

# 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 files)

2 Total pages filed:  
18

3 CANDIDATE /  
OFFICEHOLDER  
NAME

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

OFFICE USE ONLY

Date Received

2011 JUL 14 PM 5:48

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. 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  5th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)

10 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
01 / 16 / 2011 THROUGH 7 / 14 / 2011

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 pages

GO TO PAGE 2

RECEIVED  
BOARD SERVICES

# 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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) \$1350.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$18,040.85

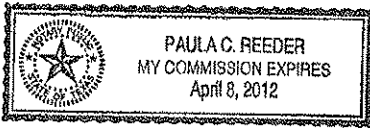
CONTRIBUTION BALANCE

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 14<sup>th</sup> day of July, 2011, 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  
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 2

2 FILER NAME  
Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission files)

4 Date  
2/10/2011

5 Full name of contributor  out-of-state PAC (ID#:  
Brittney N. Mott

6 Contributor address; City; State; Zip Code  
3101 Sandra Dr. #106  
Ft. Worth, TX. 76107

7 Amount of contribution (\$)  
\$50.<sup>00</sup>

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  
2/10/2011

Full name of contributor  out-of-state PAC (ID#:  
Sandra Scott Simon

Contributor address; City; State; Zip Code  
925 Moore St.  
Cedar Hill, TX. 75104

Amount of contribution (\$)  
\$25.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/10/2011

Full name of contributor  out-of-state PAC (ID#:  
Jacqueline A. Martin

Contributor address; City; State; Zip Code  
15962 Ellis Ave.  
South Holland, IL. 60473

Amount of contribution (\$)  
\$200.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/10/2011

Full name of contributor  out-of-state PAC (ID#:  
DFW Elite News

Contributor address; City; State; Zip Code  
1911 E. Ledbetter Dr.  
Dallas, TX. 75216

Amount of contribution (\$)  
\$100.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/10/2011

Full name of contributor  out-of-state PAC (ID#:  
Sherika Majors

Contributor address; City; State; Zip Code  
DeSoto, TX.

Amount of contribution (\$)  
\$60.<sup>00</sup>

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 2

2 FILER NAME  
Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date  
2/10/2011

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

Michal AZEDNA

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)  
\$10.00

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  
2/10/2011

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

Lee Alvarez

Contributor address; City; State; Zip Code

1631 Melbourne Ave.  
Dallas, TX

Amount of contribution (\$)  
\$5.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/25/2011

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

Robert L. Green

Contributor address; City; State; Zip Code

10553 Shoalhaven Dr.  
Las Vegas, NV 89134

Amount of contribution (\$)  
\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5/30/2011

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

Black Family Good Gov.

Contributor address; City; State; Zip Code

751 Kessler Lake Dr.  
Dallas, TX 75208

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  
6/1/2011

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

Shebronda Blackburn

Contributor address; City; State; Zip Code

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 EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 14

2 FILER NAME Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/28/2011

5 Payee name Wal-Mart

7 Amount (\$) \$300.00

6 Payee address; City; State; Zip Code Dallas, TX

8 Purpose of payment (See instructions regarding type of information required.) Pep Rally 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 1/28/2011

Payee name Wal-Mart

Amount (\$) \$200.00

Payee address; City; State; Zip Code Dallas, TX

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

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

Date 1/28/2011

Payee name Target

Amount (\$) \$240.00

Payee address; City; State; Zip Code Dallas, TX

Purpose of payment (See instructions regarding type of information required.) 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 1/28/2011

Payee name Target

Amount (\$) \$620.00

Payee address; City; State; Zip Code Dallas, TX

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

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 14

2 FILER NAME  
Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date  
1/29/2011

5 Payee name  
Wallace Faggett  
6 Payee address; City, State, Zip Code

7 Amount (\$)  
\$100.<sup>00</sup>

8 Purpose of payment (See instructions regarding type of information required.)  
Academic Pep Rally - photographer  
(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  
1/29/11

Payee name  
A.S. Johnston Elem. School  
Payee address; City, State, Zip Code  
Dallas, TX.

Amount (\$)  
\$500.<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)  
Academic 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  
1/31/2011

Payee name  
Pappadeaux Seafood Kitchen  
Payee address; City, State, Zip Code  
Arlington, TX.

Amount (\$)  
\$50.<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)  
Pep Rally 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  
2/10/2011

Payee name  
"W" Dallas  
Payee address; City, State, Zip Code  
Victory St. Dallas, TX.

Amount (\$)  
\$1924.<sup>16</sup>

Purpose of payment (See instructions regarding type of information required.)  
Fundraiser event  
(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:  
3 of 14

2 FILER NAME  
Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date  
2/10/2011

5 Payee name  
Chick-Fil-A  
6 Payee address; City; State; Zip Code  
Dallas, TX

7 Amount (\$)  
\$132.25

8 Purpose of payment (See instructions regarding type of information required.)  
Academic Pep Rally - food  
(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  
2/10/2011

Payee name  
Kerrin White  
Payee address; City; State; Zip Code

Amount (\$)  
\$150.00

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

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

Date  
2/10/2011

Payee name  
Charles Cheeks  
Payee address; City; State; Zip Code

Amount (\$)  
\$75.00

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

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

Date  
2/10/2011

Payee name  
Preston Burnley  
Payee address; City; State; Zip Code  
Dallas, TX

Amount (\$)  
\$50.00

Purpose of payment (See instructions regarding type of information required.)  
Music - Valentine 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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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
4 of 14

2 FILER NAME  
Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/10/2011	5 Payee name Wallace Faggett	7 Amount (\$) \$100.00
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) Valentine Event - photographer (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 2/17/2011	Payee name "W" Dallas	Amount (\$) \$203.38
Payee address; City; State; Zip Code Victory St. Dallas, TX		

Purpose of payment (See instructions regarding type of information required.) 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 2/26/2011	Payee name American Airlines Center	Amount (\$) \$200.00
Payee address; City; State; Zip Code Dallas, TX		

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

Date 2/26/2011	Payee name American Airlines Center	Amount (\$) \$55.75
Payee address; City; State; Zip Code Dallas, TX		

Purpose of payment (See instructions regarding type of information required.) Academic Awards - Student gifts (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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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:  
5 of 14

2 FILER NAME  
Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/13/2011	5 Payee name Constant Contact	7 Amount (\$) \$165.00
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)  (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 3/5/2011	Payee name 4 Star Event LLC	Amount (\$) \$250. <sup>00</sup>
Payee address; City; State; Zip Code 1013 Winding Creek Dr. Cedar Hill, TX 75104		

Purpose of payment (See instructions regarding type of information required.) Fundraiser - Event Planner  (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 3/25/2011	Payee name Wal-Mart	Amount (\$) \$300. <sup>00</sup>
Payee address; City; State; Zip Code Dallas, TX		

Purpose of payment (See instructions regarding type of information required.) Academic Pep Rally gifts  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 3/25/2011	Payee name Wal-Mart	Amount (\$) \$700. <sup>00</sup>
Payee address; City; State; Zip Code Dallas, TX		

Purpose of payment (See instructions regarding type of information required.) Academic Pep Rally gifts  (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:  
6 of 14

2 FILER NAME  
Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/25/2011	5 Payee name Target	7 Amount (\$) \$480.00
6 Payee address; City; State; Zip Code Dallas, TX.		

8 Purpose of payment (See instructions regarding type of information required.) Academic Pep Rally 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 3/26/2011	Payee name M. Jackson Middle School	Amount (\$) \$500.00
Payee address; City; State; Zip Code Dallas, TX.		

Purpose of payment (See instructions regarding type of information required.) Academic Pep Rally award (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 3/26/2011	Payee name Chick-Sil-A	Amount (\$) \$119.40
Payee address; City; State; Zip Code Dallas, TX.		

Purpose of payment (See instructions regarding type of information required.) Academic Pep Rally - food (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 3/29/2011	Payee name Office MAX	Amount (\$) \$9.52
Payee address; City; State; Zip Code Dallas, TX.		

Purpose of payment (See instructions regarding type of information required.) Supplies (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:  
7 of 14

2 FILER NAME  
Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date  
3/29/2011

5 Payee name  
Office Max

7 Amount (\$)  
\$57.09

6 Payee address; City; State; Zip Code  
Dallas, TX

8 Purpose of payment (See instructions regarding type of information required.)  
Supplies  
(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  
3/31/2011

Payee name  
4 Star Events LLC

Amount (\$)  
\$250.00

Payee address; City; State; Zip Code  
1013 Winding Creek Dr.  
Cedar Hill, TX 75104

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

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

Date  
4/1/2011

Payee name  
FedEx office

Amount (\$)  
\$396.20

Payee address; City; State; Zip Code  
Dallas, TX

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

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

Date  
4/4/2011

Payee name  
Worldstrides

Amount (\$)  
\$1406.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)  
Students trip to Washington D.C.  
(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: 8 of 14

2 FILER NAME Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date  
4/5/2011

5 Payee name  
Wdiseometr.  
6 Payee address; City; State; Zip Code

7 Amount (\$)  
\$125.00

8 Purpose of payment (See instructions regarding type of information required.)  
Students trip to Washington, DC  
(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  
4/6/2011

Payee name  
Metropolitan Baptist Minister's Wives  
Payee address; City; State; Zip Code

Amount (\$)  
\$250.00

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

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

Date  
4/7/2011

Payee name  
FedEx Office  
Payee address; City; State; Zip Code

Amount (\$)  
\$248.23

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

Date  
4/6/2011

Payee name  
La Calle Doe  
Payee address; City; State; Zip Code  
Dallas, TX

Amount (\$)  
\$50.00

Purpose of payment (See instructions regarding type of information required.)  
DESD Staff meeting  
(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: 9 of 14

2 FILER NAME Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission files)

4 Date <u>4/13/2011</u>	5 Payee name <u>Ira A. McGraw Jr's Golf</u>	7 Amount (\$) <u>\$500.<sup>00</sup></u>
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <u>Teacher of Year Luncheon</u> (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 <u>4/18/2011</u>	Payee name <u>La Calle Doe</u>	Amount (\$) <u>\$49.<sup>00</sup></u>
Payee address; City; State; Zip Code <u>Dallas, TX.</u>		

Purpose of payment (See instructions regarding type of information required.) <u>DISD Staff meeting</u> (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 <u>4/24/2011</u>	Payee name <u>Wallace Faggett</u>	Amount (\$) <u>\$100.<sup>00</sup></u>
Payee address; City; State; Zip Code <u>Dallas, TX.</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Academic Pep Rally - photographer</u> (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 <u>4/28/2011</u>	Payee name <u>Target</u>	Amount (\$) <u>\$1000.<sup>00</sup></u>
Payee address; City; State; Zip Code <u>Dallas, TX.</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Academic Pep Rally expenses</u> (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: 10 of 14

2 FILER NAME Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4/28/2011</u>	5 Payee name <u>Wal-Mart</u>	7 Amount (\$) <u>\$1500.<sup>00</sup></u>
6 Payee address; City; State; Zip Code <u>Dallas, TX.</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Academic Pep Rally gifts</u> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <u>4/28/2011</u>	Payee name <u>Apple Store</u>	Amount (\$) <u>\$1407.<sup>02</sup></u>
Payee address; City; State; Zip Code <u>4525 McKinney Ave. Dallas, TX. 75205</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Academic Pep Rally gifts</u> (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <u>4/30/2011</u>	Payee name <u>Oliver W. Holmes Middle School</u>	Amount (\$) <u>\$100.<sup>00</sup></u>
Payee address; City; State; Zip Code <u>Dallas, TX.</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Academic Pep Rally</u> (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <u>4/30/2011</u>	Payee name <u>Clara Oliver Elem. School</u>	Amount (\$) <u>\$100.<sup>00</sup></u>
Payee address; City; State; Zip Code <u>Dallas, TX.</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Academic Pep Rally</u> (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> 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: 11 of 14

2 FILER NAME Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/30/2011

5 Payee name Wallace Faggett  
 6 Payee address; City; State; Zip Code  
Dallas, TX

7 Amount (\$)  
\$100.00

8 Purpose of payment (See instructions regarding type of information required.)  
Academic Pep Rally - photographer  
 (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 4/30/2011

Payee name Townview High School  
 Payee address; City; State; Zip Code  
Dallas, TX

Amount (\$)  
\$100.00

Purpose of payment (See instructions regarding type of information required.)  
Academic 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 4/30/2011

Payee name Chick-fil-A  
 Payee address; City; State; Zip Code  
Dallas, TX

Amount (\$)  
\$139.75

Purpose of payment (See instructions regarding type of information required.)  
Academic Pep Rally - food  
 (If travel outside of Texas, complete Schedule T)

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

Date 4/30/2011

Payee name Apple Store  
 Payee address; City; State; Zip Code  
4525 McKinnney Ave.  
 Dallas, TX 75205

Amount (\$)  
\$247.89

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

12 of 14

2 FILER NAME

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/30/2011

Chili's

6 Payee address; City; State; Zip Code

Dallas, TX

\$186.34

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

Dep Rally 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

Date

Payee name

Amount (\$)

5/2/2011

SixSDA

Payee address; City; State; Zip Code

\$50.00

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

San Antonio ISD

(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 (\$)

5/2/2011

Joy Promotions, Inc.

Payee address; City; State; Zip Code

2351 W. Northwest Hwy. Ste. 2203  
Dallas, TX. 75220

\$758.40

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

Teacher of the Year gifts

(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 (\$)

5/4/2011

Cedar Crest Golf Club

Payee address; City; State; Zip Code

\$1050.00

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

Teacher of the Year Luncheon

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditures 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:  
13 of 14

2 FILER NAME  
Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/10/2011	5 Payee name Dallas House of Flowers	7 Amount (\$) \$725.16
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)  
Teacher of Year Luncheon  
(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 5/13/2011	Payee name Gina Carpenter	Amount (\$) \$180.00
Payee address; City; State; Zip Code 2600 Bowie Dr. Plano, TX 75025		

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

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

Date 5/13/2011	Payee name Z. Kats Seafood	Amount (\$) \$1450.00
Payee address; City; State; Zip Code		

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

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

Date 6/20/2011	Payee name T.A.S.B. Conference	Amount (\$) \$300.00
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  
Conference expenses  
(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: <i>14 of 14</i>
2 FILER NAME <i>Llewellyn A. Blackburn, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6/23/2011</i>	5 Payee name <i>Pappadeaux Seafood</i> 6 Payee address; City; State; Zip Code <i>Dallas, TX.</i>	7 Amount (\$) <i>\$215.04</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Staff Luncheon</i> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>6/23/2011</i>	Payee name <i>Dallas House of Flowers</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$75.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Mr. Al Lipscomb funeral</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.) (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.) (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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