

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

Dr.
NICKNAME

Llewellyn

A.

LAST

SUFFIX

Blackburn, Sr.

OFFICE USE ONLY

Date Received

2010 APR - 8

RECEIVED
BOARD SERVICES
DALLAS, TX 75202

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

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

THROUGH

Month

Day

Year

01 / 16 / 2010 THROUGH 04 / 08 / 2010

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

05 / 08 / 2010

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

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. --

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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)	\$ <u>5330.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2672.06</u>
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.

AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Llewellyn A. Blackburn, Sr., this the 8th day of April, 2010, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Delisa Proctor
Printed name of officer administering oath

Specialist
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 7

2 FILER NAME

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/22/2010

5 Full name of contributor

Black Family Good Gov. Acct.

6 Contributor address; City; State; Zip Code

751 Kessler Lake Dr.
Dallas, TX. 75208

7 Amount of contribution (\$)

\$500.00

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

2/8/2010

Full name of contributor

West & Associates, L.L.P.

Contributor address; City; State; Zip Code

320 South RL Thornton, Ste. 300
Dallas, TX. 75203

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

2/8/2010

Full name of contributor

Raymond & Serita Current

Contributor address; City; State; Zip Code

1237 Boysenberry Dr.
DeSoto, TX. 75115

Amount of contribution (\$)

\$125.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

2/8/2010

Full name of contributor

Jackie Adams

Contributor address; City; State; Zip Code

523 Bretow Dr.
Grand Prairie, TX. 75052-2525

Amount of contribution (\$)

\$125.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

2/8/2010

Full name of contributor

Keith M. Britton

Contributor address; City; State; Zip Code

10106 Summit Run Dr.
Frisco, TX. 75035

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

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 7

2 FILER NAME

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/8/2010

5 Full name of contributor

Harry Robinson, Jr.

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code
**2424 South Blvd.
Dallas, TX. 75215-2332**

7 Amount of contribution (\$)
\$100.00

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

2/8/2010

Full name of contributor

Sheryl Northcutt

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code
**722 Monique Pl.
Cedar Hill, TX. 75104-1790**

Amount of contribution (\$)
\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

2/8/2010

Full name of contributor

Elizabeth A. Contreras

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code
**411 Richmond
Wilmer, TX. 75172-1423**

Amount of contribution (\$)
\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

2/8/2010

Full name of contributor

Kamron L. Clayton

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code
**612 Glen Arbor Ct.
Dallas, TX. 75241-1003**

Amount of contribution (\$)
\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

2/8/2010

Full name of contributor

Linda Trimble

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code
**1534 Robin Ln.
Lancaster, TX. 75134-3045**

Amount of contribution (\$)
\$25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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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:
3 of 7

2 FILER NAME

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/8/2010

5 Full name of contributor

The Comfort Zone

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$30.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2617 Holy Cross Ln.
Garland, TX. 75044-4629

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/8/2010

Full name of contributor

Zeta Phi Beta Sorority, Inc.

out-of-state PAC (ID#)

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 182933
Arlington, TX. 76096

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/15/2010

Full name of contributor

Alton Smith

out-of-state PAC (ID#)

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8035 Zimmerman
Houston, TX. 77088

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/2010

Full name of contributor

Sandra Scott Simon

out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

925 Moore St.
Ledar Hill, TX. 75104

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/2010

Full name of contributor

Daks Assisted Living

out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3317 Springwood Ln.
Dallas, TX. 75233-2633

(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:
4 of 7

2 FILER NAME

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/25/2010

5 Full name of contributor out-of-state PAC (ID#.....)

Tammi D. Southall

6 Contributor address; City; State; Zip Code

1420 Stella Dr.
Lewisville, TX. 75067

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/3/2010

Full name of contributor out-of-state PAC (ID#.....)

Shebronda Wilson Blackburn

Contributor address; City; State; Zip Code

626 Oak Forest Dr.
Dallas, TX. 75232

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/2010

Full name of contributor out-of-state PAC (ID#.....)

Daniel A. Dotiz Attorney at Law

Contributor address; City; State; Zip Code

1304 W. Abram
Arlington, TX. 76013

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/2010

Full name of contributor out-of-state PAC (ID#.....)

Dr. Gwendolyn T. Clark

Contributor address; City; State; Zip Code

7215 Morton St.
Dallas, TX. 75209-3913

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/2010

Full name of contributor out-of-state PAC (ID#.....)

Jack Lowe

Contributor address; City; State; Zip Code

4214 W. Northwest Hwy.
Dallas, TX. 75220-5048

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(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:
5 of 7

2 FILER NAME
Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/27/2010

5 Full name of contributor out-of-state PAC (ID# _____)
Raymond + Serita Current

6 Contributor address; City; State; Zip Code
**1237 Boyseberry Dr.
DeSoto, TX. 75115**

7 Amount of contribution (\$) **\$200.⁰⁰**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/28/2010

Full name of contributor out-of-state PAC (ID# _____)
Lucious L. Williams

Contributor address; City; State; Zip Code
**1421 Covington Dr.
DeSoto, TX. 75115-7703**

Amount of contribution (\$) **\$600.⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/28/2010

Full name of contributor out-of-state PAC (ID# _____)
Erle A. Nye

Contributor address; City; State; Zip Code
**12211 Creek Forest
Dallas, TX. 75230**

Amount of contribution (\$) **\$1000.⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/28/2010

Full name of contributor out-of-state PAC (ID# _____)
Mrs. E. Wilson

Contributor address; City; State; Zip Code
**626 Oak Forest Dr.
Dallas, TX. 75232**

Amount of contribution (\$) **\$50.⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/31/2010

Full name of contributor out-of-state PAC (ID# _____)
Betty S. Davis

Contributor address; City; State; Zip Code
**710 Sceptre Cir.
Garland, TX. 75043-4917**

Amount of contribution (\$) **\$25.⁰⁰**

In-kind contribution description (if applicable)

(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: 6 of 7	
2 FILER NAME Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/31/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe L. Atkins	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10806 Wallbrook Dr. Dallas, TX. 75238-2943		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendy A. Lopez	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4931 Stanford Ave. Dallas, TX. 75209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis L. McGregor, Jr.	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 482 Deep Branch Cir. Lancaster, TX. 75146		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David E. Whitten	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8123 San Fernando Way Dallas, TX. 75218		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Ronald G. Steinhart	Amount of contribution (\$) \$250.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 25 Robledo Dr. Dallas, TX. 75230-3055		(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: 7 of 7	
2 FILER NAME Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/1/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. McDonald Williams	7 Amount of contribution (\$) \$250.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4610 Wildwood Rd. Dallas, TX. 75209		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/1/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando L. Rios	Amount of contribution (\$) \$350.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 115 E. Travis, Ste. 1645 San Antonio, TX. 78205		(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)	

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

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/8/2010

5 Payee name

Llewellyn Blackburn

6 Payee address; City; State; Zip Code

7 Amount (\$)

\$1569.92

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

Valentine Fundraiser

(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

2/8/2010

Payee name

4Star Events, LLC

Payee address; City; State; Zip Code

1013 Winding Creek Dr.
Cedar Hill, TX. 75104

Amount (\$)

\$250.00

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

Event planning services

(If travel outside of Texas, complete Schedule T)

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

Date

3/10/2010

Payee name

4Star Events, LLC

Payee address; City; State; Zip Code

1013 Winding Creek Dr.
Cedar Hill, TX. 75104

Amount (\$)

\$250.00

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

Event planning services

(If travel outside of Texas, complete Schedule T)

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

Date

3/12/2010

Payee name

Llewellyn Blackburn

Payee address; City; State; Zip Code

Amount (\$)

\$44.93

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

Campaign Meeting : Food

(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 2

2 FILER NAME

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/15/2010

5 Payee name

County of Dallas

7 Amount (\$)

\$17.50

6 Payee address; City; State; Zip Code

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

District 5 voters information

(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

3/22/2010

Payee name

U. S. Postal Service

Amount (\$)

\$308.00

Payee address; City; State; Zip Code

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

Stamps

(If travel outside of Texas, complete Schedule T)

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

Date

3/22/2010

Payee name

Wallace Faggett

Amount (\$)

\$50.00

Payee address; City; State; Zip Code

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

Photography

(If travel outside of Texas, complete Schedule T)

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

Date

3/27/2010

Payee name

Llewellyn Blackburn

Amount (\$)

\$181.71

Payee address; City; State; Zip Code

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

Reimbursement: stamps, envelopes

(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