

FORM COR-C/OH

CORRECTION 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	RECEIVED BOARD SERVICES DALLAS ISD
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	2010 MAY -6 PM 4:15	Receipt #
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount
		<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Legal
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	Date Processed
		04 / 09 / 2010		04 / 30 / 2010	Date Imaged

6 EXPLANATION OF CORRECTION

By mistake 2 pages of contributions were left out of the Campaign Finance Report for the 8th day before election report type. The period covered 4/9/2010 through 4/30/2010. The original report showed contributions of \$14,290.00. It actually \$25,890.00.

I am requesting a waiver of penalty for this oversight.

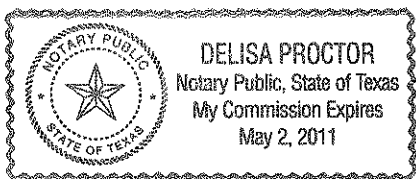
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

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, Sr.
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Llewellyn A. Blackburn, Sr. this the 6 day of May

2010 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

Board Specialist
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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:

17

3 CANDIDATE /
OFFICEHOLDER
NAME

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

OFFICE USE ONLY

Date Received

RECEIVED
BOARD SERVICES
DALLAS ISD

Date Hand-delivered or Date Postmarked

20 MAY -6 PM 4:15

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. Hollis
NICKNAME 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
04 / 09 / 2010 THROUGH 04 / 30 / 2010

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
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)

additional pages

.. 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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)	\$ 25,890. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5388. ⁰⁰
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

DELISA PROCTOR
Notary Public, State of Texas
My Commission Expires
May 2, 2011

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.

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 6 day of MAY, 2010, to certify which, witness my hand and seal of office.

Signature of officer administering oath

DELISA PROCTOR

Printed name of officer administering oath

Board President

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 9

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/12/2010

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

Reneisha A. Henry

6 Contributor address; City; State; Zip Code

**27 Regency Ln.
Houston, TX. 77088-2441**

7 Amount of contribution (\$)

\$2000.-

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

4/10/2010

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

Michael L. King

Contributor address; City; State; Zip Code

**18015 Harbour Bridge Point Dr.
Cypress, TX. 77429**

Amount of contribution (\$)

\$2000.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2010

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

Raquel King Boutte

Contributor address; City; State; Zip Code

**14307 Heidi Oaks Ln.
Humble, TX. 77396-3499**

Amount of contribution (\$)

\$2000.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2010

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

Bellamarie Francis

Contributor address; City; State; Zip Code

**1518 Maelesby Ln.
Channelview, TX. 77530**

Amount of contribution (\$)

\$2000.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2010

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

Eric Boutte

Contributor address; City; State; Zip Code

**14307 Heidi Oaks Ln.
Humble, TX. 77396**

Amount of contribution (\$)

\$2000.-

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:
2 of 9

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

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/12/2010

5 Full name of contributor out-of-state PAC (ID#: _____)
Raguel O. Williams

6 Contributor address; City; State; Zip Code
9306 Heatherside St.
Houston, TX. 77016

7 Amount of contribution (\$)
\$500.-

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
4/12/2010

Full name of contributor out-of-state PAC (ID#: _____)
Allen J. Boutte

Contributor address; City; State; Zip Code
8135 Beckett Creek Ln.
Humble, TX. 77396

Amount of contribution (\$)
\$250.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/12/2010

Full name of contributor out-of-state PAC (ID#: _____)
William R. Hood

Contributor address; City; State; Zip Code
P.O. Box 430401
Houston, TX. 77243

Amount of contribution (\$)
\$200.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/15/2010

Full name of contributor out-of-state PAC (ID#: _____)
Linebarger Goggan Blair & Sampson, LLP

Contributor address; City; State; Zip Code
P.O. Box 17428
Austin, TX. 78760

Amount of contribution (\$)
\$500.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/15/2010

Full name of contributor out-of-state PAC (ID#: _____)
Alliance of Dallas Educators United Teachers

Contributor address; City; State; Zip Code
334 Centre St.
Dallas, TX. 75208

Amount of contribution (\$)
\$500.-

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:
3 of 9

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

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/15/2010

5 Full name of contributor out-of-state PAC (ID#: _____)
UNKNOWN

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
\$500.-

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

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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:
4 of 9

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

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/15/2010

5 Full name of contributor out-of-state PAC (ID#: _____)
Joseph Multi-Business Services

7 Amount of contribution (\$)
\$50.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**5903 Southgood
Houston, TX. 77033**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
4/15/2010

Full name of contributor out-of-state PAC (ID#: _____)
Stuart B. Black

Amount of contribution (\$)
\$100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**4563 Isabella Ln.
Dallas, TX. 75229**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/15/2010

Full name of contributor out-of-state PAC (ID#: _____)
Dallas Friends of Public Education

Amount of contribution (\$)
\$100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**P.O. Box 571593
Dallas, TX 75357-1593**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/15/2010

Full name of contributor out-of-state PAC (ID#: _____)
Felicia F. Johnson

Amount of contribution (\$)
\$150.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**4303 Stephen St.
Grand Prairie, TX. 75052**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/20/2010

Full name of contributor out-of-state PAC (ID#: _____)
Diane E. Birdwell

Amount of contribution (\$)
\$50.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**5705 Meadowick Ln.
Dallas, TX. 75227**

(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 9	
2 FILER NAME Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/20/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steps, LLC	7 Amount of contribution (\$) \$200.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3325 Drip Rock Dr. McKinney, TX. 75070		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Ronald G. Steinhart	Amount of contribution (\$) \$250.00	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)	
Date 4/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edith M. Lycke	Amount of contribution (\$) \$50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4730 Melissa Ln. Dallas, TX. 75229-4221		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobbie C. Robinson	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1433 Stirling Ave. Dallas, TX. 75216-1735		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghost Dance	Amount of contribution (\$) \$150.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9347 Biscayne Blvd. Dallas, TX. 75218-2704		(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: <i>6 of 9</i>	
2 FILER NAME <i>Dr. Ulewellyn A. Blackburn, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/26/2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dorothy Haynes</i>	7 Amount of contribution (\$) <i>\$100.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1438 Bonnieview Dallas, TX. 75203</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/28/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Albert C. Black, III</i>	Amount of contribution (\$) <i>\$50.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>751 Kessler Lake Dr. Dallas, TX. 75208-3941</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/28/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mark A. Jones</i>	Amount of contribution (\$) <i>\$100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1247 Whispering Oaks Dr. DeSoto, TX. 75115-7410</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/28/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Scott Sessions</i>	Amount of contribution (\$) <i>\$100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3237 Bryn Mawr Dr. Dallas, TX. 75225-7646</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/28/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cherri R. Black Darthard</i>	Amount of contribution (\$) <i>\$25.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2501 Elmhurst St. Rowlett, TX. 75088-5633</i>		(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 9**

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

3 ACCOUNT # (Ethics Commission filers)

4 Date: **4/28/2010**
5 Full name of contributor out-of-state PAC (ID#: _____):
Ola Mae Allen
6 Contributor address; City; State; Zip Code:
**4111 Summit Ridge Dr.
Dallas, TX. 75216-6015**

7 Amount of contribution (\$): **\$25.-**
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: **4/28/2010**
Full name of contributor out-of-state PAC (ID#: _____):
Shebronda Blackburn
Contributor address; City; State; Zip Code:
**626 Oak Forest Dr.
Dallas, TX. 75232**

Amount of contribution (\$): **\$50.-**
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **4/28/2010**
Full name of contributor out-of-state PAC (ID#: _____):
Lorene Brooks Smith
Contributor address; City; State; Zip Code:
**1112 Harvard Ln.
Allen, TX. 75002-5728**

Amount of contribution (\$): **\$50.-**
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **4/28/2010**
Full name of contributor out-of-state PAC (ID#: _____):
David H. Holland
Contributor address; City; State; Zip Code:
**1549 N. Atoll
Dallas, TX. 75216**

Amount of contribution (\$): **\$100.-**
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **4/28/2010**
Full name of contributor out-of-state PAC (ID#: _____):
Brian Gages
Contributor address; City; State; Zip Code:
**835 E. Lamar Blvd. #112
Dallas, TX.**

Amount of contribution (\$): **\$40.-**
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: **8 of 9**

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/29/2010

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

MJLM Wealth Solutions

6 Contributor address; City; State; Zip Code
**3040 Post Oak Blvd., Ste. 1600
Houston, TX. 77056**

7 Amount of contribution (\$)

\$500.00

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

4/29/2010

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

Franklin D. Jones, Jr.

Contributor address; City; State; Zip Code
**3114 South MacGregor Way
Houston, TX. 77021-1103**

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2010

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

Tyrone P. Dorian

Contributor address; City; State; Zip Code
**4916 Lyons Ave.
Houston, TX. 77020**

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2010

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

William F. Burge, III

Contributor address; City; State; Zip Code
**2028 Buffalo Terrace
Houston, TX. 77019**

Amount of contribution (\$)

\$500.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2010

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

Lettie C. Green

Contributor address; City; State; Zip Code
**10553 Shoalhaven Dr.
Las Vegas, NV. 89134-7425**

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)

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: **9 of 9**

2 FILER NAME

Dr. Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/29/2010

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

Tracey Medlock

6 Contributor address; City; State; Zip Code

**3915 Kiamesha Dr.
Missouri City, TX. 77459**

7 Amount of contribution (\$)

\$15000.00

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

4/29/2010

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

David L. Medford

Contributor address; City; State; Zip Code

**4918 Shapiro Ct.
Missouri City, TX. 77406**

Amount of contribution (\$)

\$2500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2010

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

Christus N. Powell, Jr.

Contributor address; City; State; Zip Code

**16119 Bowridge Ln.
Houston, TX. 77053**

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

4/29/2010

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

Mourhaf Sabouni

Contributor address; City; State; Zip Code

**23 Palm Blvd.
Missouri City, TX. 77459-4499**

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

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *1 of 6*

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

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4/9/2010</i>	5 Payee name <i>Kentucky Fried Chicken</i>	7 Amount (\$) <i>\$16.24</i>
6 Payee address; City; State; Zip Code <i>106 W. Illinois Ave. Dallas, TX. 75224</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Food for campaign meeting</i> (If travel outside of Texas, complete Schedule T)	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date <i>4/10/2010</i>	Payee name <i>Mt. Zion Baptist Church of Dallas</i>	Amount (\$) <i>\$250.-</i>
Payee address; City; State; Zip Code <i>Dallas, TX.</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Campaign workers</i> (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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Date <i>4/10/2010</i>	Payee name <i>Circle 10, Boys Scouts of America</i>	Amount (\$) <i>\$250.-</i>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>Campaign workers</i> (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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Date <i>4/10/2010</i>	Payee name <i>Costco</i>	Amount (\$) <i>\$66.27</i>
Payee address; City; State; Zip Code <i>250 W. Highway 67 Duncanville, TX. 75137</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Food for campaign workers</i> (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: **2 of 6**

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

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/15/2010	5 Payee name Castle Mailing Center	7 Amount (\$) #1301.14
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) Campaign mailings (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 4/15/2010	Payee name Ft. Worth CAN Academy	Amount (\$) #400.-
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) Donation for fundraiser (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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Date 4/17/2010	Payee name St. Paul Baptist Church	Amount (\$) #500.-
Payee address; City; State; Zip Code 1600 Pear St. Dallas, TX, 75215		

Purpose of payment (See instructions regarding type of information required.) Campaign workers (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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Date 4/17/2010	Payee name St. Mark Baptist Church	Amount (\$) #250.-
Payee address; City; State; Zip Code 4536 Philip Ave. Dallas, TX. 75223		

Purpose of payment (See instructions regarding type of information required.) Campaign workers (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 6**

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

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/20/2010

5 Payee name
United States Post Office
6 Payee address: City; State; Zip Code

7 Amount (\$)
\$88.-

8 Purpose of payment (See instructions regarding type of information required.)
Stamps
(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
4/21/2010

Payee name
City of Dallas - Park & Recreation Dept.
Payee address: City; State; Zip Code

Amount (\$)
\$68.-

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

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

Date
4/21/2010

Payee name
Pizza Hut
Payee address: City; State; Zip Code

Amount (\$)
\$32.48

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

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

Date
4/23/2010

Payee name
Kentucky Fried Chicken
Payee address: City; State; Zip Code
**106 W Illinois Ave.
Dallas, TX. 75224**

Amount (\$)
\$15.14

Purpose of payment (See instructions regarding type of information required.)
Food for campaign meeting
(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: **4 of 6**

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

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/23/2010	5 Payee name Seafood Connection	7 Amount (\$) \$29.75
6 Payee address; City; State; Zip Code 1427 E. ILLINOIS AVE. DALLAS, TX. 75216		

8 Purpose of payment (See instructions regarding type of information required.) Food for campaign meeting (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/23/2010	Payee name Family Dollar	Amount (\$) \$17.85
Payee address; City; State; Zip Code 2683 Cedar Crest Blvd. DALLAS, TX.		

Purpose of payment (See instructions regarding type of information required.) items for campaign meeting (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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Date 4/23/2010	Payee name Whitepages.com	Amount (\$) \$673.26
Payee address; City; State; Zip Code 1301 Fifth Ave., Ste. 1600 Seattle, WA. 98101		

Purpose of payment (See instructions regarding type of information required.) voters list (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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Date 4/23/2010	Payee name Wal-Mart	Amount (\$) \$36.49
Payee address; City; State; Zip Code DALLAS, TX. 75204		

Purpose of payment (See instructions regarding type of information required.) Food for campaign workers (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 6**

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

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/24/2010

5 Payee name
New Covenant Missionary Baptist Church

6 Payee address; City; State; Zip Code

DeSoto, TX.

7 Amount (\$)
\$250.00

8 Purpose of payment (See instructions regarding type of information required.)
Campaign workers
(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
4/24/2010

Payee name
Circle 10, Boys Scouts of America

Payee address; City; State; Zip Code

Amount (\$)
\$250.00

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

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

Date
4/23/2010

Payee name
Versa Printing, Inc.

Payee address; City; State; Zip Code

**2631 Brenner Dr.
Dallas, TX. 75220**

Amount (\$)
\$378.88

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

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

Date
4/23/2010

Payee name
U. S. Postal Service

Payee address; City; State; Zip Code

**401 DFW Turnpike
Dallas, TX. 75260-9996**

Amount (\$)
\$286.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 6

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

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4/23/2010</u>	5 Payee name <u>LD Products</u>	7 Amount (\$) <u>\$81.00</u>
6 Payee address; City; State; Zip Code <u>2500 Grand Ave. Long Beach, CA. 90815</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Laser Tower</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>4/23/2010</u>	Payee name <u>Home Depot</u>	Amount (\$) <u>\$93.13</u>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <u>Stakes & nails for signs</u> <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>4/24/2010</u>	Payee name <u>FedEx Kinko's</u>	Amount (\$) <u>\$64.95</u>
Payee address; City; State; Zip Code <u>5500 Greenville Ave., Ste. 1203 Dallas, TX. 75206-2936</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Printing</u> <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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