

Supplemental Report Officeholder

FORM Cover Sheet SR

1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Paula	MI C	2. Total Pages Filed: 42
	NICKNAME	LAST Blackmon	SUFFIX	3. Office Held Dallas City Council District 9
4. SUPPLEMENTAL REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report			
5. PERIOD / COVERED	7/1/2024 THROUGH 12/31/2024			
6. ELECTION	Month Day Year 5/3/2025 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> N/A			
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)		\$ 1,000.00
	EXPENDITURE TOTALS	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
		4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 2,653.34
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)		\$ 26,795.12
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
		8. TOTAL POLITICAL EXPENDITURES		\$ 18,440.63
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> <p>10. AFFIDAVIT</p> <p style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="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>_____</p> <p>Signature of Candidate or Officeholder</p> </div> </div>				
Sworn to and subscribed before me, by the said <u>Mrs Paula C Blackmon</u> , this the <u>13th</u> day of <u>January</u> , 20 <u>25</u> , to certify which, witness my hand and seal of office.				
<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 18
2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 07/11/2024 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Carey 6 Contributor address; City; State; Zip Code 300 E Round Grove Road Apt 621 Lewisville, TX 75067	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/06/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent Rosenthal Contributor address; City; State; Zip Code 6617 Lakewood Blvd Dallas, TX 75214	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Casey Contributor address; City; State; Zip Code 6100 Tremont St Dallas, TX 75214	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2024 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)
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:
2 of 18

2 FILER NAME

Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 Date

08/08/2024

Campaign
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carolyn Roberts

6 Contributor address;

6535 Winton St

City;

Dallas, TX 75214

State; Zip Code

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/08/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

PAM GERBER

Contributor address;

4435 HOLLAND AVE

City;

DALLAS, TX 75219

State; Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brooke Packheiser

Contributor address;

2533 Fenwick Dr

City;

Dallas, TX 75228

State; Zip Code

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/17/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Albert Richard

Contributor address;

P.O. Box 4497604

City;

Garland, TX 76049

State; Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 18
2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 09/18/2024 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randolf Greve 6 Contributor address; City; State; Zip Code 3919 Fairlakes Drive Dallas, TX 75228	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Byrne Contributor address; City; State; Zip Code 9938 Lakedale Drive Dallas, TX 75218	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Jones Contributor address; City; State; Zip Code 6471 Dunstan Lane Dallas, TX 75214	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Davidson Contributor address; City; State; Zip Code 6451 Patrick Dallas, TX 75214	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 10/04/2024 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julia Newton 6 Contributor address; City; State; Zip Code 8723 Diceman Drive Dallas, TX 75218	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/05/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Garner Contributor address; City; State; Zip Code 10849 Scotspring Ln Dallas, TX 75218	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayle Marshall Contributor address; City; State; Zip Code 6403 Velasco Avenue Dallas, TX 75214	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Rockwell Contributor address; City; State; Zip Code 9404 Waterview Road Dallas, TX 75218	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
5 of 18

2 FILER NAME

Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/2024

Campaign
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Danielle Petters

6 Contributor address;

6323 E Lovers Lane

City;

Dallas, TX 75214

State; Zip Code

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/21/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dale McFarland

Contributor address;

2632 San Paula Avenue

City;

Dallas, TX 75228

State; Zip Code

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Craig Reynolds

Contributor address;

6940 Lakeshore Dr

City;

Dallas, TX 75214

State; Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/01/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joseph Sullivan

Contributor address;

6759 Avalon

City;

Dallas, TX 75214

State; Zip Code

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

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 18
2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2024 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Beth Shapiro 6 Contributor address; City; State; Zip Code 6656 Lakewood Blvd Dallas, TX 75214	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Jones Contributor address; City; State; Zip Code 111 Congress Suite 500 Austin, TX 78701	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Rose Contributor address; City; State; Zip Code 14022 Brook Hollow Blvd San Antonio, TX 78232	Amount of contribution (\$) 521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2024 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 (\$) 26.35
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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:
7 of 18

2 FILER NAME

Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 Date

12/05/2024

Campaign
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Roy Rivera

7 Amount of contribution (\$)

26.35

6 Contributor address;
2519 Auburn Avenue

City; State; Zip Code
Dallas, TX 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/05/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Barry Henry

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
1717 Arts Plaza Residence 1801 Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/05/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Harryette Ehrhardt

Amount of contribution (\$)

104.48

Contributor address; City; State; Zip Code
3525 Turtle Creek Blvd Unit 8A Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/05/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kirk Williams

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code
3012 Rosedale Avenue Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:
8 of 18

2 FILER NAME

Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 Date

12/06/2024

Campaign
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joseph Van Blargan

6 Contributor address;

6534 Kenwood Ave.

City;

Dallas, TX 75214

State; Zip Code

7 Amount of contribution (\$)

21.15

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/07/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Norma Arratia

Contributor address;

3615 Bon Park Ct

City;

Dallas, TX 75228

State; Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/09/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Domingo Garcia

Contributor address;

1111 W Mockingbird Suite 1200

City;

Dallas, TX 75247

State; Zip Code

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/09/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Craig Hall

Contributor address;

6801 Gaylord Pkwy Suite #100

City;

Frisco, TX 75034

State; Zip Code

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:
9 of 18

2 FILER NAME

Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 Date

12/09/2024

Campaign
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Shannon Wynne

7 Amount of contribution (\$)

500.00

6 Contributor address;

1722 S. Harwood

City;

Dallas, TX 75215

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/10/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Edwin Cabaniss

Amount of contribution (\$)

521.15

Contributor address;

1344 North Windomere Avenue

City;

Dallas, TX 75208

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/13/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Rawlings

Amount of contribution (\$)

1000.00

Contributor address;

3879 Maple Avenue

City;

Dallas, TX 75219

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Fran Eichorst

Amount of contribution (\$)

260.73

Contributor address;

6740 Westlake Avenue

City;

Dallas, TX 75214

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 10 of 18
2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2024 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrence E Syler 6 Contributor address; City; State; Zip Code 6661 LAKEWOOD BOULEVARD DALLAS, TX 75214	7 Amount of contribution (\$) 104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/17/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Patterson Contributor address; City; State; Zip Code 7266 Williamson Cir Dallas, TX 75214	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Houghton Contributor address; City; State; Zip Code 971 S. Rustic Circle Dallas, TX 75218	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey Pierce Contributor address; City; State; Zip Code 6047 Parkdale Dallas, TX 75227	Amount of contribution (\$) 52.40
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: 11 of 18
2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 12/17/2024 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otto Marquez 6 Contributor address; City; State; Zip Code 7011 Lakewood Blvd. Dallas, TX 75214	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/19/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelly White Contributor address; City; State; Zip Code 6040 MILTON ST Suite 4111 Dallas, TX 75206	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Swanson Contributor address; City; State; Zip Code 8179 Santa Clara Drive Dallas, TX 75218	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Irvin Contributor address; City; State; Zip Code 6833 Whitehill St Dallas, TX 75231	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

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2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 12/20/2024 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Heinbaugh ----- 6 Contributor address; City; State; Zip Code 1801 Annex Ave Suite 507 Dallas, TX 75204	7 Amount of contribution (\$) 104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/20/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Lilley III ----- Contributor address; City; State; Zip Code 6160 Glennox Ln Dallas, TX 75214	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Forrester ----- Contributor address; City; State; Zip Code 10831 Marchant Circle Dallas, TX 75228	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Reynolds ----- Contributor address; City; State; Zip Code 6940 Lakeshore Dr Dallas, TX 75214	Amount of contribution (\$) 100.00
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: 13 of 18
2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/2024 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Casey 6 Contributor address; City; State; Zip Code 6100 Tremont St Dallas, TX 75214	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/22/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Bumpass Contributor address; City; State; Zip Code 6805 Huff Trail Dallas, TX 75214	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Tarpley Contributor address; City; State; Zip Code 8378 Forest Hills Dallas, TX 75218	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Small Contributor address; City; State; Zip Code 7265 Inwood Road Dallas, TX 75209	Amount of contribution (\$) 100.00
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: 14 of 18
2 FILER NAME Mrs Paula C Blackmon			3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2024 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Fineman 6 Contributor address; City; State; Zip Code 8371 San Leandro Drive Dallas, TX 75218		7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/31/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Raymond Contributor address; City; State; Zip Code 4111 W. Lawther Dallas, TX 75214		Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/07/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768-2246		Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle W Krause Contributor address; City; State; Zip Code 2201 Main Street Suite 1140 Dallas, TX 75201		Amount of contribution (\$) 50.00
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:
15 of 18

2 FILER NAME

Mrs Paula C Blackmon

3 Filer ID (Ethics Commission Filers)

4 Date

10/07/2024

Campaign
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Linebarger Goggan Blair Sampson, LLP

6 Contributor address;

P.O. Box 17428

City;

Austin, TX 78760

State; Zip Code

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/15/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Coats Rose Political Action Committee

Contributor address;

9 Greenway Plaza Suite 1100

City;

Houston, TX 77046

State; Zip Code

Amount of contribution (\$)

1250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Humberto Aranza

Contributor address;

3105 San Jacinto St

City;

Dallas, TX 75204

State; Zip Code

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2024

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gilbert Aranza

Contributor address;

P.O. Box 6011527

City;

Dallas, TX 75360

State; Zip Code

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: 16 of 18
2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2024 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Kleinert 6 Contributor address; City; State; Zip Code 1900 N. Akard Street Dallas, TX 75201	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/19/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter Hunt Contributor address; City; State; Zip Code 6800 Lakewood Blvd Dallas, TX 75214	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray Hunt Contributor address; City; State; Zip Code 1900 N. Akard Street Dallas, TX 75201	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda England Contributor address; City; State; Zip Code 6567 Anita Dallas, TX 75214	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.		

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: 17 of 18
2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2024 Campaign Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent Rosenthal 6 Contributor address; City; State; Zip Code 6617 Lakewood Blvd Dallas, TX 75214	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/17/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huntley C Lewis Contributor address; City; State; Zip Code 11045 Swaffar Dr Dallas, TX 75226	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Garcia Contributor address; City; State; Zip Code 3901 Travis St. Dallas, TX 75204	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2024 Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne McComb Contributor address; City; State; Zip Code 441 Bondstone Dallas, TX 75218	Amount of contribution (\$) 100.00
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: 18 of 18
2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)
4 Date 09/09/2024 Officeholder Contribution	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Gatlin 6 Contributor address; City; State; Zip Code P.O. Box 180908 Dallas, TX 75218	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)
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

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 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 12/27/2024		5 Payee name DALLAS MORNING NEWS			
6 Amount (\$) 32.51 Campaign Funds for Campaign Expenditures		7 Payee address; 1954 Commerce St Dallas, TX 75201 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription		(b) Description Subscription		
	(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 12/23/2024		Payee name Upward Public Affairs			
Amount (\$) 2837.76 Campaign Funds for Campaign Expenditures		Payee address; 2211 Weatherbee Fort Worth, TX 76110 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Consulting Expense		
	<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 12/18/2024		Payee name Lakewood Growler			
Amount (\$) 590.04 Campaign Funds for Campaign Expenditures		Payee address; 6448 East Mockingbird Dallas, TX 75214 City; State; Zip Code			
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
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: 2 of 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 12/06/2024		5 Payee name Hudson House			
6 Amount (\$) 62.50 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 4040 Abrams Rd Dallas, TX 75214			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 12/03/2024		Payee name Texas Democratic Party			
Amount (\$) 350.00 Campaign Funds for Campaign Expenditures		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) Solicitation/Fundraising Expense		Description Texas VAN NGP Database		
	<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 12/02/2024		Payee name Mail Chimp			
Amount (\$) 319.80 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 675 Ponce de Leon Suite 5000 Atlanta, GA 30308			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Email Service		
	<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: 3 of 23	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 11/27/2024	5 Payee name DALLAS MORNING NEWS	
6 Amount (\$) 32.51 Campaign Funds for Campaign Expenditures	7 Payee address; 1954 Commerce St Dallas, TX 75201 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription	(b) Description Subscription
	(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 11/25/2024	Payee name 7 Eleven	
Amount (\$) 45.75 Campaign Funds for Campaign Expenditures	Payee address; 4200 Abrams Rd Dallas, TX 75214 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description Fuel
	<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 11/22/2024	Payee name Upward Public Affairs	
Amount (\$) 464.52 Campaign Funds for Campaign Expenditures	Payee address; 2211 Weatherbee St Fort Worth, TX 76110 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food For 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
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: 4 of 23	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2024	5 Payee name SLOVACEK S TRAVEL CENTER	
6 Amount (\$) 24.25 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 214 Melody Drive West, TX 76691	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out Of District	(b) Description Fuel
	(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 11/04/2024	Payee name Texas Democratic Party	
Amount (\$) 350.00 Campaign Funds for Campaign Expenditures	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) Solicitation/Fundraising Expense	Description Texas VAN NGP Database
	<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 11/01/2024	Payee name MailChimp	
Amount (\$) 319.80 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 675 Ponce De Leon Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Email Database
	<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 23	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2024	5 Payee name DALLAS MORNING NEWS	
6 Amount (\$) 32.51 Campaign Funds for Campaign Expenditures	7 Payee address; 1954 Commerce St Dallas, TX 75201 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Subscription
	(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 10/24/2024	Payee name Interabang Books	
Amount (\$) 648.42 Campaign Funds for Campaign Expenditures	Payee address; 5600 W Lovers Ln Suite 142 Dallas, TX 75209 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Council Holiday 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
Date 10/21/2024	Payee name ACTBLUE* COLIN.ALLRED	
Amount (\$) 505.00 Campaign Funds for Campaign Expenditures	Payee address; 366 Summer Street Somerville, MA 01244 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Collin Allred Campaign
	<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: 6 of 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 10/07/2024		5 Payee name Upward Public Affairs			
6 Amount (\$) 1500.00 Campaign Funds for Campaign Expenditures		7 Payee address; 2211 Weatherbee Fort Worth, TX 76110 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting		
	(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 10/02/2024		Payee name MailChimp			
Amount (\$) 319.80 Campaign Funds for Campaign Expenditures		Payee address; 675 Ponce De Leon Atlanta, GA 30308 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Email Database		
	<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 09/30/2024		Payee name DALLAS DEMOCRATS			
Amount (\$) 1000.00 Campaign Funds for Campaign Expenditures		Payee address; 1414 N Washington AveDallas, TX 75204 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description Contribution		
	<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: 7 of 23	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 09/27/2024	5 Payee name DALLAS MORNING NEWS	
6 Amount (\$) 32.51 Campaign Funds for Campaign Expenditures	7 Payee address; 1954 Commerce St Dallas, TX 75201 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Subscription
	(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 09/16/2024	Payee name Upward Public Affairs	
Amount (\$) 1500.00 Campaign Funds for Campaign Expenditures	Payee address; 2211 Weatherbee Fort Worth, TX 76110 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Expense
	<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 09/10/2024	Payee name ACTBLUE* JULIE.JOHNSON	
Amount (\$) 500.00 Campaign Funds for Campaign Expenditures	Payee address; 366 Summer Street Somerville, MA 02144 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Julie Johnson Campaign
	<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: 8 of 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 09/03/2024		5 Payee name MailChimp			
6 Amount (\$) 319.80 Campaign Funds for Campaign Expenditures		7 Payee address; 675 Poncee De Leon Atlanta, GA 30308 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Email Database		
	(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 09/03/2024		Payee name Hyatt Regency Dallas			
Amount (\$) 20.00 Campaign Funds for Campaign Expenditures		Payee address; 300 Reunion Dallas, TX 75207 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out Of District		Description Parking		
	<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 08/27/2024		Payee name DALLAS MORNING NEWS			
Amount (\$) 32.51 Campaign Funds for Campaign Expenditures		Payee address; 1954 Commerce St Dallas, TX 75201 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Subscription		
	<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: 9 of 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 08/26/2024		5 Payee name THE ALLEGRO ROYAL SONESTA			
6 Amount (\$) 1872.55 Campaign Funds for Campaign Expenditures		7 Payee address; 171 W Randolph St Chicago, IL 60601 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out Of District		(b) Description Democratic National Convention	
		(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 08/07/2024		Payee name MailChimp			
Amount (\$) 202.54 Campaign Funds for Campaign Expenditures		Payee address; 675 Ponce De Leon Atlanta, GA 30308 City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Email Database	
		<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 08/02/2024		Payee name MailChimp			
Amount (\$) 117.26 Campaign Funds for Campaign Expenditures		Payee address; 675 Ponce De Leon Atlanta, GA 30308 City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Email Database	
		<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: 10 of 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 07/29/2024		5 Payee name DALLAS MORNING NEWS			
6 Amount (\$) 32.51 Campaign Funds for Campaign Expenditures		7 Payee address; 1954 Commerce St Dallas, TX 75201 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Subscription		
	(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 07/24/2024		Payee name Upward Public Affairs			
Amount (\$) 3000.00 Campaign Funds for Campaign Expenditures		Payee address; 2211 Weatherbee Fort Worth, TX 76110 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Consulting Expense		
	<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 07/11/2024		Payee name USPS			
Amount (\$) 27.20 Campaign Funds for Campaign Expenditures		Payee address; 901 W. Holland Alpine, TX 79830 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage		Description 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
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: 11 of 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 07/02/2024		5 Payee name MailChimp			
6 Amount (\$) 117.26 Campaign Funds for Campaign Expenditures		7 Payee address; 675 Poncee De Leon Atlanta, GA 30308 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Email Database	
		(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 10/05/2024		Payee name Gavin Nicholson			
Amount (\$) 500.00 Campaign Funds for Campaign Expenditures		Payee address; 350 N. St. Paul Suite 2502 Dallas, TX 75201 City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description Database Cleanup	
		<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 12/30/2024		Payee name Shutterfly			
Amount (\$) 791.57 Officeholder Funds for Officeholder Expenditures		Payee address; 4012 14th Street Plano, TX 75074 City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Holiday Cards		Description Holiday Cards	
		<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: 12 of 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 12/23/2024		5 Payee name TENEMENT MUSEUM			
6 Amount (\$) 57.50 Officeholder Funds for Officeholder Expenditures		7 Payee address; 103 Orchard St New York, NY 10002 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Tickets		
	(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 12/23/2024		Payee name Uber Technologies			
Amount (\$) 64.88 Officeholder Funds for Officeholder Expenditures		Payee address; 1725 3rd Street San Francisco, CA 94158 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out Of District		Description Car Service		
	<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 12/18/2024		Payee name Bread Zepplin			
Amount (\$) 110.19 Officeholder Funds for Officeholder Expenditures		Payee address; 1300 Main Street Dallas, TX 75202 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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
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 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 12/12/2024		5 Payee name PayPal			
6 Amount (\$) 5.00 Officeholder Funds for Officeholder Expenditures		7 Payee address; 2211 North First Street San Jose, CA 95131 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description TexasJobs Subscription		
	(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 12/11/2024		Payee name Dream Cafe			
Amount (\$) 11.75 Officeholder Funds for Officeholder Expenditures		Payee address; 6465 E Mockingbird Dallas, TX 75214 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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 12/04/2024		Payee name Bread Zepplin			
Amount (\$) 77.51 Officeholder Funds for Officeholder Expenditures		Payee address; 1300 Main St Dallas, TX 75202 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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
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 23	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2024	5 Payee name CustomInk	
6 Amount (\$) 58.49 Officeholder Funds for Officeholder Expenditures	7 Payee address; 3839 McKinney Ave Suite 135 Dallas, TX 75204 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Council Holiday Sweater	(b) Description Council Holiday Sweater
	(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 11/12/2024	Payee name PayPal	
Amount (\$) 5.00 Officeholder Funds for Officeholder Expenditures	Payee address; 2211 North First Street San Jose, CA 95131 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description TexasJobs Subscription
	<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 11/05/2024	Payee name Bread Zepplin	
Amount (\$) 47.23 Officeholder Funds for Officeholder Expenditures	Payee address; 1300 Main Street Dallas, TX 75202 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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
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: 15 of 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 10/31/2024		5 Payee name Uber Technologies			
6 Amount (\$) 31.43 Officeholder Funds for Officeholder Expenditures		7 Payee address; City; State; Zip Code 1725 3rd Street San Francisco, CA 94158			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Car Service		
	(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 10/24/2024		Payee name La Ventana			
Amount (\$) 51.07 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 1611 McKinney Ave Dallas, TX 75204			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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 10/24/2024		Payee name PARKRECEIPTS.COM			
Amount (\$) 10.00 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 5000 Legacy Drive Plano, TX 75024			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out Of District		Description Parking		
	<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: 16 of 23	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 10/22/2024	5 Payee name Cheeba Hut	
6 Amount (\$) 84.11 Officeholder Funds for Officeholder Expenditures	7 Payee address; 2808 Main Street Dallas, TX 75226 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 10/15/2024	Payee name PayPal	
Amount (\$) 5.00 Officeholder Funds for Officeholder Expenditures	Payee address; 2211 North First Street San Jose, CA 95131 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description TexasJobs Subscription
	<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 10/09/2024	Payee name Bread Zepplin	
Amount (\$) 67.45 Officeholder Funds for Officeholder Expenditures	Payee address; 1300 Main Street Dallas, TX 75202 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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
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: 17 of 23	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 10/03/2024	5 Payee name Cheeba Hut	
6 Amount (\$) 34.94 Officeholder Funds for Officeholder Expenditures	7 Payee address; City; State; Zip Code 2808 Main Street Dallas, TX 75226	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 09/25/2024	Payee name THE ONIRAMEN	
Amount (\$) 58.97 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 3822 Elm Street Dallas, TX 75226	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meals
	<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 09/16/2024	Payee name Costco	
Amount (\$) 264.19 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 8055 Churchill Way Dallas, TX 75251	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	Description Office 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
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: 18 of 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 09/16/2024		5 Payee name Chick-fil-a			
6 Amount (\$) 57.85 Officeholder Funds for Officeholder Expenditures		7 Payee address; 6176 Retail Road Suite 100 Dallas, TX 75231 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 09/12/2024		Payee name PayPal			
Amount (\$) 5.00 Officeholder Funds for Officeholder Expenditures		Payee address; 2211 North First Street San Jose, CA 95131 City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description TexasJobs Subscription	
		<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 09/11/2024		Payee name Bread Zepplin			
Amount (\$) 49.39 Officeholder Funds for Officeholder Expenditures		Payee address; 1300 Main Street Dallas, TX 75202 City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage 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	
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: 19 of 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 09/09/2024		5 Payee name OMNI AUSTIN DOWNTOWN AUSTIN			
6 Amount (\$) 88.97 Officeholder Funds for Officeholder Expenditures		7 Payee address; 700 San Jacinto E 8th St Austin, TX 78701 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out Of District		(b) Description Hotel	
		(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 08/27/2024		Payee name Bread Zepplin			
Amount (\$) 70.05 Officeholder Funds for Officeholder Expenditures		Payee address; 1300 Main Street Dallas, TX 75202 City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage 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 08/19/2024		Payee name Hillside Tavern			
Amount (\$) 143.54 Officeholder Funds for Officeholder Expenditures		Payee address; 6465 E Mockingbird Ln Dallas, TX 75214 City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage 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: 20 of 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 08/14/2024		5 Payee name Bread Zeplin			
6 Amount (\$) 111.08 Officeholder Funds for Officeholder Expenditures		7 Payee address; City; State; Zip Code 1300 Main Street Dallas, TX 75202			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 08/12/2024		Payee name Old Ebbitt Grill			
Amount (\$) 52.88 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 675 15th St NW Washington, DC 20005			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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 08/12/2024		Payee name DFW AIRPORT PARKING			
Amount (\$) 32.00 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 2400 Aviation Dr. Dallas, TX 75261			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out Of District		Description Airport Parking		
	<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: 21 of 23	2 FILER NAME Mrs Paula C Blackmon	3 Filer ID (Ethics Commission Filers)
4 Date 08/12/2024	5 Payee name la madeleine	
6 Amount (\$) 15.68 Officeholder Funds for Officeholder Expenditures	7 Payee address; City; State; Zip Code 3072 Mockingbird Dallas, TX 75205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 08/06/2024	Payee name Bread Zepplin	
Amount (\$) 63.12 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/Beverage 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 08/05/2024	Payee name DALLAS ARTS DISTRICT	
Amount (\$) 35.40 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 750 N St. Paul Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out Of District	Description Parking
	<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: 22 of 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 08/05/2024		5 Payee name Cheeba Hut			
6 Amount (\$) 28.08 Officeholder Funds for Officeholder Expenditures		7 Payee address; City; State; Zip Code 2808 Main Street Dallas, TX 75226			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 08/05/2024		Payee name DALLAS ARTS DISTRICT			
Amount (\$) 12.00 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 750 N St. Paul Dallas, TX 75201			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out Of District		Description Parking		
	<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 07/30/2024		Payee name Walmart.com			
Amount (\$) 52.02 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 702 Sw 8th St Bentonville, AR 72716			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies		Description Office Expenses		
	<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: 23 of 23		2 FILER NAME Mrs Paula C Blackmon		3 Filer ID (Ethics Commission Filers)	
4 Date 12/31/2024		5 Payee name Anedot			
6 Amount (\$) 731.32 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 5555 Hilton Ave Baton Rouge, LA 70808			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Online fundraising fees		
	(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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
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