

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:

3 CANDIDATE / OFFICEHOLDER NAME

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

Blackburn, Sr.

OFFICE USE ONLY

Date Received
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.

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) 376-3168

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
07 / 16 / 2009 THROUGH 01 / 15 / 2010

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Trustee
DISD School Board, District 5

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
N/A
Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

RECEIVED BOARD SERVICES DALLAS TX

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME 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. **

additional pages

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)	\$1000. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$926. ¹⁰
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, this the 15th day of January, 2010, 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

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

2 FILER NAME

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/24/2009

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

Black Family Good Gov.

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)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/9/2009

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

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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/11/2009

5 Payee name

Texas Land & Cattle

7 Amount (\$)

\$830.¹⁰

6 Payee address; City; State; Zip Code

3130 Lemmon Ave. Dallas TX 75204

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

District 5 Administrator's Reception

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

10/1/2009

Payee name

U.S. Postal Service

Amount (\$)

\$96.⁰⁰

Payee address; City; State; Zip Code

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

P.D. Box Annual fee

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED