

Supplemental Report Officeholder

FORM Cover Sheet SR

1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Paula	MI		2. Total Pages Filed: 23
	NICKNAME	LAST Blackmon	SUFFIX		3. Office Held Dallas City Council District 9
4. SUPPLEMENTAL REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 </div> <div> <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Final Report </div> </div>				
5. PERIOD / COVERED	4/26/2023 THROUGH 6/30/2023				
6. ELECTION	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year 5/2/2025</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> N/A </div> </div>				
7. OFFICE-HOLDER	CONTRIBUTION TOTALS	1. 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)			\$ 4,350.00
	EXPENDITURE TOTALS	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$ 0.00
		4. TOTAL OFFICEHOLDER EXPENDITURES			\$ 10,675.24
8. POLITICAL (Campaign)	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			\$ 0.00
		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 8,475.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED			\$ 0.00
		8. TOTAL POLITICAL EXPENDITURES			\$ 17,711.98
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES	9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD			\$ 0.00	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>10. AFFIDAVIT</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="width: 55%; text-align: center;"> <p>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.</p> <p>***ELECTRONICALLY CERTIFIED***</p> <p>_____ Signature of Candidate or Officeholder</p> </div> </div>					
<p>Sworn to and subscribed before me, by the said <u>Paula Blackmon</u>, this the <u>15th</u> day of <u>July</u>, 20 <u>23</u>, to certify which, witness my hand and seal of office.</p>					
<div style="display: flex; justify-content: space-between;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div>					

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 9
2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2023 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robyn Flatt 6 Contributor address; City; State; Zip Code 8631 N MEDITERRANEAN CIR Dallas, TX 75238	7 Amount of contribution (\$) 75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/27/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Luna Contributor address; City; State; Zip Code P.O. Box 131523 Dallas, TX 75313	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Griggs Contributor address; City; State; Zip Code 6440 N Central Expy Ste 515 Dallas, TX 75206	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/02/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen Giddings Contributor address; City; State; Zip Code 400 S. Zang Ste. 1018 Dallas, TX 75208	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 9
2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2023 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland Burk 6 Contributor address; City; State; Zip Code 8215 Westchester Dallas, TX 75225	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/30/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) peter schaar Contributor address; City; State; Zip Code 6834 chantilly lane dallas, TX 75214	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Gonzalez Contributor address; City; State; Zip Code 710 Exposition ave. Dallas, TX 75226	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Martinez Contributor address; City; State; Zip Code 314 Fidelis Avenue Dallas, TX 75241	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 9
2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2023 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harryette Ehrhardt 6 Contributor address; City; State; Zip Code 3525 Turtle Creek Blvd Unit 8A Dallas, TX 75219	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/18/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Forrester Contributor address; City; State; Zip Code 6465 Ravendale Ln Dallas, TX 75214	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Carey Contributor address; City; State; Zip Code 300 E Round Grove Road Apt 621 Lewisville, TX 75067	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/05/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Carey Contributor address; City; State; Zip Code 300 E Round Grove Road Apt 621 Lewisville, TX 75067	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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 9
2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 05/04/2023 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christi Rodgers 6 Contributor address; City; State; Zip Code 11024 Joaquin Drive Dallas, TX 75228	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/04/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandi Bird Contributor address; City; State; Zip Code 9710 Blanco Drive Lantana, TX 76226	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/02/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhonda Green Contributor address; City; State; Zip Code 6646 East Lovers Lane Dallas, TX 75214	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/02/2023 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn Estes Contributor address; City; State; Zip Code 8185 San Benito Way Dallas, TX 75218	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 9
2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 04/30/2023 Campaign Contribution	5 Full name of contributor John Moreno 6 Contributor address; City; State; Zip Code 6915 Lakewood Blvd Dallas, TX 75214 <input type="checkbox"/> out-of-state PAC (ID#:_____)	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/28/2023 Campaign Contribution	Full name of contributor Maggie Parker Contributor address; City; State; Zip Code 1954 Cedar Crest Boulevard Dallas, TX 75203 <input type="checkbox"/> out-of-state PAC (ID#:_____)	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2023 Campaign Contribution	Full name of contributor Garry Brown Contributor address; City; State; Zip Code 8319 San Fernando Way Dallas, TX 75218 <input type="checkbox"/> out-of-state PAC (ID#:_____)	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2023 Campaign Contribution	Full name of contributor Alex Gonzalez Contributor address; City; State; Zip Code 710 Exposition Avenue Dallas, TX 75226 <input type="checkbox"/> out-of-state PAC (ID#:_____)	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 9
2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 05/04/2023 Officeholder Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Warner 6 Contributor address; City; State; Zip Code 4727 Arvilla Houston, TX 77021	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/10/2023 Officeholder Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley Gregory Contributor address; City; State; Zip Code 3414 Beverly Dr Dallas, TX 75205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/24/2023 Officeholder Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Newton Contributor address; City; State; Zip Code 10415 Fern Dr Dallas, TX 75228	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/24/2023 Officeholder Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Seay Contributor address; City; State; Zip Code 6511 Winton Street Dallas, TX 75214	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 9
2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 06/01/2023 Officeholder Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Richmond 6 Contributor address; City; State; Zip Code 6904 Tokalon Drive Dallas, TX 75214	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/01/2023 Officeholder Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Williams Contributor address; City; State; Zip Code 5119 Seneca Drive Dallas, TX 75209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/03/2023 Officeholder Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad & Julie Broberg Contributor address; City; State; Zip Code 6945 Tokalon Drive Dallas, TX 75214	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/08/2023 Officeholder Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Cv ^o zars Contributor address; City; State; Zip Code 2307 Wilma Rudolph Rd Austin, TX 78748	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 9
2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 06/09/2023 Officeholder Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Charla Pouland 6 Contributor address; City; State; Zip Code 345 Patriot Dr Buda, TX 78610	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/12/2023 Officeholder Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Karol Contributor address; City; State; Zip Code 5370 Meaders Lane Dallas, TX 75229	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/23/2023 Officeholder Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) peter schaar Contributor address; City; State; Zip Code 6834 chantilly lane dallas, TX 75214	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/30/2023 Officeholder Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northwest Drive Inns Inc Contributor address; City; State; Zip Code 8522 Garland Dallas, TX 75218	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 9
2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 05/16/2023 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Continental Exchange Solutions Inc 6 Contributor address; City; State; Zip Code 12243 NW Highway Dallas, TX 75228	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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 13	2 FILER NAME Paula Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 06/26/2023	5 Payee name EAGLE POSTAL CENTER	
6 Amount (\$) 76.95 Officeholder Funds for Officeholder Expenditures	7 Payee address; City; State; Zip Code 6333 E Mockingbird Ln Suite 147 Dallas, TX 75214	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Postal Box
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 06/16/2023	Payee name DREAM CAFE DALLAS	
Amount (\$) 30.71 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 6465 E Mockingbird Ln Dallas, TX 75214	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Office Recruitment
	<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	
Date 06/13/2023	Payee name SUSIECAKES	
Amount (\$) 285.00 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 6441 E Mockingbird Ln Dallas, TX 75214	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Gifts
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 13	2 FILER NAME Paula Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 06/13/2023	5 Payee name Party City	
6 Amount (\$) 129.54 Officeholder Funds for Officeholder Expenditures	7 Payee address; City; State; Zip Code 305 Medallion Shopping Center Dallas, TX 75214	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Balloons
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 06/13/2023	Payee name THAI THAI	
Amount (\$) 65.21 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 1731 Greenville Ave Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Meal
	<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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date 06/12/2023	Payee name PAYPAL TEXASJOBS	
Amount (\$) 5.00 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 2211 N 1st St San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Office Recruitment
	<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 <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

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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 13	2 FILER NAME Paula Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 06/12/2023	5 Payee name DREAM CAFÉ	
6 Amount (\$) 14.50 Officeholder Funds for Officeholder Expenditures	7 Payee address; City; State; Zip Code 6465 E Mockingbird Ln DALLAS, TX 75214	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Berverage Expense	(b) Description Meal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/09/2023	Payee name WELL GROUNDED COFFEE	
Amount (\$) 28.58 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 9219 Garland Rd Dallas, TX 75218	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Meal
	<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
Date 06/06/2023	Payee name Bread Zeppelin	
Amount (\$) 45.28 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 1300 Main Street Dallas, TX 75202	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Meal
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 13	2 FILER NAME Paula Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 05/30/2023	5 Payee name BILTMORE CORAL GABLES	
6 Amount (\$) 206.03 Officeholder Funds for Officeholder Expenditures	7 Payee address; City; State; Zip Code 1200 Anastasia Ave Coral Gables, FL 33134	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out Of District	(b) Description Travel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/30/2023	Payee name CENTRAL MARKET	
Amount (\$) 117.65 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 5750 E Lovers Ln Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Food
	<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
Date 05/24/2023	Payee name Upward Public Affairs	
Amount (\$) 2500.00 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 2211 Weatherbee Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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 13	2 FILER NAME Paula Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 05/24/2023	5 Payee name THE ONIRAMEN	
6 Amount (\$) 80.16 Officeholder Funds for Officeholder Expenditures	7 Payee address; City; State; Zip Code 2822 Elm St Dallas, TX 75226	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Berverage Expense	(b) Description Meal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/24/2023	Payee name DREAM CAFÉ	
Amount (\$) 14.91 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 6465 E Mockingbird Ln DALLAS, TX 75214	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Meal
	<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
Date 05/19/2023	Payee name TIFF S TREATS	
Amount (\$) 142.86 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 1001 Ross Ave Dallas, TX 75202	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Gifts
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 13	2 FILER NAME Paula Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 05/19/2023	5 Payee name ASCENSION COFFEE	
6 Amount (\$) 35.60 Officeholder Funds for Officeholder Expenditures	7 Payee address; City; State; Zip Code 9353 Garland Rd Dallas, TX 75218	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Berverage Expense	(b) Description Meal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/16/2023	Payee name Bread Zeppelin	
Amount (\$) 60.20 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 1300 Main Street Dallas, TX 75202	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Meal
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/16/2023	Payee name Bread Zeppelin	
Amount (\$) 14.06 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 1300 Main Street Dallas, TX 75202	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Meal
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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

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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 13	2 FILER NAME Paula Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 05/12/2023	5 Payee name PAYPAL TEXASJOBS	
6 Amount (\$) 5.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; 2211 N 1st St San Jose, CA 95131 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Office Recruitment
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/12/2023	Payee name BGT Strategies	
Amount (\$) 5000.00 Officeholder Funds for Officeholder Expenditures	Payee address; 1500 Pecos St Dallas, TX 75204 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<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
Date 05/12/2023	Payee name Lakewood Country Club	
Amount (\$) 1645.41 Officeholder Funds for Officeholder Expenditures	Payee address; 6430 Gaston Ave Dallas, TX 75214 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Event/Meetings
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 13	2 FILER NAME Paula Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 05/03/2023	5 Payee name FOODA CHICAGO	
6 Amount (\$) 43.30 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1 N Dearborn Street Chicago, IL 60602 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Berverage Expense	(b) Description Meal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/01/2023	Payee name TALULAH BELLE - DALLAS	
Amount (\$) 82.28 Officeholder Funds for Officeholder Expenditures	Payee address; 5810 Live Oak St Dallas, TX 75214 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Meal
	<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
Date 04/28/2023	Payee name OMNI AUSTIN DOWNTOWN	
Amount (\$) 14.95 Officeholder Funds for Officeholder Expenditures	Payee address; 700 San Jacinto Austin, TX 78701 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out Of District	Description Meal
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 13	2 FILER NAME Paula Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2023	5 Payee name DREAM CAFÉ	
6 Amount (\$) 32.06 Officeholder Funds for Officeholder Expenditures	7 Payee address; City; State; Zip Code 6465 E Mockingbird Ln DALLAS, TX 75214	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Berverage Expense	(b) Description Meal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 06/15/2023	Payee name Smoky Rose Dallas	
Amount (\$) 817.47 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 8602 Garland Rd Dallas, TX 75218	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Fundraiser
	<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		
Date 06/12/2023	Payee name Upward Public Affairs	
Amount (\$) 2500.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 2211 Weatherbee Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10 of 13	2 FILER NAME Paula Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 06/02/2023	5 Payee name Mailchimp	
6 Amount (\$) 106.60 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 675 S Ponce De Leon Ave NE Atlanta, GA 30306	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Email
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 05/24/2023	Payee name Upward Public Affairs	
Amount (\$) 2500.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 2211 Weatherbee Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<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		
Date 05/15/2023	Payee name TEXAS TRADE GRAPHICS	
Amount (\$) 974.25 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 2935 Irving Blvd Dallas, TX 75247	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Shirts
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 13	2 FILER NAME Paula Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 05/08/2023	5 Payee name Longhorn Ballroom	
6 Amount (\$) 667.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 216 Corinth St Dallas, TX 75207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Event Space
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/08/2023	Payee name Farace Beverages, LLC	
Amount (\$) 517.20 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 5822 Camp Creek Dr New Braunfels, TX 78132	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Election Night Food and Beverage
	<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
Date 05/08/2023	Payee name DISTRICT 9 DRAUGHT HAUS	
Amount (\$) 72.62 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 718 N Buckner Blvd Dallas, TX 75218	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Berverage Expense	Description Meal
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12 of 13		2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 05/08/2023		5 Payee name QT			
6 Amount (\$) 45.00 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 7818 Garland Rd Dallas, TX 75214			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Gas		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 05/08/2023		Payee name TARGET			
Amount (\$) 99.59 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 6464 E NW Hwy Dallas, TX 75214			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Event Supplies		
	<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					
Date 05/02/2023		Payee name Mailchimp			
Amount (\$) 106.60 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 675 S Ponce De Leon Ave NE Atlanta, GA 30306			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Email		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 13		2 FILER NAME Paula Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 05/01/2023		5 Payee name GOODFRIEND BEER GARDEN			
6 Amount (\$) 151.08 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 1154 Peavy Rd Dallas, TX 75218			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Event Food and Beverage		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 04/27/2023		Payee name Wire Transfer Fee - Veritex Bank			
Amount (\$) 18.00 Campaign Funds for Campaign Expenditures		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 Bank Fee		
	<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			
Date 04/27/2023		Payee name TIM REEVES CONSULTING, LLC			
Amount (\$) 9136.57 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 2310 N. Henderson Dallas, TX 75206			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Mail/Postage		
	<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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