

# 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:

8

3 CANDIDATE / OFFICEHOLDER NAME

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

**OFFICE USE ONLY**

Date Received  
 2007 JAN 8 PM 1:16  
 BOARD SERVICES  
 DALLAS ISD  
 RECEIVED

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 2130 Lanark Ave. Dallas, TX. 75203

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (214) 232-6380

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
 Rev. Clarence B. T.  
 NICKNAME LAST SUFFIX  
 Smith

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 1953 Lanark Ave. Dallas, TX. 75203

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (214) 948-8247

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  
 7 / 16 / 06 THROUGH 1 / 15 / 07

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  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  
 N/A

additional pages

**GO TO PAGE 2**

**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)

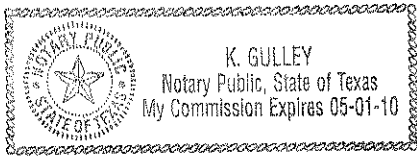
17 NOTICE FROM POLITICAL COMMITTEE(S)

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. \*\*

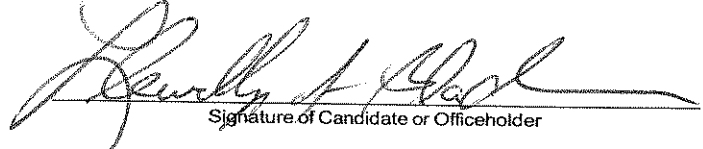
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1537.01
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



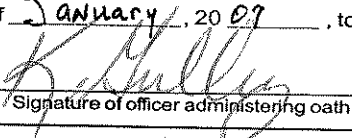
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 15<sup>th</sup> day of January, 2009, to certify which, witness my hand and seal of office.



Signature of officer administering oath

K. Gully  
Printed name of officer administering oath

Band 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 3

2 FILER NAME  
Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date  
12/3/06

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

6 Contributor address; City; State; Zip Code  
3122 W. Jefferson Blvd.  
Dallas, TX. 75211-2958

7 Amount of contribution (\$)  
\$100.<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  
12/4/06

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

Contributor address; City; State; Zip Code  
6317 Rock Canyon Trail  
Dallas, TX. 75232

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  
12/5/06

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
West & Associates, LLP

Contributor address; City; State; Zip Code  
320 South R.L. Thornton, Ste. 300  
Dallas, TX 75203

Amount of contribution (\$)  
\$250.<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  
12/6/06

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

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

Amount of contribution (\$)  
\$20.<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  
12/6/06

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

Contributor address; City; State; Zip Code  
1231 Fordham Ave.  
Dallas, TX. 75216

Amount of contribution (\$)  
\$5.<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 3**

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

3 ACCOUNT # (Ethics Commission filers)

4 Date **12/7/06** 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Alliance AFT**  
6 Contributor address; City; State; Zip Code  
**334 Centre St.  
Dallas, TX. 75208**

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

**\$500.<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **12/10/06** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Dr. Gwendolyn Clark**  
Contributor address; City; State; Zip Code  
**7215 Morton St.  
Dallas, TX. 75209-3913**

Amount of contribution (\$) In-kind contribution description (if applicable)

**\$100.<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **12/12/06** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**La Juana D. Barton**  
Contributor address; City; State; Zip Code  
**1422 Shady Brook Dr.  
DeSoto, TX. 75115**

Amount of contribution (\$) In-kind contribution description (if applicable)

**\$50.<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **12/12/06** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

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

Amount of contribution (\$) In-kind contribution description (if applicable)

**\$500.<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **12/12/06** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Evalynn A. Williams**  
Contributor address; City; State; Zip Code  
**1104 Shadow Wood Trl.  
DeSoto, TX. 75115-7405**

Amount of contribution (\$) In-kind contribution description (if applicable)

**\$500.<sup>00</sup>**

(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 3**

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

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/11/06**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Daniel A. Ortiz**

6 Contributor address; City; State; Zip Code  
**715 West Abram  
Arlington, TX. 76013**

7 Amount of contribution (\$) **\$150.00**

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  
**12/11/06**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Bickerstaff, Heath, Pollan & Cardon, LLP**

Contributor address; City; State; Zip Code  
**816 Congress Ave., Ste. 1700  
Austin, TX. 78701**

Amount of contribution (\$) **\$250.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12/16/06**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jacquelyn A. Kyle**

Contributor address; City; State; Zip Code  
**3215 Pleasant Dr.  
Dallas, TX. 75227**

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

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12/16/06**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**B. R. Stewart**

Contributor address; City; State; Zip Code  
**P.O. Box 142031  
Austin, TX. 78714**

Amount of contribution (\$) **\$150.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12/14/06**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Ferelle Woodhouse**

Contributor address; City; State; Zip Code  
**2701 Fondren  
Dallas, TX. 75206**

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

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1 of 3

2 FILER NAME

Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

9/9/06

Subway Sandwiches

6 Payee address; City; State; Zip Code

2207 E. Ledbetter, Ste. A  
Dallas, TX. 75216

\$ 367.09

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

Education Summit (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

Payee name

Amount (\$)

10/3/06

U. S. Postal Service

Payee address; City; State; Zip Code

Dallas, TX. 75216

\$ 80.00

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

P. D. BOK RENEW SERVICE

(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 (\$)

11/28/06

Donna Freeling

Payee address; City; State; Zip Code

\$ 279.49

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

Reimbursement: Fundraiser decorations  
stamps, stationary

(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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
2 of 3

2 FILER NAME  
Llewellyn A. Blackburn, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date  
12/12/06

5 Payee name  
Wallace Faggett  
6 Payee address; City; State; Zip Code  
P.O. Box 41665  
Dallas, TX. 75241

7 Amount (\$)  
\$100.00

8 Purpose of payment (See instructions regarding type of information required.)  
Photos: Fundraiser event  
(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  
12/12/06

Payee name  
Private Chef  
Payee address; City; State; Zip Code  
1809 Westview Terrace, Ste. 1  
Arlington, TX. 76013

Amount (\$)  
\$300.00

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

Date  
12/11/06

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

Amount (\$)  
\$93.05

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

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

Date  
12/8/06

Payee name  
Pamela Burnley  
Payee address; City; State; Zip Code

Amount (\$)  
\$50.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3 of 3**

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

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/22/06**

5 Payee name  
**Baby Back Shak**  
6 Payee address; City; State; Zip Code

**Dallas, TX.**

7 Amount (\$)  
**\$53.82**

8 Purpose of payment (See instructions regarding type of information required.)  
**Volunteer meeting: 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  
**1/15/07**

Payee name  
**Office Depot**  
Payee address; City; State; Zip Code

Amount (\$)  
**\$100.72**

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

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

Date  
**1/15/07**

Payee name  
**Kinko's**  
Payee address; City; State; Zip Code

Amount (\$)  
**\$112.84**

Purpose of payment (See instructions regarding type of information required.)  
**printing Fundraiser invitations**  
(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  
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)

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**