Supplemental Report Officeholder FORM SR Cover Sheet SR 1. CANDIDATE / MS / MRS / MR FIRST MI 2. Total Pages Filed: **OFFICEHOLDER** Paula 30 NAME NICKNAME LAST SUFFIX 3. Office Held Dallas City Council District 9 Blackmon 4. SUPPLEMENTAL c January 15 🗶 30th day before election c Runoff c 15th day after campaign REPORT TYPE treasurer appointment (officeholder only) c July 15 c 8th day before election c Exceeded \$500 c Final Report limit 5. PERIOD / COVERED 1/1/2023 THROUGH 3/27/2023 6. ELECTION Month Day Year 5/6/2023 ✗ General c Primary c. Runoff c Special c N/A 7. OFFICE-CONTRIBUTION 1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN \$0.00 **HOLDER** PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTALS 2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$500.00 3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **EXPENDITURE** \$0.00 **TOTALS** \$12.650.02 4. TOTAL OFFICEHOLDER EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES 8. POLITICAL CONTRIBUTION \$0.00 TOTALS LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (Campaign) 6. TOTAL POLITICAL CONTRIBUTIONS \$17,825.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00 7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED **EXPENDITURE** TOTALS \$36,067.27 8. TOTAL POLITICAL EXPENDITURES 9. OFFICEHOLDER FUNDS USED 9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR \$0.00 CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD FOR CAMPAIGN PURPOSES 10. 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. ***ELECTRONICALLY CERTIFIED*** AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder Paula Blackmon 5th Sworn to and subscribed before me, by the said _ , this the day _, to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: 1 of 14
2 FILER NAME Paula Blackmon		3	Filer ID (Ethics Commission Filers)
4 Date 03/26/2023 Campaign Contribution	5 Full name of contributor ☐ out-of-state PAC (ID#:	Zip Code	Amount of contribution (\$) 50.00
· 			
Date 03/23/2023 Campaign Contribution	Full name of contributor	Zip Code	Amount of contribution (\$) 00.00
Principal occup	eation / Job title (See Instructions)	loloyer (See Instructions)	
Date 03/23/2023 Campaign Contribution	Full name of contributor	1 Zip Code	Amount of contribution (\$) 00.00
Principal occup	pation / Job title (See Instructions) Em	oloyer (See Instructions)	
Date 03/21/2023 Campaign Contribution	Full name of contributor out-of-state PAC (ID#: John Elrod Contributor address; City; State: 7900 Xavier Court Dallas, TX 752	2	Amount of contribution (\$) 00.00
Principal occup	pation / Job title (See Instructions) Em	oloyer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 2 of 14
2 FILER NAME Paula Blackmon				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/19/2023	Joseph Sullivan			100.00
Campaign Contribution	6 Contributor address; 6759 Avalon Avenue	City;	State; Zip Code TX 75214	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/17/2023	Leslie Vruggink			1000.00
Campaign Contribution	Contributor address; 6727 Sunnyland Lane	City; Dallas,	State; Zip Code TX 75214	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/16/2023	Ronald Steinhart			500.00
Campaign Contribution	Contributor address; 25 Robledo Drive	City; Dallas,	State; Zip Code TX 75230	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 03/16/2023	Full name of contributor Chris Wells	out-of-state PAC	(ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; 7238 Mimosa	City; Dallas,	State: Zip Code TX 75230	
Principal occu	ation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to c	complete this	form.	1 Total pages Schedule A1: 3 of 14
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Paula Blackmon				
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/16/2023	Barry Henry			50.00
Campaign Contribution	6 Contributor address; 1717 Arts Plaza 1801	City; Dallas,	State; Zip Code TX 75201	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/14/2023	Christi Rodgers			75.00
Campaign Contribution	Contributor address; 11024 Joaquin Drive	City;	State; Zip Code TX 75228	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/13/2023	Todd Williams		,	500.00
Campaign Contribution	Contributor address; 5119 Seneca Drive	City; Dallas,	State; Zip Code TX 75209	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 03/10/2023	Full name of contributor Lori Louis	out-of-state PAC	(ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; 6522 Trammel Dr	City; Dallas,	State: Zip Code TX 75214	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 4 of 14
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Paula Blackmon			
4 Date	5 Full name of contributor out-of-state_PAC (ID#:)	7 Amount of contribution (\$)
03/10/2023	Black American Futures		250.00
Campaign Contribution	6 Contributor address; City; 2647 White Oak Drive Decatur,	State; Zip Code , GA 30032	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
03/09/2023	Mike Terry		1000.00
Campaign Contribution	Contributor address; City;	State; Zip Code FX 75244	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
03/07/2023	Ricky Banks		150.00
Campaign Contribution	Contributor address; City; 6511 Trammel Dr Dallas, 7	State; Zip Code ГХ 75214	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/07/2023	Full name of contributor \qed out-of-state PAC (Albert Black	ID#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; City; 751 Kessler Lake Drive Dallas, 1	State: Zip Code ΓΧ 75208	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 5 of 14
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Paula Blackmon			
4 Date	5 Full name of contributor out-of-stat	te PAC (ID#:)	7 Amount of contribution (\$)
03/06/2023	DEBORAH HULSEY		100.00
Campaign Contribution	6 Contributor address; City; 6526 TRAMMEL DR Da	State; Zip Code allas, TX 75214	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-stat	te PAC (ID#:)	Amount of contribution (\$)
03/06/2023	Fran Eichorst		100.00
Campaign Contribution	Contributor address; City; 6740 Westlake Avenue Da	State; Zip Code allas, TX 75214	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	te PAC (ID#:)	Amount of contribution (\$)
03/05/2023	Shelby Bobosky		500.00
Campaign Contribution	Contributor address; City; 6823 La Vista Drive Da	State; Zip Code allas, TX 75214	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/04/2023	Full name of contributor out-of-stat	te PAC (ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; City; 2507 Auburn Avenue Da	State: Zip Code allas, TX 75214	
		Employer (See Instruct	:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 14
2 FILER NAME Paula Blackmon			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/03/2023	Lauren Maggard	, ,	100.00
Campaign Contribution	6 Contributor address; City; 6601 Lake Circle Dr Dallas,	State; Zip Code TX 75214	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 03/02/2023	Larry Davidson	(ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; City;	State; Zip Code TX 75214	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/02/2023	Full name of contributor	(ID#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; City; 1722 Routh Street Suite 770 Dallas,	State; Zip Code TX 75201	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/02/2023	Full name of contributor	(ID#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; City; 6637 Northaven Road Dallas, '	State: Zip Code TX 75230	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule A1: 7 of 14
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Paula Blackmon			
4 Date	5 Full name of contributor out-of-	state PAC (ID#:)	7 Amount of contribution (\$)
03/02/2023	scott chase		100.00
Campaign Contribution	6 Contributor address; City;	State; Zip Code Dallas, TX 75201	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
03/02/2023	Charles Santos		100.00
Campaign Contribution	Contributor address; City; 5567 Ledgestone Drive		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
03/02/2023	Jessica Burrow		250.00
Campaign Contribution	Contributor address; City; 2411 Hillside Drive	State; Zip Code Dallas, TX 75214	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 02/26/2023	Full name of contributor out-of-Susan Overman	state PAC (ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; City; 6714 Northridge Drive	State: Zip Code Dallas, TX 75214	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 8 of 14
2 FILER NAME Paula Blackmon				3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2023	5 Full name of contributor Madelyn Rybczyk	out-of-state PAC	(ID#:)	7 Amount of contribution (\$) 100.00
Campaign Contribution	6 Contributor address; 1507 Tranquilla Dr	City; Dallas,	State; Zip Code TX 75218	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	etions)
Date 02/17/2023	Full name of contributor		(ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; 12597 Montego Plaza	City;	State; Zip Code TX 75230	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 02/16/2023	Full name of contributor Paula MIltenberger	out-of-state PAC	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 4627 Miron Dr	City; Dallas,	State; Zip Code TX 75220	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date 02/14/2023	Full name of contributor Barbara Rosenberg	out-of-state PAC	(ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; 6946 Casa Loma Avenue	City; Dallas,	State: Zip Code TX 75214	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Paula Blackmon				9 of 14 3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2023	Full name of contributor Mike Holloway	out-of-state PAC	(ID#:)	7 Amount of contribution (\$) 100.00
Campaign Contribution	6 Contributor address; 1505 Elm St Suite 1004	City; DALL	State; Zip Code AS, TX 75201	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date 02/13/2023 Campaign Contribution	Full name of contributor Daniel Ortman Contributor address; 8106 San Leandro Drive	City;	State; Zip Code TX 75218	Amount of contribution (\$) 250.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	cions)
Date 02/07/2023	Full name of contributor Kate and Jon Kettles	_	(ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; 6463 Lange Circle	City;	State; Zip Code TX 75214	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 02/06/2023	Full name of contributor Colin Fitzgibbons	out-of-state PAC	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 6946 Southridge Drive	City; Dallas,	State: Zip Code TX 75214	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10 of 14
2 FILER NAME Paula Blackmon			3 Filer ID (Ethics Commission Filers)
4 Date 02/02/2023 Campaign Contribution	Konrad Rudnicki 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 02/01/2023 Campaign	Christi Rodgers Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$) 50.00
Contribution Principal occup	11024 Joaquin Drive Dallas, deation / Job title (See Instructions)	TX 75228 Employer (See Instruct	ions)
Date 01/25/2023 Campaign Contribution	Daragh and Judie Heitzman	State; Zip Code	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 01/14/2023	Full name of contributor	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; 1344 North Windomere Avenue Dallas,	State: Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 11 of 14
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Paula Blackmon			
4 Date	5 Full name of contributor out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
01/14/2023	Edwin Cabaniss		1000.00
Campaign Contribution	6 Contributor address; City; 1344 North Windomere Avenue Dallas,	State; Zip Code TX 75208	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
01/11/2023	Jeff Snoyer		500.00
Campaign Contribution	Contributor address; City;	State; Zip Code TX 75205	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
02/07/2023	Thomas Dunning		500.00
Campaign Contribution	Contributor address: Citv:	State; Zip Code TX 75201	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 02/14/2023	Full name of contributor	(ID#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; City; 4114 McMillan Dallas,	State: Zip Code TX 75206	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 12 of 14
2 FILER NAME Paula Blackmon				3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2023 Campaign Contribution	 Full name of contributor Karen Hoyt Contributor address; 7152 Dalewood 	City;	State; Zip Code	7 Amount of contribution (\$) 200.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date 01/10/2023 Campaign Contribution	Full name of contributor Jill Kotvis Contributor address; 6620 Yosemite	City;	State; Zip Code	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 03/03/2023 Campaign Contribution	Full name of contributor Shannon Wynne Contributor address; 1722 S. Harwood	City:	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 02/07/2023 Campaign Contribution	Full name of contributor Michelle Krause Contributor address; 7735 Mullrany	out-of-state PAC	State: Zip Code TX 75248	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 13 of 14
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Paula Blackmon				
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
01/30/2023	Richard Thacker			500.00
Campaign Contribution	6 Contributor address; 7001 Greentree	City; Dallas,	State; Zip Code , TX 75214	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/21/2023	Alan Walne			250.00
Campaign Contribution	Contributor address; 10020 Caribou Trail	City;	State; Zip Code ,TX 75238	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	iions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/14/2023	Craig Hall			1000.00
Campaign Contribution	Contributor address; 6801 Gaylord Parkway	Citv:	State; Zip Code TX 75034	
Principal occu	 pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 03/18/2023	Full name of contributor Barbara Clay	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 200.00
Campaign Contribution	Contributor address; 8246 Forest.Hills	^{City;} Dallas,	State: TX 75218 ^{Zip Code}	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 14 of 14
2 FILER NAME Paula Blackmon				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
02/04/2023	Pete Schenkel			500.00
Officeholder Contribution	6 Contributor address; 614 N. Bishop	City; Dallas,	State; Zip Code TX 75208	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)
	ATTA OU - 22 270			VEEDED.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 1 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/27/2023	WHITE ROCK COFFEE		
6 Amount (\$) 77.72	7 Payee address; 4216 Abrams Rd DALLAS, TX 75214	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Food/Beverage Expense	Meeting Refreshmen	ts
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/27/2023	Haystack Burgers		
Amount (\$) 42.13	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	6465 E Mockingbird Ln DALLAS, TX 75214		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Lunch Meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/21/2023	USPS		
Amount (\$) 53.99	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	901 W HOLLAND AVEAlpine, TX 79830		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	OTHER - Mail	Shipping	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Garor (ornor a satego	.,,
1 Total pages Schedule F1: 2 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
03/17/2023	HYPNOTIC DONUTS			
6 Amount (\$) 5.44 Officeholder Funds for	7 Payee address; 9007 Garland Rd Dallas, TX 75218	City;	State;	Zip Code
Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting Food		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/16/2023	White Rock Lake Conservancy			
Amount (\$) 1560.00	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	P.O. Box 140227 DALLAS, TX 75214			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/13/2023	Hayyand Duklia Affaina			
Amount (\$)	Upward Public Affairs Payee address;	City;	State;	Zip Code
2300.00	2211 Weatherbee Fort Worth, TX 76110	Oity,	Giaic,	Zip Jode
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

,	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1: 3 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/10/2023	OMNI AUSTIN DOWNTOWN AUSTIN		
6 Amount (\$) 21.49	7 Payee address;	City;	State; Zip Code
Officeholder Funds for	700 San Jacinto E 8th St Austin, TX 78701		
Officeholder Expenditures	Austili, 1A 76701		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Food/Beverage Expense	Lunch Meeting	
OF EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	_	
Date	Payee name		
Bato			
03/03/2023	FRIdays Magazine		
Amount (\$) 562.00	Payee address;	City;	State; Zip Code
	7229 Ferguson Road Dallas, TX 75228		
Officeholder Funds for Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expense	Advertising	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	ł		
Date	Payee name		
Bale	. 4,55		
02/27/2023	WAL-MART #0217		
Amount (\$) 11.24	Payee address;	City;	State; Zip Code
Officeholder Funds for	801 W MAIN ST LEWISVILLE, TX 75067		
Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	OTHER - Office Supplies	Office Supplies	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	-	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 4 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/23/2023	CAFE DONUTS		
6 Amount (\$) 12.00	7 Payee address; 6333 E Mockingbird Ln DALLAS, TX 75214	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Food/Beverage Expense	Meeting Food	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/21/2023	DREAM CAFÉ		
Amount (\$) 13.28	Payee address;	City;	State; Zip Code
Officeholder Funds for	6465 E Mockingbird Ln DALLAS, TX 75214		
Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food/Beverage Expense	Meeting Food	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/15/2023	Bread Zeppelin		
Amount (\$) 27.10	Payee address;	City;	State; Zip Code
37.19	1300 Main Street Dallas, TX 75202	- 3,	, , , ,
Officeholder Funds for Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Food/Beverage Expense	Meeting Food	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category n	ot listed above)
1 Total pages Schedule F1: 5 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Co	ommission Filers)
4 Date	5 Payee name			
02/08/2023	LEAGUE OF WOMEN VOTERS			
6 Amount (\$) 150.00 Officeholder Funds for	7 Payee address; 6060 N Central Expwy DALLAS, TX 75206	City;	State;	Zip Code
Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Contribution		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Off	ïce held
Date	Payee name			
02/07/2023	Bread Zeppelin			
Amount (\$)	Payee address;	City;	State;	Zip Code
39.36 Officeholder Funds for Officeholder Expenditures	1300 Main Street Dallas, TX 75202			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Off	ice held
Date	Payee name			
02/01/2023	IC WILLARD FB WASHINGTON DC			
Amount (\$) 266.64	Payee address; 1401 Pennsylvania NW Washington, DC 20004	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	1401 Tellisyivailla IVW Washington, De 20004			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel Out Of District	Hotel		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 6 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
02/01/2023	MARRIOTT JW WASH DC			
$ \begin{array}{c} \textbf{6} \ \text{Amount (\$)} \\ 28.74 \\ \text{Officeholder Funds for} \\ \text{Officeholder Expenditures} \end{array} $	7 Payee address; 1331 Pennsylvania Avenue NW Washington, DC 20004	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting Food		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/30/2023	KENT FINE CHOCOLATES			
Amount (\$) 389.70	Payee address; 8526 EUSTIS AVE Dallas, TX 75218	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	0-1	December		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Committee Member (Gifts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/05/0000	WELL GROUNDED GOFFEE			
01/25/2023	WELL GROUNDED COFFEE			
Amount (\$) 18.40	Payee address; 9219 Garland Rd Suite 2101	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	Dallas, TX 75218			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Food/Beverage Expense	Meeting Food		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

oreal card aymen	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 7 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
01/24/2023	Lakewood Country Club				
6 Amount (\$) 489.04	7 Payee address; 6430 Gaston Ave Dallas, TX 75214	City;	State; Zip Code		
Officeholder Funds for Officeholder Expenditures					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Mukltiple Meetings I	Food and Beverage		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	eck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
01/20/2023	Lakewood Country Club				
Amount (\$) 1132.10	Payee address; 6430 Gaston Ave Dallas, TX 75214	City;	State; Zip Code		
Officeholder Funds for Officeholder Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Mukltiple Meetings I	Food and Beverage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
01/18/2023	Upward Public Affairs				
Amount (\$) 5000.00	Payee address; 2211 Weatherbee Fort Worth, TX 76110	City;	State; Zip Code		
Officeholder Funds for Officeholder Expenditures	2211 Wednesdee Tolk World, 112 70110				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting Expense			
LAI LINDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office field		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 8 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
01/12/2023	Casa Linda Bakery			
6 Amount (\$) 58.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; 10819 Garland Rd Dallas, TX 75218	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting Food		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
01/11/2023	ROARING FORK AUSTIN			
Amount (\$) 181.56	Payee address; 701 Congress Ave Austin, TX 78701	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	Cotogon (O. O. O	Description		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Dinner		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
03/27/2023	DALLAS COUNTY DEMOCRATS			
Amount (\$) 100.00	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	1414 N Washington AveDallas, TX 75204			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Contribution		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 9 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name		1	
03/20/2023	OFFICEMAX/DEPOT			
6 Amount (\$) 52.23 Campaign Funds for Campaign Expenditures	7 Payee address; 5111 Greenville Ave Dallas, TX 75206	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	OTHER - Office Supplies	Office Supplies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/03/2023	OFFICEMAX/DEPOT			
Amount (\$) 515.27 Campaign Funds for	Payee address; 5111 Greenville Ave Dallas, TX 75206	City;	State;	Zip Code
Campaign Expenditures	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Handouts		
OF EXPENDITURE	Printing Expense	Handouts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/02/2023	Mailchimp			
Amount (\$) 106.60	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	675 Ponce De Leon Avenue Northeast Atlanta, GA 30308			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Email Database		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Credit Card Payment	The Instruction Guide explains how to e	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1: 10 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filer	s)
4 Date	5 Payee name			
03/01/2023	EAGLE POSTAL CENTER			
6 Amount (\$) 84.95 Campaign Funds for	7 Payee address; 6333 E Mockingbird Ln Suite 147 DALLAS, TX 75214	City;	State; Zip Code	
Campaign Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Office Overhead/Rental Expense	PO Box		
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/28/2023	SOLE STRATEGIES			
Amount (\$) 20000.00	Payee address;	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures	806 Buchanan Blvd Boulder City, NV 89005			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Blockwalking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/27/2023	BGT Strategies			
Amount (\$) 3500.00	Payee address; 1500 Pecos St #4 Dallas, TX 75204	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures	1300 1 ecos St #4 Dallas, 1 X 73204			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Feb Consulting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1: 11 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
02/27/2023	AMAZON.COM			
6 Amount (\$) 248.96 Campaign Funds for	7 Payee address; 440 Terry Ave N Seattle, WA 98109	City;	State; Zip Code	
Campaign Expenditures 8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE	OTHER - Office Supplies	Office Supplies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/24/2023	Veritex Bank			
Amount (\$) 18.00	Payee address;	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures	2101 Abrams Rd Dallas, TX 75214			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Wire Transfer Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/24/2023	HOUR PHOTOS			
Amount (\$) 115.02	Payee address;	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures	2030 Main St DALLAS, TX 75201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Photography		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1: 12 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	I			
02/24/2023	TIM REEVES CONSULTING LLC				
6 Amount (\$) 6000.00	7 Payee address; 2310 N Henderson Ave Suite 524	City;	State; Zip Code		
Campaign Funds for Campaign Expenditures	Dallas, TX 75206				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Consulting Expense	Feb Consulting			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/14/2023	AMAZON.COM				
Amount (\$) 32.91	Payee address;	City;	State; Zip Code		
Campaign Funds for Campaign Expenditures	440 Terry Ave N Seattle, WA 98109				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	OTHER - Office Supplies	Office Supplies			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/08/2023	WHITE ROCK ALE HOUSE				
Amount (\$) 321.85	Payee address;	City;	State; Zip Code		
Campaign Funds for Campaign Expenditures	4216 Abrams Rd DALLAS, TX 75214				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Food/Beverage Expense	Fundraising Food/Bev	verages		
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/	Wages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 13 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
02/02/2023	Mailchimp				
6 Amount (\$) 106.60	7 Payee address;	City;	State; Zip Code		
	675 Ponce De Leon Avenue Northeast				
Campaign Funds for Campaign Expenditures	Atlanta, GA 30308				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Advertising Expense	Email Database			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
· 					
Date	Payee name				
01/19/2023	AMAZON.COM	O:b	Chata. Zin Cada		
Amount (\$) 35.12	Payee address; 440 Terry Ave N Seattle, WA 98109	City;	State; Zip Code		
Campaign Funds for	440 Telly Ave IV Seattle, WA 98109				
Campaign Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	OTHER - Office Supplies	Office Supplies			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	f Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
01/19/2023	AMAZON.COM				
Amount (\$) 7.18	Payee address; 440 Terry Ave N Seattle, WA 98109	City;	State; Zip Code		
Campaign Funds for	440 Telly Ave IV Scattle, WA 70107				
Campaign Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	OTHER - Office Supplies	Office Supplies			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF		0 00 u g.n	255		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	-DED		
	ALIAGIASSITIONAL OUT IEU OF THIC	JJ. ILDULL AU MLL			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 14 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
01/17/2023	AMAZON.COM			
6 Amount (\$) 124.48 Campaign Funds for Campaign Expenditures	7 Payee address; 440 Terry Ave N Seattle, WA 98109	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	OTHER - Office Supplies	Office Supplies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/13/2023	White Rock Coffee			
Amount (\$) 23.90 Campaign Funds for	Payee address; 4216 Abrams Rd Dallas, TX 75214	City;	State;	Zip Code
Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting Refreshmen	ts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/09/2023	BGT Strategies			
Amount (\$) 4000.00	Payee address; 1500 Pecos St #4 Dallas, TX 75204	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	1300 1 CC08 3t #4 Dallas, 1 X 73204			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	March Consulting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 15 of 15	2 FILER NAME Paula Blackmon		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
01/03/2023	Mailchimp			
6 Amount (\$) 106.60 Campaign Funds for Campaign Expenditures	7 Payee address; 675 Ponce De Leon Avenue Northeast Atlanta, GA 30308	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Email Database		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/27/2023	Anedot			
Amount (\$) 567.60 Campaign Funds for	Payee address; 5555 Hilton Ave Baton Rouge, LA 70112	City;	State;	Zip Code
Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	Online Fundraising E	Expense	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	