

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:

43

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	Mrs	Paula	C				
	NICKNAME	LAST	SUFFIX	Date Received			
		Blackmon					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE		
	6408 Patrick Drive		Dallas TX	75214			
<input type="checkbox"/> Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(214)	394 6593					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked			
	Mrs	Linda		Receipt #	Amount \$		
	NICKNAME	LAST	SUFFIX	Date Processed			
		England		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE		
(Residence or Business)	6567 Anita		Dallas TX	75214			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(214)	876 5814					
9 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	03	26	2019	THROUGH	04	24	2019
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	05	04	2019	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				Council District 9			

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mrs Paula C Blackmon		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,425.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,178.00
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	\$ 30,902.16
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 18**2** FILER NAME

Mrs Paula C Blackmon

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

04/19/2019

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

Bobby Abtahi

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

1210 N. Clinton Ave

Dallas, TX 75208

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

Date

04/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Roger Albright

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3301 Elm St.

Dallas, TX 75226

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kenneth Benson, Jr.

Amount of contribution (\$)

300.00

Contributor address;

City; State; Zip Code

1527 Waterside Ct

Dallas, TX 75218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Maria Bonilla

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

5006 Canyon Blanco Dr

Houston, TX 77045

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 18**2** FILER NAME

Mrs Paula C Blackmon

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

04/10/2019

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

Garrett Boone

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

5949 Sherry Lane

Dallas, TX 75225

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

Date

04/17/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Darren Boruff

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

6445 Lake Circle Drive

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/17/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael K. Bryant

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

4463 BROOKVIEW DRIVE

DALLAS, TX 75220

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lori Bush

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

4247 Lively Lane

Dallas, TX 75220

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 18**2** FILER NAME

Mrs Paula C Blackmon

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

04/15/2019

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

Tim Byrne

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

2000 McKinney

Dallas, TX 75201

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

Date

04/08/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Melanie Byrne

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

2000 McKinney

Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Barbara Clay

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

8245 Forest Hills Blvd.

Dallas, TX 75218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/03/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Cline

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

4317 Avent Ferry Rd

Raleigh, NC 27606

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:
4 of 18

2 FILER NAME

Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 Date

03/30/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anna Corcoran

6 Contributor address;

City; State; Zip Code

7140 Westlake

Dallas, TX 75214

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/26/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Daniel

Contributor address;

City; State; Zip Code

10215 Lake Gardens Drive

Dallas, TX 75218

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/19/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rebecca Daniel

Contributor address;

City; State; Zip Code

514 Clermont St

Dallas, TX 75223

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Deniger

Contributor address;

City; State; Zip Code

16479 Dallas Parkway

Addison, TX 75001

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 18

2 FILER NAME

Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 Date

04/02/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mary Fairchild

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

1600 Bent Creek Dr.

Southlake, TX 75092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/11/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jerome Frank

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

5514 Montrose

Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/11/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DAVID GLEESON

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

7007 PRESTONSHIRE LN

DALLAS, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lisa Glier

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

4128 Caruth Blvd

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 18**2** FILER NAME

Mrs Paula C Blackmon

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

03/30/2019**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Diane Gollhofer

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

1445 Waterside Drive

Dallas, TX 75218

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

04/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nikki Greer

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1833 Oates Drive

Dallas, TX 75228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/08/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gary Griffith

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

6875 Carolyncrest Drive

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Elizabeth Hamm

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

7938 Glade Creek Court

Dallas, TX 75218

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 18**2** FILER NAME

Mrs Paula C Blackmon

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

04/17/2019

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

Elizabeth Hamm

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

7938 Glade Creek Court

Dallas, TX 75218

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

Date

04/18/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Barry Hancock

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3843 Maplewood Ave

Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brandon Hartstein

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

5101 Coral Cove

Plano, TX 75025

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brandon Hartstein

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

5101 Coral Cove

Plano, TX 75025

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 18**2** FILER NAME

Mrs Paula C Blackmon

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

04/12/2019

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

Syd Hurley

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

3910 Gillon Avenue

Dallas, TX 75205

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

Date

03/31/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charles Irsch

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

7016 Lakeshore Drive

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Margaret Jordan

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

3500 Fairmount St

Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Jung

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

7143 Fisher Road

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 of 18**2** FILER NAME

Mrs Paula C Blackmon

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

04/01/2019

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

Tom Karol

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

5370 Meaders Lane

Dallas, TX 75229

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

Date

04/15/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jill Kotvis

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

6620 Yosemite Lane

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jason Kulas

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

6843 Lakewood

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/10/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gregory Lewis

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

2530 Fenestra Dr

Dallas, TX 75228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 18**2** FILER NAME

Mrs Paula C Blackmon

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

04/02/2019

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

Christoper Luna

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

P.O. Box 131523

Dallas, TX 75313

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

Date

04/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michelle Marketos

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

7189 Greentree Lane

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/13/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Mattingly

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

5151 Belt Line Rd. STE 1150

Dallas, TX 75254

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/19/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ian Mattingly

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

7601 Capella Ct

Plano, TX 75025

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:
11 of 18**2** FILER NAME

Mrs Paula C Blackmon

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

04/18/2019

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

Ron McCray

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

5909 Luther Lane

DALLAS, TX 75225

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

Date

04/22/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amy McLarty

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

7014 Southridge Dr.

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Frank Mihalopoulos

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

4645 Central Expressway Ste. 200 Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/01/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

L Jane Mills

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

315 Hibben St.

MOUNT PLEASANT, SC 29464

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:
12 of 18**2** FILER NAME

Mrs Paula C Blackmon

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

04/15/2019

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

Mike Myers

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

6310 Lemmon Avenue

Dallas, TX 75209

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

Date

04/04/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Northrup

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

P.O. Box 181329

Dallas, TX 75218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Nurre

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2611 Millmar Dr

Dallas, TX 75228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/19/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeff Partridge

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

4722 Cherokee Trail

Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
13 of 18**2** FILER NAME

Mrs Paula C Blackmon

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

04/22/2019**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Robert Pope

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

P.O. Box 262667

Plano, TX 75026

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

03/30/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carl Raines

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1445 Waterside Dr.

Dallas, TX 75218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/26/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Timothy Reeves

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

5214 Vickery Blvd.

Dallas, TX 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Betty J Rice

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2611 Millmar Drive

Dallas, TX 75228

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:
14 of 18**2** FILER NAME

Mrs Paula C Blackmon

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

04/02/2019

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

Deborah Ryan

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

5305 Kingsborough Dr

Plano, TX 75093

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

Date

04/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Connie Schweizer

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

7245 Alexander Drive

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2019

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)

Date

04/17/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Judith Shure

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

4501 Pomona Rd

Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15 of 18

2 FILER NAME

Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 Date
04/15/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Barry Henry

7 Amount of contribution (\$)
200.00

6 Contributor address;

City; State; Zip Code

1717 Arts Plaza 18011

dallas, TX 75201

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/27/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Donna Swanson

Amount of contribution (\$)
50.00

Contributor address;

City; State; Zip Code

8179 Santa Clara Drive

Dallas, TX 75218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/01/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Terry

Amount of contribution (\$)
1000.00

Contributor address;

City; State; Zip Code

5950 Berkshire Lane Ste. 400

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/27/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Janet Tharp

Amount of contribution (\$)
150.00

Contributor address;

City; State; Zip Code

7933 Goodshire Avenue

Dallas, TX 75231

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:
16 of 18**2** FILER NAME

Mrs Paula C Blackmon

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

04/01/2019

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

Steve Vanamburgh

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

3945 Marquette

Dallas, TX 75225

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

Date

04/14/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dawn Waye

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

511 Surveyors Road

Krugerville, TX 76227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Thomas White

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

7128 Hillgreen

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dallas Retired Firefighters Association PAC Fund

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

P.O. Box 117540

Carrollton, TX 75011

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:
17 of 18

2 FILER NAME

Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 Date

04/08/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bracewell PAC

6 Contributor address;

City; State; Zip Code

711 Louisiana Street

Houston, TX 77002

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/08/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Linebarger Goggan Blair Sampson, LLP

Contributor address;

City; State; Zip Code

P.O. Box 17428

Austin, TX 78760

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/08/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dallas Firefighters Association Public Safety Committee

Contributor address;

City; State; Zip Code

10956 Audelia Drive

Dallas, TX 75243

Amount of contribution (\$)

1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

HBA of Greater Dallas HOMEPAC

Contributor address;

City; State; Zip Code

5816 W. Plano Prkwy

Plano, TX 75093

Amount of contribution (\$)

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 of 18

2 FILER NAME

Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 Date
04/02/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hotel PAC of THLA

6 Contributor address;

City; State; Zip Code

1701 West Avenue

Austin, TX 78701

7 Amount of contribution (\$)
500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/15/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert McNamara

Contributor address;

City; State; Zip Code

3899 Maple Ave.

Dallas, TX 75219

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
1 of 2

2 FILER NAME
Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
04/08/2019

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Black Irish Girl Productions

7 Contributor address; City; State; Zip Code
8627 Vista View Drive Dallas, TX 75243

8 Amount of Contribution \$ 1000.00
9 In-kind contribution description
Video production
☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
04/07/2019

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Paul Schweitzer

Contributor address; City; State; Zip Code
7104 Cornelia Lane Dallas, TX 75214

Amount of Contribution \$ 589.00
In-kind contribution description
Event expenses
☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
2 of 2

2 FILER NAME

Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
04/07/2019

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Susan Schweitzer

7 Contributor address; City; State; Zip Code
7104 Cornelia Lane Dallas, TX 75214

8 Amount of Contribution \$
589.00

9 In-kind contribution description
Event Expenses

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

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

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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.

1 Total pages Schedule F1: 1 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 03/28/2019		5 Payee name United States Postal Service			
6 Amount (\$) 35.00		7 Payee address; City; State; Zip Code 6640 Abrams Rd Dallas, TX 75231			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 03/28/2019		Payee name Office Depot			
Amount (\$) 69.06		Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 03/28/2019		Payee name United States Postal Service			
Amount (\$) 245.00		Payee address; City; State; Zip Code 6640 Abrams Rd Dallas, TX 75231			
PURPOSE OF EXPENDITURE		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 Direct Mail	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			

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.

1 Total pages Schedule F1: 2 of 20	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2019	5 Payee name Facebook	
6 Amount (\$) 216.91	7 Payee address; City; State; Zip Code 1601 S. California Palo Alto, CA 94304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) 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 Ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/01/2019	Payee name Office Depot	
Amount (\$) 32.48	Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/01/2019	Payee name Office Depot	
Amount (\$) 18.12	Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
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.

1 Total pages Schedule F1: 3 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 04/02/2019		5 Payee name Zoe Halfmann			
6 Amount (\$) 4000.00		7 Payee address; City; State; Zip Code 1710 Mary Street Dallas, TX 75206			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(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 manager	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/03/2019		Payee name Office Depot			
Amount (\$) 9.58		Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/05/2019		Payee name Landrieux Harrah			
Amount (\$) 1500.00		Payee address; City; State; Zip Code 5108 Gaston Avenue Dallas, TX 75214			
PURPOSE OF EXPENDITURE		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 worker	
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.

1 Total pages Schedule F1: 4 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 04/05/2019		5 Payee name United States Postal Service			
6 Amount (\$) 197.00		7 Payee address; City; State; Zip Code 6640 Abrams Rd Dallas, TX 75231			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mail	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/08/2019		Payee name Office Depot			
Amount (\$) 26.47		Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/08/2019		Payee name Office Depot			
Amount (\$) 28.40		Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies	
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.

1 Total pages Schedule F1: 5 of 20	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2019	5 Payee name Office Depot	
6 Amount (\$) 23.34	7 Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/08/2019	Candidate / Officeholder name United States Postal Service	
Amount (\$) 143.00	Payee address; City; State; Zip Code 6640 Abrams Rd Dallas, TX 75231	
PURPOSE OF EXPENDITURE	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 Direct Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/08/2019	Candidate / Officeholder name United States Postal Service	
Amount (\$) 350.00	Payee address; City; State; Zip Code 6640 Abrams Rd Dallas, TX 75231	
PURPOSE OF EXPENDITURE	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 Direct Mail postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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.

1 Total pages Schedule F1: 6 of 20	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2019	5 Payee name Office Depot	
6 Amount (\$) 47.40	7 Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/08/2019	Candidate / Officeholder name Edwards and Patterson Signs	Office sought Office held
Amount (\$) 725.75	Payee address; City; State; Zip Code 203 South Beltline Irving, TX 75060	
PURPOSE OF EXPENDITURE	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 Yard signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/08/2019	Payee name Kendall Creative	
Amount (\$) 360.71	Payee address; City; State; Zip Code 17120 Dallas Pkwy. Dallas, TX 75248	
PURPOSE OF EXPENDITURE	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 Campaign materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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.

1 Total pages Schedule F1: 7 of 20	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2019	5 Payee name Edwards and Patterson Signs	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 203 South Beltline Irving, TX 75060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 04/10/2019	Payee name United States Postal Service	
Amount (\$) 140.00	Payee address; City; State; Zip Code 6640 Abrams Rd Dallas, TX 75231	
PURPOSE OF EXPENDITURE	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 Direct Mail postage
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 04/11/2019	Payee name Office Depot	
Amount (\$) 10.83	Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
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.

1 Total pages Schedule F1: 8 of 20	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2019	5 Payee name United States Postal Service	
6 Amount (\$) 11.00	7 Payee address; City; State; Zip Code 6640 Abrams Rd Dallas, TX 75231	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/11/2019	Payee name United States Postal Service	
Amount (\$) 16.50	Payee address; City; State; Zip Code 6640 Abrams Rd Dallas, TX 75231	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 16.50
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/11/2019	Payee name Office Depot	
Amount (\$) 18.55	Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </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.

1 Total pages Schedule F1: 9 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 04/12/2019		5 Payee name Veritex Bank			
6 Amount (\$) 18.00		7 Payee address; City; State; Zip Code 2101 Abrams Rd Dallas, TX 75214			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/12/2019		Payee name Veritex Bank			
Amount (\$) 18.00		Payee address; City; State; Zip Code 2101 Abrams Rd Dallas, TX 75214			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wire fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/15/2019		Payee name Office Depot			
Amount (\$) 19.39		Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copies	
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.

1 Total pages Schedule F1: 10 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 04/11/2019		5 Payee name White Rock Coffee			
6 Amount (\$) 13.50		7 Payee address; City; State; Zip Code 10105 E Northwest Hwy Dallas , TX 75238			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/12/2019		Payee name Veritex Bank			
Amount (\$) 10.00		Payee address; City; State; Zip Code 2101 Abrams Rd Dallas, TX 75214			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Charges	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/14/2019		Payee name Office Depot			
Amount (\$) 18.12		Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies	
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.

1 Total pages Schedule F1: 11 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 04/15/2019		5 Payee name White Rock Coffee			
6 Amount (\$) 40.50		7 Payee address; City; State; Zip Code 10105 E Northwest Hwy Dallas , TX 75238			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee for staff	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/15/2019		Payee name Office Depot			
Amount (\$) 18.56		Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/15/2019		Payee name Landrieux Harrah			
Amount (\$) 73.55		Payee address; City; State; Zip Code 5108 Gaston Avenue Dallas, TX 75214			
PURPOSE OF EXPENDITURE		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 Print expenses	
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.

1 Total pages Schedule F1: 12 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 04/15/2019		5 Payee name Office Depot			
6 Amount (\$) 19.39		7 Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/17/2019		Payee name Office Depot			
Amount (\$) 22.70		Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/17/2019		Payee name Varidocs			
Amount (\$) 394.04		Payee address; City; State; Zip Code 11419 Ferrell Dallas, TX 75234			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing 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 materials	
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.

1 Total pages Schedule F1: 13 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 04/17/2019		5 Payee name Landrieux Harrah			
6 Amount (\$) 1000.00		7 Payee address; City; State; Zip Code 5108 Gaston Avenue Dallas, TX 75214			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(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 worker	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/23/2019		Payee name Texas Democratic Party			
Amount (\$) 227.50		Payee address; City; State; Zip Code P.O. Box 116 Austin, TX 78767			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Polling Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/22/2019		Payee name Hustle			
Amount (\$) 300.00		Payee address; City; State; Zip Code 343 Sansone St San Francisco, CA 94104			
PURPOSE OF EXPENDITURE		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 Voter contact	
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.

1 Total pages Schedule F1: 14 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 03/29/2019		5 Payee name White Rock Coffee			
6 Amount (\$) 13.50		7 Payee address; City; State; Zip Code 10105 E Northwest Hwy Dallas , TX 75238			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/01/2019		Payee name Campaign Partner			
Amount (\$) 49.00		Payee address; City; State; Zip Code P.O. Box 134 Still River, MA 01467			
PURPOSE OF EXPENDITURE		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 Website hosting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/05/2019		Payee name Jersey Mikes Subs			
Amount (\$) 26.58		Payee address; City; State; Zip Code 5521 Greenville Ave. Suite 109 Dallas, TX 75206			
PURPOSE OF EXPENDITURE		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 Staff lunch	
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.

1 Total pages Schedule F1: 15 of 20	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2019	5 Payee name Mail Chimp	
6 Amount (\$) 58.63	7 Payee address; City; State; Zip Code 675 Ponce de Leon Suite 5000, Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/01/2019	Payee name PayPal	
Amount (\$) 54.36	Payee address; City; State; Zip Code 2211 North First St San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/05/2019	Payee name PayPal	
Amount (\$) 85.36	Payee address; City; State; Zip Code 2211 North First St San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
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.

1 Total pages Schedule F1: 16 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 04/11/2019		5 Payee name PayPal			
6 Amount (\$) 16.55		7 Payee address; City; State; Zip Code 2211 North First St San Jose, CA 95131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 04/15/2019		Payee name PayPal			
Amount (\$) 80.70		Payee address; City; State; Zip Code 2211 North First St San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 04/17/2019		Payee name PayPal			
Amount (\$) 107.40		Payee address; City; State; Zip Code 2211 North First St San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card fees	
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.

1 Total pages Schedule F1: 17 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 04/24/2019		5 Payee name PayPal			
6 Amount (\$) 4.23		7 Payee address; City; State; Zip Code 2211 North First St San Jose, CA 95131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/17/2019		Payee name Asian Audio			
Amount (\$) 600.00		Payee address; City; State; Zip Code 2420 Harbinger Dallas, TX 75287			
PURPOSE OF EXPENDITURE		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 Audio Production	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/18/2019		Payee name Deadmen Productions			
Amount (\$) 1200.00		Payee address; City; State; Zip Code P.O. Box 2254 Burleson, TX 76097			
PURPOSE OF EXPENDITURE		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 Commercial production	
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.

1 Total pages Schedule F1: 18 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 04/18/2019		5 Payee name Ferguson Road Initiative			
6 Amount (\$) 450.00		7 Payee address; City; State; Zip Code P.O. Box 570417 Dallas, TX 75357			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense print ads	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/12/2019		Payee name Article I Communications			
Amount (\$) 15637.50		Payee address; City; State; Zip Code 141 Elm St Suite 500 Buffalo, NY 14203			
PURPOSE OF EXPENDITURE		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 Direct-mail	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/11/2019		Payee name Nikia Johnson			
Amount (\$) 315.00		Payee address; City; State; Zip Code 234 Link Dr. Suite 1118 Duncanville, TX 75116			
PURPOSE OF EXPENDITURE		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 canvassing	
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.

1 Total pages Schedule F1: 19 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 04/17/2019		5 Payee name Brendetta McDonald			
6 Amount (\$) 285.00		7 Payee address; City; State; Zip Code 2303 Stoneman Dallas, TX 75215			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvassing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/17/2019		Payee name Jasmin McDonald			
Amount (\$) 180.00		Payee address; City; State; Zip Code 9742 St. Augustine Suite 200 Dallas, TX 75227			
PURPOSE OF EXPENDITURE		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 canvassing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/22/2019		Payee name Camille Freeney			
Amount (\$) 180.00		Payee address; City; State; Zip Code 1627 Branch Creek Allen, TX 75002			
PURPOSE OF EXPENDITURE		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 canvassing	
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.

1 Total pages Schedule F1: 20 of 20		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 04/15/2019		5 Payee name Brendetta McDonald			
6 Amount (\$) 315.00		7 Payee address; City; State; Zip Code 2303 Stoneman Dallas, TX 75215			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 03/26/2019		Payee name Brendetta McDonald			
Amount (\$) 225.00		Payee address; City; State; Zip Code 2303 Stoneman Dallas, TX 75215			
PURPOSE OF EXPENDITURE		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 canvassing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 04/11/2019		Payee name Brendetta McDonald			
Amount (\$) 300.00		Payee address; City; State; Zip Code 2303 Stoneman Dallas, TX 75215			
PURPOSE OF EXPENDITURE		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 Canvassing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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