code

7 Amount (\$)

\$1985.⁰⁰

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

Campus Leadership - gifts

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

8/30

Payee name

Pappadeaux Seafood

Payee address; City; State; Zip Code

Amount (\$)

\$200.⁰⁰

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

Campus Leadership reception

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

8/30

Payee name

Target

Payee address; City; State; Zip Code

Amount (\$)

\$100.⁰⁰

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

Campus Leadership - gift cards

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/15

Payee name

Versa Printing

Payee address; City; State; Zip Code

2631 Brenner Dr.
Dallas, TX. 75220

Amount (\$)

\$432.⁸⁵

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

Printing + postage

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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 5

2 FILER NAME

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/2010

5 Payee name

Wal-Mart

6 Payee address; City; State; Zip Code

7 Amount (\$)

\$500.00

8 Purpose of payment (See instructions regarding type of information required.)
 gift cards, District 5 Pep Rally for Education
 (If travel outside of Texas, complete Schedule T)

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

Date

10/15

Payee name

Target

Payee address; City; State; Zip Code

Amount (\$)

\$300.00

Purpose of payment (See instructions regarding type of information required.)
 gifts, District 5, Pep Rally for Education
 (If travel outside of Texas, complete Schedule T)

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

Date

10/15

Payee name

Target

Payee address; City; State; Zip Code

Amount (\$)

\$141.81

Purpose of payment (See instructions regarding type of information required.)
 gifts, District 5, Pep Rally for Education
 (If travel outside of Texas, complete Schedule T)

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

Date

10/15

Payee name

Kroger's

Payee address; City; State; Zip Code

Amount (\$)

\$125.00

Purpose of payment (See instructions regarding type of information required.)
 gift cards, District 5 Pep Rally For Education
 (If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3 of 5

2 FILER NAME

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/16/2010

5 Payee name

Thomas Edison Middle School

7 Amount (\$)

\$1500.00

6 Payee address; City; State; Zip Code

Dallas, TX.

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

District 5, Pep Rally for Education

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

10/16

Payee name

Pinkston High School

Amount (\$)

\$500.00

Payee address; City; State; Zip Code

Dallas, TX.

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

District 5, Pep Rally for Education

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

12/1/2010

Payee name

U. S. Postal Service

Amount (\$)

\$127.33

Payee address; City; State; Zip Code

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

P.D. Box and postage

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

12/1/2010

Payee name

A. K. A.

Amount (\$)

\$100.00

Payee address; City; State; Zip Code

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

Youth group fundraiser

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

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:
4 of 5

2 FILER NAME
Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/1/2010

5 Payee name
Dallas County
6 Payee address; City; State; Zip Code

7 Amount (\$)
67.52

8 Purpose of payment (See instructions regarding type of information required.)
Election list
(If travel outside of Texas, complete Schedule T)

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

Date
12/4/2010

Payee name
South Dak Cliff High School
Payee address; City; State; Zip Code
Dallas, TX.

Amount (\$)
\$165.75

Purpose of payment (See instructions regarding type of information required.)
Breakfast
(If travel outside of Texas, complete Schedule T)

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

Date
12/3/2010

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

Amount (\$)
\$500.00

Purpose of payment (See instructions regarding type of information required.)
District 5 Educational Pep Rally expenses
(If travel outside of Texas, complete Schedule T)

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

Date
12/4/2010

Payee name
South Dak Cliff High School
Payee address; City; State; Zip Code
Dallas, TX.

Amount (\$)
\$500.00

Purpose of payment (See instructions regarding type of information required.)
District 5 Pep Rally for Education
(If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

5 of 5

2 FILER NAME

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/4/2010

5 Payee name

MR. Wallace Faggett

7 Amount (\$)

\$100.00

6 Payee address; City; State; Zip Code

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

Photographer, Dist. 5 Pep Rally

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/4/2010

Payee name

Clara Oliver Elem. School

Amount (\$)

\$500.00

Payee address; City; State; Zip Code

Dallas, TX.

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

District 5 Pep Rally for Education

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/4/2010

Payee name

Wal-mart

Amount (\$)

\$680.00

Payee address; City; State; Zip Code

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

District 5 Educational Pep Rally

(If travel outside of Texas, complete Schedule T)

-- Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED