City Secretary's Office

Supplement Officeholder	FOR Cover She	SMSR etSR			
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST MI Paula	2. Total Pages Filed:		
	NICKNAME	LAST SUFFIX Blackmon	3. Office Held City Council Dist	rict Nine (9)	
4. SUPPLEMENTAL REPORT TYPE	c January 15	c 30th day before election c Runoff	c 15th day after campaign treasurer appointment (officeholder only)		
	☆ July 15	c 8th day before election c Exceeded \$500 limit	c Final Report		
5. PERIOD / COVERED	1/1/2020 THROUGH 6/30/2020				
6. ELECTION	Month Day Year				
	5/1/2021	c Primary c Runoff $oldsymbol{X}$	General c Spe	ecial c N/A	
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$0.00	
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$0.00	
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR	LESS, UNLESS ITEMIZED	\$0.00	
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES \$ 0.00			
8. POLITICAL	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,100.00	
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$1,267.48	
		8. TOTAL POLITICAL EXPENDITURES		\$2012.03	
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD		\$0.00	
10. AFFIDAVIT		I swear, or affirm, under penalty of pe is true and correct and includes all info me under Title 15, Election code.			
		ELECTRONICALLY (CERTIFIED		
AFFIX NOTARY STAM	/IP / SEAL ABOVE	Signature of Candidate or Officeholder			
Sworn to and subscribed	before me, by the said Mrs I	Paula Blackmon	, this the 13th	day	
of, 2	0_20, to certify which	, witness my hand and seal of office.			
Signature of officer ad	Iministering path	Printed name of officer administering oath	Title of officer ad	ministering oath	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Mrs Paula Black	mon					
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)			
02/01/2020	Anthony Page		1000.00			
Campaign	6 Contributor address; City; State	; Zip Code				
Contribution	3210 Carlisle Suite 1 Dallas,	TX 75204				
8 Principal occupation / Job title (See Instructions) 9 Employe			tions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
03/02/2020	Chris Heinbaugh		100.00			
	Contributor address; City; State	: Zip Code	100.00			
Campaign Contribution	· · · · · · · · · · · · · · · · · · ·	TX 75204				
Contribution	Tool Times Tive Saite 307 Banas,	111 /3201				
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
	Contributor address; City; State:					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Contributor address; City; State	; Zip Code				
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Filicipal occup	valion / 300 title (See Instituctions)	Employer (See institut	nons)			
ATTACH ADDITIONAL CODIES OF THIS SCHEDUL E AS MEEDED						

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Mrs Paula Blackmon		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
01/15/2020	Karen Hardtner					
6 Amount (\$) 500.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 415 Janie Shreveport, LA 71106					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Accounting/Banking	Check if travel ou	utside of Texas. Complete Schedule T.			
OF	recounting banking	Check if Austin	n, TX, officeholder living expense			
EXPENDITURE		Campaign accounting	g and compliance			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
06/18/2020	Buckner Terrace Neighborhood Association					
Amount (\$) 100.00	Payee address; City; State; Zip Code					
Campaign Funds for	P.O. Box 270131 Dallas, TX 75227					
Campaign Expenditures						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Neighborhood association membership				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
06/25/2020	Paula Blackmon					
Amount (\$) 144.55	Payee address; City; State; Zip Code					
Campaign Funds for	6408 Patrick Drive Dallas, TX 75214					
Campaign Expenditures						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Loan Repayment/Reimbursement	Check if travel ou	tside of Texas. Complete Schedule T.			
OF EXPENDITURE	OF		Check if Austin, TX, officeholder living expense			
EXI ENDITORE		Reimbursement for c	ampaign meetings			
	Candidate / Office held-russ-russ-	Office	O#: k-1d			
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						