

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

16

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>  Date Received          Date Hand-delivered or Date Postmarked  <table border="1"> <tr> <td>Receipt #</td> <td>Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$								
Date Processed										
Date Imaged										
Mrs	Paula	C								
NICKNAME	LAST	SUFFIX								
	Blackmon									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6408 Patrick Drive Dallas TX 75214 <input type="checkbox"/> Change of Address									
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	( 214 )	394 6593								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI							
Mrs	Linda									
NICKNAME	LAST	SUFFIX								
	England									
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6567 Anita Dallas TX 75214									
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	( 214 )	876 5814								
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
10 PERIOD COVERED	Month Day Year    Month Day Year 07 / 01 / 2019    THROUGH    12 / 31 / 2019									
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 01 / 2021 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) City Council District Nine (9)		13 OFFICE SOUGHT (if known) Council District 9							

**GO TO PAGE 2**

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

Forms provided by Texas Ethics Commission      [www.ethics.state.tx.us](http://www.ethics.state.tx.us)      Revised 9/8/2015

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME Mrs Paula C Blackmon		<b>20</b> Filer ID (Ethics Commission Filers)
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<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,325.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,838.07
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
1 of 10

**2** FILER NAME

Mrs Paula C Blackmon

**3** Filer ID (Ethics Commission Filers)

**4** Date  
12/12/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

James Boling

**7** Amount of contribution (\$)  
100.00

**6** Contributor address;

City; State; Zip Code

9803 Coldwater

Dallas, TX 75228

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tricia Linderman

Amount of contribution (\$)  
100.00

Contributor address;

City; State; Zip Code

4409 Westside Drive

Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Cain

Amount of contribution (\$)  
500.00

Contributor address;

City; State; Zip Code

6307 Club Lake Court

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mary Poss

Amount of contribution (\$)  
250.00

Contributor address;

City; State; Zip Code

6405 Mercedes

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
2 of 10

**2** FILER NAME

Mrs Paula C Blackmon

**3** Filer ID (Ethics Commission Filers)

**4** Date

12/12/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jake Smith

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

100.00

**6** Contributor address;

City; State; Zip Code

1111 Calais

Southlake, TX 76092

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Fred Welsh

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2818 Satsuma

Dallas, TX 75229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

PETE SCHENKEL

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

614 N BISHOP Suite 3

Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jospeh Ruzicka

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

6703 Southridge Dr.

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
3 of 10

**2** FILER NAME

Mrs Paula C Blackmon

**3** Filer ID (Ethics Commission Filers)

**4** Date

12/12/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Barbara Pittman

**6** Contributor address;

City; State; Zip Code

6232 Highgate Lane

Dallas, TX 75214

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

100.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gregory Kilhoffer

Contributor address;

City; State; Zip Code

1209 Urban Lofts Dr.

Dallas, TX 75215

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Susan Falvo

Contributor address;

City; State; Zip Code

2507 Auburn Ave

Dallas, TX 75214

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ryan Garcia

Contributor address;

City; State; Zip Code

3901 Travis St Suite 102

Dallas, TX 75204

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
4 of 10

**2** FILER NAME

Mrs Paula C Blackmon

**3** Filer ID (Ethics Commission Filers)

**4** Date

12/12/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Metrotex Association of Realtors

**6** Contributor address;

City; State; Zip Code

8201 N. Stemmons

Dallas, TX 75247

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

2500.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Craig Hall

Contributor address;

City; State; Zip Code

6801 Gaylord Prkwy Suite 100

Dallas, TX 75034

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

William Vandiver

Contributor address;

City; State; Zip Code

6705 Bob O'Link Dr

Dallas, TX 75214

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joe Alcantar

Contributor address;

City; State; Zip Code

7304 Lane Park Court

Dallas, TX 75226

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
5 of 10

**2** FILER NAME

Mrs Paula C Blackmon

**3** Filer ID (Ethics Commission Filers)

**4** Date

12/12/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Scovell

**6** Contributor address;

City; State; Zip Code

6322 Deloache

Dallas, TX 75225

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

1000.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Byron Campbell

Contributor address;

City; State; Zip Code

6508 Kenwood Dr

Dallas, TX 75214

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kenneth Benson

Contributor address;

City; State; Zip Code

1527 Waterside Dr

Dallas, TX 75216

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Linda Ortman

Contributor address;

City; State; Zip Code

8106 San Leandro

Dallas, TX 75218

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
6 of 10**2** FILER NAME

Mrs Paula C Blackmon

**3** Filer ID (Ethics Commission Filers)**4** Date

12/12/2019

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

Michael Jung

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

100.00

**6** Contributor address;

City; State; Zip Code

7143 Fisher Rd

Dallas, TX 75214

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

12/12/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Donna Swanson

## Amount of contribution (\$)

100.00

## Contributor address;

City; State; Zip Code

8179 Santa Clara

Dallas, TX 75218

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

12/12/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jan Worrall

## Amount of contribution (\$)

100.00

## Contributor address;

City; State; Zip Code

6704 Velasco

Dallas, TX 75214

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

12/03/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jill Magnuson

## Amount of contribution (\$)

150.00

## Contributor address;

City; State; Zip Code

4318 Beechwood Lane

Dallas, TX 75220

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
7 of 10

**2** FILER NAME

Mrs Paula C Blackmon

**3** Filer ID (Ethics Commission Filers)

**4** Date

12/03/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Wick Allison

**6** Contributor address;

City; State; Zip Code

2885 Woodside Suite 208

Dallas, TX 75204

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

1000.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

12/04/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jan Hart Black

Contributor address;

City; State; Zip Code

6463 Isabella Lane

Dallas, TX 75229

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/04/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gloria Tarpley

Contributor address;

City; State; Zip Code

8378 Forest Hills Blvd.

Dallas, TX 75218

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/05/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ronald McCray

Contributor address;

City; State; Zip Code

5909 Luther lane

Dallas, TX 75225

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
8 of 10**2** FILER NAME

Mrs Paula C Blackmon

**3** Filer ID (Ethics Commission Filers)**4** Date

12/05/2019

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

Rita Brooks

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

25.00

**6** Contributor address;

City; State; Zip Code

7106 Lakewood Blvd

Dallas, TX 75214

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

12/06/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Veletta Forsythe Lill

## Amount of contribution (\$)

150.00

## Contributor address;

City; State; Zip Code

622 Blair Blvd.

Dallas, TX 75223

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

12/09/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Terry Conner

## Amount of contribution (\$)

500.00

## Contributor address;

City; State; Zip Code

7110 Lakewood Blvd

Dallas, TX 75214

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

12/09/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Melissa Tinning

## Amount of contribution (\$)

250.00

## Contributor address;

City; State; Zip Code

7122 Lakewood Blvd

Dallas, TX 75214

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
9 of 10**2** FILER NAME

Mrs Paula C Blackmon

**3** Filer ID (Ethics Commission Filers)**4** Date

12/10/2019

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

Jason Simon

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

100.00

**6** Contributor address;

City; State; Zip Code

1917 Valley Oaks

Irving, TX 75061

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

12/10/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Fran Eichorst

## Amount of contribution (\$)

100.00

## Contributor address;

City; State; Zip Code

6740 Westlake Avenue

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

12/10/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lawrence Lee Lane

## Amount of contribution (\$)

100.00

## Contributor address;

City; State; Zip Code

4101 Commerce St. Suite 1

Dallas, TX 75226

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

12/10/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Steve Davis

## Amount of contribution (\$)

250.00

## Contributor address;

City; State; Zip Code

8322 Ridgelea Street

Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
10 of 10

**2** FILER NAME

Mrs Paula C Blackmon

**3** Filer ID (Ethics Commission Filers)

**4** Date  
12/10/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dupree Scovell

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

250.00

**6** Contributor address;

City; State; Zip Code

7034 Alexander Dr.

Dallas, TX 75214

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
12/11/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Carl Raines

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1445 Waterside

Dallas, TX 75218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 3		<b>2</b> FILER NAME Mrs Paula C Blackmon		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/31/2019		<b>5</b> Payee name Karen W Hardtner			
<b>6</b> Amount (\$) 205.00		<b>7</b> Payee address; City; State; Zip Code 415 Janie Shreveport, LA 71106			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement		<b>(b)</b> Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Accounting software reimbursement	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/11/2019		Payee name Lakewood Growler			
Amount (\$) 386.09		Payee address; City; State; Zip Code 6448 East Mockingbird Dallas, TX 75214			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Event Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Fundraiser	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/27/2019		Payee name Susie Cakes			
Amount (\$) 124.00		Payee address; City; State; Zip Code 6100 Luther Lane Dallas, TX 75225			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Food/Beverage Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Meetings	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 of 3	<b>2</b> FILER NAME Mrs Paula C Blackmon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/13/2019	<b>5</b> Payee name Lakewood Country Club	
<b>6</b> Amount (\$) 140.00	<b>7</b> Payee address; City; State; Zip Code 6403 Gaston Ave Dallas, TX 75214	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/25/2019	Candidate / Officeholder name Armstrong for Texas	
Amount (\$) 800.00	Payee address; City; State; Zip Code 1839 Leach Dallas, TX 75212	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Comm...	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Donation to campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/19/2019	Candidate / Officeholder name Karen Hardtner	
Amount (\$) 2000.00	Payee address; City; State; Zip Code 415 Janie Shreveport, LA 71106	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

<b>1</b> Total pages Schedule F1: 3 of 3	<b>2</b> FILER NAME Mrs Paula C Blackmon	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12/12/2019	<b>5</b> Payee name Jimmys
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6 Amount (\$) 182.98	7 Payee address; 4901 Brvan Pkwy	City; State; Zip Code Dallas, TX 75206
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<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)  Food/Beverage Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Event Expenses
	(This area is for supplemental information only. It is not to be used for reporting.)	(This area is for supplemental information only. It is not to be used for reporting.)

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Pavee name
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Amount (\$)	Payee address:	City:	State:	Zip Code
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PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Forms provided by Texas Ethics Commission