

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:

15

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Dr.

Llewellyn

A.

NICKNAME

LAST

SUFFIX

Blackburn, Sr.

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2130 Lanark Ave. Dallas, Tx.

75203

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

232-6380

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR.

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

04 / 09 / 2010

THROUGH

Month

Day

Year

04 / 30 / 2010

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 08 / 2010

ELECTION TYPE

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. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 14,290.⁰⁰

EXPENDITURE TOTALS

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

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 5388.⁵⁸

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

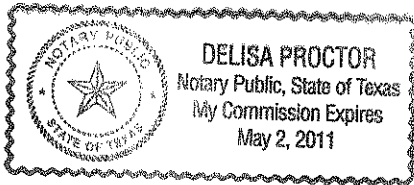
\$

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 30th day of April, 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

Bond 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 Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/12/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reneisha A. Henry	7 Amount of contribution (\$) \$2000.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 27 Regevey Ln. Houston, TX. 77088-2441		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael L. King	Amount of contribution (\$) \$2000.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18015 Harbour Bridge Point Dr. Cypress, TX. 77429		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Raquel King Boutte	Amount of contribution (\$) \$2000.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14307 Heidi Oaks Ln. Humble, TX. 77396-3499		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellamarie Francis	Amount of contribution (\$) \$2000.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1518 Maelesby Ln. Channelview, TX. 77530		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Boutte	Amount of contribution (\$) \$2000.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14307 Heidi Oaks Ln. Humble, TX. 77396		(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>2 of 7</i>	
2 FILER NAME <i>Dr. Llewellyn A. Blackburn, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/12/2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raguel D. Williams</i>	7 Amount of contribution (\$) <i>\$500.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>9306 Heatherside St. Houston, TX. 77016</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/12/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Allen J. Boutte</i>	Amount of contribution (\$) <i>\$250.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8135 Beckett Creek Ln. Humble, TX. 77396</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/12/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William R. Hood</i>	Amount of contribution (\$) <i>\$200.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 430401 Houston, TX. 77243</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/15/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linebarger Goggan Blair & Sampson, LLP</i>	Amount of contribution (\$) <i>\$500.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin, TX. 78760</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/15/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alliance of Dallas Educators United Teachers</i>	Amount of contribution (\$) <i>\$500.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>334 Centre St. Dallas, TX. 75208</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/15/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNKNOWN	7 Amount of contribution (\$) \$500.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 4 of 7	
2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/15/2010	5 Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)	

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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: 5 of 7	
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 6 Contributor address; City; State; Zip Code 3325 Drip Rock Dr. McKinney, TX. 75070	7 Amount of contribution (\$) \$200.-	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 4/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Ronald G. Steinhart Contributor address; City; State; Zip Code 25 Robledo Dr. Dallas, TX. 75230-3055	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 4/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edith M. Lycke Contributor address; City; State; Zip Code 4730 Melissa Ln. Dallas, TX. 75229-4221	Amount of contribution (\$) \$50.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 4/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobbie C. Robinson Contributor address; City; State; Zip Code 1433 Stirling Ave. Dallas, TX. 75216-1735	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 4/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghost Dance Contributor address; City; State; Zip Code 9347 Biscayne Blvd. Dallas, TX. 75218-2704	Amount of contribution (\$) \$150.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

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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: <i>6 of 7</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 7	
2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/28/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ola Mae Allen	7 Amount of contribution (\$) \$25.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4111 Summitt Ridge Dr. Dallas, TX. 75216-6015		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Shebronda Blackburn	Amount of contribution (\$) \$50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 626 Oak Forest Dr. Dallas, TX. 75232		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorene Brooks Smith	Amount of contribution (\$) \$50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1112 Harvard Ln. Allen, TX. 75002-5728		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) David H. Holland	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1549 N. Atoll Dallas, TX. 75216		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Gages	Amount of contribution (\$) \$40.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 835 E. Lamar Blvd. #112 Dallas, TX.		(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 4/9/2010	5 Payee name Kentucky Fried Chicken	7 Amount (\$) \$16.24
6 Payee address; City; State; Zip Code 106 W. Illinois Ave. Dallas, TX. 75224		
8 Purpose of payment (See instructions regarding type of information required.) Food for campaign meeting <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date 4/10/2010	Payee name Mt. Zion Baptist Church of Dallas	Amount (\$) \$250.-
Payee address; City; State; Zip Code Dallas, TX.		
Purpose of payment (See instructions regarding type of information required.) Campaign workers <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date 4/10/2010	Payee name Circle 10, Boys Scouts of America	Amount (\$) \$250.-
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) Campaign workers <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date 4/10/2010	Payee name Costco	Amount (\$) \$66.27
Payee address; City; State; Zip Code 250 W. Highway 67 Duncanville, TX. 75137		
Purpose of payment (See instructions regarding type of information required.) Food for campaign workers <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> 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 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 6 Payee address; City; State; Zip Code	7 Amount (\$) \$1301.14
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
Date 4/15/2010	Payee name Ft. Worth CAN Academy Payee address; City; State; Zip Code	Amount (\$) \$400.-
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
Date 4/17/2010	Payee name St. Paul Baptist Church Payee address; City; State; Zip Code 1600 Pear St. Dallas, TX. 75215	Amount (\$) \$500.-
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 4/17/2010	Payee name St. Mark Baptist Church Payee address; City; State; Zip Code 4536 Philip Ave. Dallas, TX. 75223	Amount (\$) \$250.-
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
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 6
2 FILER NAME: <i>Dr. Lewellyn A. Blackburn, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/20/2010</i>	5 Payee name <i>United States Post Office</i>	7 Amount (\$) <i>\$88.-</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>Stamps</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
Date <i>4/21/2010</i>	Payee name <i>City of Dallas - Park & Recreation Dept.</i>	Amount (\$) <i>\$68.-</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Community meeting</i> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>4/21/2010</i>	Payee name <i>Pizza Hut</i>	Amount (\$) <i>\$32.48</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Food for campaign meeting</i> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>4/23/2010</i>	Payee name <i>Kentucky Fried Chicken</i>	Amount (\$) <i>\$15.14</i>
Payee address; City; State; Zip Code <i>106 W Illinois Ave. Dallas, TX. 75224</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Food for campaign meeting</i> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 4 of 6
2 FILER NAME Dr. Llewellyn A. Blackburn, Sr.		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/23/2010	5 Payee name Seafood Connection 6 Payee address; City; State; Zip Code 1427 E. ILLINOIS AVE. DALLAS, TX. 75216	7 Amount (\$) \$29.75
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
Date 4/23/2010	Payee name Family Dollar Payee address; City; State; Zip Code 2683 Cedar Crest Blvd. DALLAS, TX.	Amount (\$) \$7.85
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
Date 4/23/2010	Payee name Whitepages.com Payee address; City; State; Zip Code 1301 Fifth Ave., Ste. 1600 Seattle, WA. 98101	Amount (\$) \$673.26
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
Date 4/23/2010	Payee name Wal-Mart Payee address; City; State; Zip Code DALLAS, TX. 75204	Amount (\$) \$36.49
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

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 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	7 Amount (\$) \$250.00
6 Payee address; City; State; Zip Code DeSoto, TX.		
8 Purpose of payment (See instructions regarding type of information required.) Campaign workers <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 4/24/2010	Payee name Circle 10, Boys Scouts of America	Amount (\$) \$250.00
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) Campaign workers <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 4/23/2010	Payee name Versa Printing, Inc.	Amount (\$) \$378.88
Payee address; City; State; Zip Code 2631 Brenner Dr. Dallas, TX. 75220		
Purpose of payment (See instructions regarding type of information required.) Printing <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 4/23/2010	Payee name U. S. Postal Service	Amount (\$) \$286.00
Payee address; City; State; Zip Code 401 DFW Turnpike Dallas, TX. 75260-9996		
Purpose of payment (See instructions regarding type of information required.) Stamps and postage <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> 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 <i>4/23/2010</i>	5 Payee name <i>LD Products</i>	7 Amount (\$) <i>\$81.00</i>
6 Payee address; City; State; Zip Code <i>2500 Grand Ave. Long Beach, CA. 90815</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Laser Tower</i>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date <i>4/23/2010</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>\$93.13</i>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>Stakes & nails for signs</i>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date <i>4/24/2010</i>	Payee name <i>FedEx Kinko's</i>	Amount (\$) <i>\$64.95</i>
Payee address; City; State; Zip Code <i>5500 Greenville Ave., Ste. 1203 Dallas, TX. 75206-2936</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Printing</i>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

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