

# 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:

21

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	Mrs	Paula	C		
	NICKNAME	LAST	SUFFIX	Date Received	
		Blackmon			
<b>4</b> 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					
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	( 214 )	394 6593			
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	
	Mrs	Linda		Amount \$	
	NICKNAME	LAST	SUFFIX	Date Processed	
		England		Date Imaged	
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE
(Residence or Business)	6567 Anita		Dallas TX	75214	
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	( 214 )	876 5814			
<b>9</b> REPORT TYPE	<input 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 checked="" 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)				
<b>10</b> PERIOD COVERED	Month      Day      Year		Month      Day      Year		
	05 / 30 / 2019		THROUGH 06 / 30 / 2019		
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE		
	Month      Day      Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
	06 / 08 / 2019				
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known)		
			Council District 9		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME**

Mrs Paula C Blackmon

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

**16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION  
TOTALS**

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

\$ 0.00

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

\$ 17500.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 803.97

4. **TOTAL POLITICAL EXPENDITURES**

\$ 23248.20

**CONTRIBUTION  
BALANCE**

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

\$ 23246.67

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

**18 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\*\*\*

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mrs Paula C Blackmon, this the 15th  
day of July, 2019, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# 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)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,500.00
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	\$ 22,444.23
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 7**2** FILER NAME

Mrs Paula C Blackmon

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

06/01/2019

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

Michael Warner

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

500.00

**6** Contributor address;

City; State; Zip Code

4727 Arvilla

Houston, TX 77021

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

## Date

06/03/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Anna Clark

## Amount of contribution (\$)

50.00

## Contributor address;

City; State; Zip Code

8930 Groveland Dr.

Dallas, TX 75218

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

06/03/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Minerva Rodriguez

## Amount of contribution (\$)

250.00

## Contributor address;

City; State; Zip Code

1036 Opal Drive

DeSoto, TX 75115

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

06/04/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Leonard Riggs

## Amount of contribution (\$)

500.00

## Contributor address;

City; State; Zip Code

3889 Maple Ave Suite 350

Dallas, TX 75219

## 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 7**2** FILER NAME

Mrs Paula C Blackmon

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

06/04/2019

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

Stephen Bancroft

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

500.00

**6** Contributor address;

City; State; Zip Code

2598 Middleton

Frisco, TX 75033

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

## Date

06/04/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Laura Estrada

## Amount of contribution (\$)

50.00

## Contributor address;

City; State; Zip Code

1339 Cedar hill

Dallas, TX 75208

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

06/04/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

HARLAN CROW

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

3819 MAPLE

Dallas, TX 75219

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

06/04/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Enver Kolenovic

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

1906 Hillside

Rowlett, TX 75088

## 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:  
3 of 7**2** FILER NAME

Mrs Paula C Blackmon

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

06/04/2019

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

Barbara Clay

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

250.00

**6** Contributor address;

City; State; Zip Code

8246 Forest Hills Blvd.

Dallas, TX 75218

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

## Date

06/04/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Steve Lambert

## Amount of contribution (\$)

300.00

## Contributor address;

City; State; Zip Code

8207 Santa Clara

Dallas, TX 75218

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

06/04/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bradley Williams

## Amount of contribution (\$)

700.00

## Contributor address;

City; State; Zip Code

5855 Elderwood

Dallas, TX 75230

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

06/04/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gilbert Aranza

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

P.O. Box 6011527

Dallas, TX 75360

## 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 7

**2** FILER NAME

Mrs Paula C Blackmon

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

**4** Date

06/04/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jeffrey Swope

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

1000.00

**6** Contributor address;

City; State; Zip Code

3505 Caruth Blvd.

Dallas, TX 75224

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

**9** Employer (See Instructions)

Date

06/04/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Richard Clements

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

6500 E. Mockingbird Suite 100

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

James Reeder

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1925 Cedar Springs Suite 102

Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

JD Goggans

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

P.O. Box 140590

Dallas, TX 75214

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:  
5 of 7**2** FILER NAME

Mrs Paula C Blackmon

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

06/04/2019

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

Randall White

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

1000.00

**6** Contributor address;

City; State; Zip Code

1939 Mayflower

Dallas, TX 75208

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

## Date

06/04/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Metroplex Association of Realtors

## Amount of contribution (\$)

2500.00

## Contributor address;

City; State; Zip Code

8201 N. Stemmons Frwy

Dallas, TX 75247

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

06/04/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Apartment Association of Greater Dallas -PAC

## Amount of contribution (\$)

2500.00

## Contributor address;

City; State; Zip Code

572 LBJ Frwy. Suite 100

Dallas, TX 75240

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

06/04/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Scovell

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

6322 De Loache

Dallas, TX 75225

## 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:  
6 of 7

2 FILER NAME

Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 Date  
06/04/2019

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

Citizens for Affordable Housing

7 Amount of contribution (\$)  
500.00

6 Contributor address; City; State; Zip Code  
7114 Royal Dallas, TX 75230

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
06/18/2019

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

Michael McCrary

Amount of contribution (\$)  
250.00

Contributor address; City; State; Zip Code  
7700 Greenway Suite 107 Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/10/2019

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

Barry Hancock

Amount of contribution (\$)  
1000.00

Contributor address; City; State; Zip Code  
4514 Travis Street Suite 326 Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/08/2019

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

Chris Heinbaugh

Amount of contribution (\$)  
50.00

Contributor address; City; State; Zip Code  
1801 Annex Ave Suite 507 Dallas, TX 75204

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:  
7 of 7

**2** FILER NAME

Mrs Paula C Blackmon

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

**4** Date  
06/27/2019

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

Linebarger Boggan Blair & Sampson

**6** Contributor address; City; State; Zip Code

2777 N.Stemmons Suite 1000 Dallas, TX 75207

**7** Amount of contribution (\$)  
500.00

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

**9** 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)

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 11	<b>2</b> FILER NAME Mrs Paula C Blackmon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/31/2019	<b>5</b> Payee name Colannade International	
<b>6</b> Amount (\$) 250.00	<b>7</b> Payee address; City; State; Zip Code 3011 East Richey RD Humble, TX 77338	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting 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  Call program
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/04/2019	Payee name Facebook	
Amount (\$) 900.00	Payee address; City; State; Zip Code 1601 S. California Palo Alto, CA 94304	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Social media advertising
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/04/2019	Payee name Wanda Jefferson	
Amount (\$) 240.00	Payee address; City; State; Zip Code 4804 Chilton Dr Dallas, TX 75227	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Phone bank
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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 11		<b>2</b> FILER NAME Mrs Paula C Blackmon		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/04/2019		<b>5</b> Payee name Colannade International			
<b>6</b> Amount (\$) 336.00		<b>7</b> Payee address; City; State; Zip Code 3011 East Richey RD Humble, TX 77338			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting 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  Call program	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/05/2019		Payee name Cynethia Cole			
Amount (\$) 240.00		Payee address; City; State; Zip Code 514 Caravaca Dr Garland, TX 75043			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Phone bank	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/10/2019		Payee name Google Ads			
Amount (\$) 500.00		Payee address; City; State; Zip Code 1600 Amphitheater Pkwy Mountain View, CA 94043			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Online ads	
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: 3 of 11	<b>2</b> FILER NAME Mrs Paula C Blackmon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/08/2019	<b>5</b> Payee name Local Traveler	
<b>6</b> Amount (\$) 741.25	<b>7</b> Payee address; City; State; Zip Code 7522 East Garland Dallas, TX 75214	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event 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  Election night watch party
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/10/2019	Candidate / Officeholder name Landrieux Harrah	
Amount (\$) 1500.00	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Assistant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/10/2019	Candidate / Officeholder name Zoe Halfmann	
Amount (\$) 1000.00	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign manager
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# 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: 4 of 11		<b>2</b> FILER NAME Mrs Paula C Blackmon		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/10/2019		<b>5</b> Payee name Google Ads			
<b>6</b> Amount (\$) 500.00		<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheater Pkwy Mountain View, CA 94043			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising 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  online ads	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/10/2019		Payee name Facebook			
Amount (\$) 900.00		Payee address; City; State; Zip Code 1601 S. California Palo Alto, CA 94304			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Social media advertising	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/11/2019		Payee name Brendetta McDonald			
Amount (\$) 480.00		Payee address; City; State; Zip Code 2303 Stoneman Dallas, TX 75215			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Walk program	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# 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: 5 of 11		<b>2</b> FILER NAME Mrs Paula C Blackmon		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/11/2019		<b>5</b> Payee name Nikia Johnson			
<b>6</b> Amount (\$) 480.00		<b>7</b> Payee address; City; State; Zip Code 800 Link Dr. Duncanville, TX 75116			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		<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  Walk program	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 06/11/2019		Payee name Angel Jackson			
Amount (\$) 480.00		Payee address; City; State; Zip Code 800 Link Dr. Duncanville, TX 75116			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Walk program	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 06/11/2019		Payee name Sha-Keitha Caldwell			
Amount (\$) 480.00		Payee address; City; State; Zip Code 908 Gross Rd Mesquite, TX 75149			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Walk program	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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# 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: 6 of 11	<b>2</b> FILER NAME Mrs Paula C Blackmon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/11/2019	<b>5</b> Payee name Laquia Anderson	
<b>6</b> Amount (\$) 480.00	<b>7</b> Payee address; City; State; Zip Code 908 Gross Rd Mesquite, TX 75149	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	<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  Walk program
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 06/11/2019	Payee name Wanda Jefferson	
Amount (\$) 480.00	Payee address; City; State; Zip Code 4804 Chilton Dr Dallas, TX 75227	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Walk program
	Candidate / Officeholder name Office sought Office held	
Date 06/17/2019	Payee name Mud Hen	
Amount (\$) 410.52	Payee address; City; State; Zip Code 900 S. Harwood Dallas, TX 75201	
<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  Luncheon
	Candidate / Officeholder name Office sought Office held	

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# 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: 7 of 11	<b>2</b> FILER NAME Mrs Paula C Blackmon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/20/2019	<b>5</b> Payee name Varidocs	
<b>6</b> Amount (\$) 804.95	<b>7</b> Payee address; City; State; Zip Code 11419 Ferrell Drive Dallas, TX 75234	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Printing 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 materials
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/25/2019	Payee name Zoe Halfmann	
Amount (\$) 2000.00	Payee address; City; State; Zip Code 1710 Mary Street Dallas, TX 75206	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign manager
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/07/2019	Payee name Article I Communications	
Amount (\$) 1500.00	Payee address; City; State; Zip Code 141 Elm St Suite 500 Buffalo, NY 14203	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Digital ads
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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# 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: 8 of 11	<b>2</b> FILER NAME Mrs Paula C Blackmon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/07/2019	<b>5</b> Payee name Article I Communications	
<b>6</b> Amount (\$) 1500.00	<b>7</b> Payee address; City; State; Zip Code 141 Elm St Buffalo, NY 14203	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting 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 consulting
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/07/2019	Payee name Article I Communications	
Amount (\$) 2500.00	Payee address; City; State; Zip Code 141 Elm St Buffalo, NY 14203	
<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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/15/2019	Payee name Paula Blackmon	
Amount (\$) 359.49	Payee address; City; State; Zip Code 6408 Patrick Drive Dallas, TX 75214	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food and beverage for meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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# 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: 9 of 11		<b>2</b> FILER NAME Mrs Paula C Blackmon		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/28/2019		<b>5</b> Payee name Paula Blackmon			
<b>6</b> Amount (\$) 202.02		<b>7</b> Payee address; City; State; Zip Code 6408 Patrick Drive Dallas, TX 75214			
<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  Food and beverage for meeting	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 06/11/2019		Payee name Darlene Johnson			
Amount (\$) 480.00		Payee address; City; State; Zip Code 800 Link Dr. Duncanville, TX 75116			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  walk program	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 06/11/2019		Payee name Sophia Merrill			
Amount (\$) 480.00		Payee address; City; State; Zip Code 432 N. Jim Miller Dallas, TX 75217			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Walk program	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
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# 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: 10 of 11		<b>2</b> FILER NAME Mrs Paula C Blackmon		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/11/2019		<b>5</b> Payee name Marcus Badger			
<b>6</b> Amount (\$) 480.00		<b>7</b> Payee address; City; State; Zip Code 1423 Celeste Dallas, TX 75217			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		<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  Walk program	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 06/11/2019		Payee name Martazia Badger			
Amount (\$) 480.00		Payee address; City; State; Zip Code 1423 Celeste Dallas, TX 75217			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Walk program	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 06/11/2019		Payee name Cinthy Wheat			
Amount (\$) 500.00		Payee address; City; State; Zip Code 2529 Parkrow Ave Dallas, TX 75219			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Walk program	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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# 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: 11 of 11	<b>2</b> FILER NAME Mrs Paula C Blackmon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/04/2019	<b>5</b> Payee name FRI	
<b>6</b> Amount (\$) 475.00	<b>7</b> Payee address; City; State; Zip Code 7229 Ferguson Suite 410 Dallas, TX 75357	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising 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  Ads
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name                      Office sought                      Office held		
Date  06/13/2019	Payee name  Stacia Holt	
Amount (\$) 285.00	Payee address; City; State; Zip Code 3429 Morning Star Garland, TX 75042	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Poll Greeter
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name                      Office sought                      Office held		
Date	Payee name	
Amount (\$)  	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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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