

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST LAST <i>LARRY BLACKMON</i>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1118 Wood Orchard Ct, Missouri City TX 77489</i>	FEB 22 2022 RIND	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(281) 415-0351</i>	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST LAST <i>Michael SMITH</i>	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3501 Holman St, Houston TX 77004</i>	Receipt #	Amount \$
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(832) 774 2730</i>	Date Processed	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>8 / 13 / 21</i> <i>2 / 22 / 22</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 1 / 22</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>County Commissioner</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

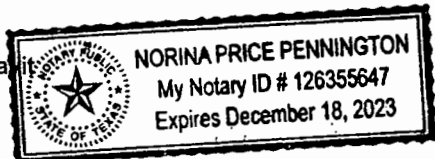
15 C/OH NAME <u>LARRY BLACKMON</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6,850</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,130.84</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>280.84</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

18 SIGNATURE 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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Larry Blackmon this the 22 day of February 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# 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: <b>4</b>
2 FILER NAME <b>LARRY BLACKMON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-11-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOE SWINBANK</b>	7 Amount of contribution (\$) <b>\$1000</b>
6 Contributor address; City; State; Zip Code <b>HOUSTON TX</b>		
8 Principal occupation / Job title (See Instructions) <b>CONSULTANT</b>		9 Employer (See Instructions)
Date <b>8-19-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LILIAN M. LANGE</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>SUGARLAND TX 77498</b>		
Principal occupation / Job title (See Instructions) <b>ADMINISTRATOR</b>		Employer (See Instructions) <b>HCC</b>
Date <b>8-18-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J C MEDINA</b>	Amount of contribution (\$) <b>\$200</b>
Contributor address; City; State; Zip Code <b>BEAUMONT TX 77705</b>		
Principal occupation / Job title (See Instructions) <b>Mechanic (Tires)</b>		Employer (See Instructions) <b>Owner/Operator</b>
Date <b>8-13-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bobby Smith</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>MISSOURI CITY TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>TEACHER - RETIRED</b>		Employer (See Instructions) <b>Self</b>

**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: <b>3</b>
2 FILER NAME <b>LARRY BLACKMON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8-14-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIE DAVIS</b>	7 Amount of contribution (\$) <b>\$150<sup>00</sup>/<del>00</del></b>
6 Contributor address; City; State; Zip Code <b>BEARSWOOD HOUSTON TX 77025</b>		
8 Principal occupation / Job title (See Instructions) <b>Minister</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>8-14-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROONEY HAYNES</b>	Amount of contribution (\$) <b>200<sup>00</sup>/<del>00</del></b>
Contributor address; City; State; Zip Code <b>3775 SEMINOLE DR HOUSTON TX 77017</b>		
Principal occupation / Job title (See Instructions) <b>Accounting</b>		Employer (See Instructions) <b>Self</b>
Date <b>8/14/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jonathan Finley</b>	Amount of contribution (\$) <b>150<sup>00</sup>/<del>00</del></b>
Contributor address; City; State; Zip Code <b>HOUSTON TX 77481</b>		
Principal occupation / Job title (See Instructions) <b>CASE worker</b>		Employer (See Instructions) <b>CPS</b>
Date <b>9-9-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J D Walker</b>	Amount of contribution (\$) <b>1,000<sup>00</sup>/<del>00</del></b>
Contributor address; City; State; Zip Code <b>Stafford TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>

**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 FILER NAME <i>LARRY BLACKMON</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-14-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DVA HOLDING PAC</i>	7 Amount of contribution (\$) <i>1,000<sup>ref</sup></i>
6 Contributor address; City; State; Zip Code <i>Mobile Alabama</i>		
8 Principal occupation / Job title (See Instructions) <i>ENGINEERS</i>		9 Employer (See Instructions) <i>DVA ASSOCIATES</i>
Date <i>1-11-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINDA EFES</i>	Amount of contribution (\$) <i>\$1,000<sup>ref</sup></i>
Contributor address; City; State; Zip Code <i>BEAUMONT TX 77705</i>		
Principal occupation / Job title (See Instructions) <i>Football</i>		Employer (See Instructions)
Date <i>1-20-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LARRY BLACKMON</i>	Amount of contribution (\$) <i>\$500<sup>ref</sup></i>
Contributor address; City; State; Zip Code <i>1118 WOOD OCHLAVO WAC. LG TX 77489</i>		
Principal occupation / Job title (See Instructions) <i>Nurse - RETIRED</i>		Employer (See Instructions)
Date <i>1-22-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DUNN + ASSOCIATES</i>	Amount of contribution (\$) <i>\$250<sup>ref</sup></i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Businessman</i>		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 FILER NAME <i>HARRY BLACKMON</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-29-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Monica Akompi</i>	7 Amount of contribution (\$) <i>\$500 / AF</i>
6 Contributor address; City; State; Zip Code <i>Sugarland TX 77459</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1-8-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ZXS</i>	Amount of contribution (\$) <i>700 / AF</i>
Contributor address; City; State; Zip Code <i>Sugarland TX 77459</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>HARRY BLACKMON</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>3,000</u>	
5 Date <u>8/10/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Calvin Rose</u>	8 Amount of Contribution \$ <u>3,000</u>	9 In-kind contribution description <u>website service</u>
7 Contributor address; City; State; Zip Code <u>Missouri City TX 77459</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>CTI Specialist</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Larry Backman	3 Filer ID (Ethics Commission Filers)
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4 Date 8-24-21	5 Payee name UNYT BAND
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6 Amount (\$) 1,000	7 Payee address; City; State; Zip Code Houston TX 77489
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Music
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Larry Backman	Office sought County Commissioner	Office held ✓
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Date 8-24-21	Payee name UNYT BAND
-----------------	-------------------------

Amount (\$) 1,000	Payee address; City; State; Zip Code Houston, TX 77489
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Music
	<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 Larry Backman	Office sought County Commissioner	Office held
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Date 9-11-21	Payee name UNYT BAND
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Amount (\$) 1,000	Payee address; City; State; Zip Code Houston TX 77489
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Music
	<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 Larry Backman	Office sought County Commissioner	Office held
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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **LARRY BLACKMON** 3 Filer ID (Ethics Commission Filers)

4 Date **2-9-22** 5 Payee name **NBD Graphics Inc.**

6 Amount (\$) **\$755.59** 7 Payee address; City; State; Zip Code  
**917 MASON RD HOUSTON TX 77450**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description  
**ADVERTISING EXPENSE YARD SIGNS**  
 (c)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held  
**LARRY BLACKMON County Commissioner**

Date **1-28-22** Payee name **TGM Printing**

Amount (\$) **\$541.29** Payee address; City; State; Zip Code  
**13910 Murphy Rd Stafford TX 77477**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
**ADVERTISING PUSH CARS**  
 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held  
**LARRY BLACKMON County Commissioner**

Date **2-16-22** Payee name **TGM Printing**

Amount (\$) **\$550** Payee address; City; State; Zip Code  
**13910 Murphy Rd Stafford TX 77477**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
**ADVERTISING ROAD SIGNS**  
 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held  
**LARRY BLACKMON County Commissioner**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>LARRY BLACKMON</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-18-22</b>	5 Payee name <b>TGM Printing</b>	
6 Amount (\$) <b>\$250</b>	7 Payee address; <b>13910 Murphy Rd Safford TX 77477</b>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>LARRY BLACKMON</b>	Office sought / Office held <b>County Commissioner</b>
Date <b>2-16-22</b>	Payee name <b>TGM Printing</b>	
Amount (\$) <b>\$384</b>	Payee address; <b>13910 Murphy Rd Safford TX 77477</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>PUSH CARDS</b>
	<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 <b>LARRY BLACKMON</b>	Office sought / Office held <b>County Commissioner</b>
Date <b>2-19-22</b>	Payee name <b>TEAM TWILIO</b>	
Amount (\$) <b>\$350</b>	Payee address; <b>ADVERTISING Safford TX 77477</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Robo Calls Advertising</b>	Description <b>Robo Calls</b>
	<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 <b>LARRY BLACKMON</b>	Office sought / Office held <b>County Commissioner</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME LARRY BLACKMON	3 Filer ID (Ethics Commission Filers)
4 Date 2-9-22	5 Payee name Home Depot	
6 Amount (\$) \$300.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Mullers Pt Houston TX 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description T-Posts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held LARRY BLACKMON County Commissioner	
Date 2-20-22	Payee name Michael Holmes	
Amount (\$) \$500.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3000 Sharonville Houston TX 77028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Poll Worker	Description Polling Expense
	<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 LARRY BLACKMON County Commissioner	
Date 2-12-22	Payee name Michael Holmes	
Amount (\$) \$500.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3000 Sharonville Houston TX 77028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Poll Worker	Description Polling Expense
	<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 LARRY BLACKMON County Commissioner	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>LARRY HACKMON</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6850
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3000
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6000
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1300
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

1 C/OH NAME

LARRY BLACKMAN

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**\*\* Complete A & B below only if you are not an officeholder. \*\***

### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

**\*\* Complete this section only if you are an officeholder \*\***

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

