

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: 13								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>DR</u> FIRST <u>NATALIE</u> MI <u>K</u> NICKNAME LAST SUFFIX <u>BLASINGAME</u>	OFFICE USE ONLY Date Received RECEIVED OCT 25 2021 BY: <u>[Signature]</u> 5:00 PM Date Hand-delivered or Date Postmarked									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>16119 RAINBOW LAKE RD</u> <u>HOUSTON TX 77095</u>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(832) 647-0230</u>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <u>MRS LORRAINE J</u> NICKNAME LAST SUFFIX <u>KAGAN</u>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>77 BRADFORD CIRCLE SUGAR LAND TX 77479</u>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(281) 265-7857</u>										
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year Month Day Year <u>9 / 24 / 2021</u> THROUGH <u>10 / 23 / 2021</u>										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☒ Other Description <u>11 / 2 / 2021</u> ☐ General ☐ Special <u>BOARD OF TRUSTEES</u>										
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <u>CYPRESS FAIRBANKS ISD BOARD OF TRUSTEES</u>										
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ 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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">☐ GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	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>NATALIE K BLASINGAME</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>510.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5100.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6839.71</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>31.37</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, 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 Natalie K. Blasingame, and my date of birth is 07/02/70
 My address is 16119 Rainbow Lake Rd., Houston, TX, 77095, USA
 (street) (city) (state) (zip code) (country)
 Executed in Harris County, State of Texas, on the 25th day of October, 2021
 (month) (year)
Natalie K. Blasingame
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,610.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 107.34
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	☐ SCHEDULE E: LOANS	\$ 0
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5589.71
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 6/7
2 FILER NAME NATALIE K BLASINGAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/21	5 Full name of contributor ☐ out-of-state PAC (ID#: JERRY & DENISE JUNGELS	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 8529 WYNDHAM VILLAGE DR. HOUSTON TX 77040		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 10/10/21	Full name of contributor ☐ out-of-state PAC (ID#: TERRY & RENATE WHEELER	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 13802 MAGNOLIA MANOR DR., CYPRESS TX 77429		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/10/21	Full name of contributor ☐ out-of-state PAC (ID#: DON SUMMERS	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 8222 PINE THISTLE LN., SPRING TX 77379		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/22/21	Full name of contributor ☐ out-of-state PAC (ID#: MARY DEPUTY	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 7842 HIGHLAND FARMS RD, HOUSTON TX 77095		
Principal occupation / Job title (See Instructions) HOMEMAKER		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 NATALIE K BLASINGAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/29/21	5 Full name of contributor ☐ out-of-state PAC (ID#: BURKE MILLER	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 12202 CALLAWAY COVE CT. HOUSTON TX 77041		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 9/29/21	Full name of contributor ☐ out-of-state PAC (ID#: RUSSELL GAINES	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 17802 HAVEN FOREST CT. CYPRESS TX 77433		
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions)
Date 10/10/21	Full name of contributor ☐ out-of-state PAC (ID#: JOHN + APRIL PEART	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code 19514 LUTHERAN CEMETARY RD. CYPRESS TX 77433		
Principal occupation / Job title (See Instructions) PRESIDENT		
Date 10/3/21	Full name of contributor ☐ out-of-state PAC (ID#: CLARK DENSON	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 14003 CONWAY LANDING, CYPRESS TX 77433		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 3/7
2 FILER NAME NATALIE K BLASINGAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/21	5 Full name of contributor ☐ out-of-state PAC (ID#: RICHARD + JUDI DEHAAN 6 Contributor address; City; State; Zip Code 20106 THREE CHUTES LN, CYPRESS TX 77433	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 10/10/21	Full name of contributor ☐ out-of-state PAC (ID#: DAVID JUNGERICH Contributor address; City; State; Zip Code 14214 CYPRESS MEADOW DR. CYPRESS TX 77429	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SALES		
Date 10/17/21	Full name of contributor ☐ out-of-state PAC (ID#: FATHER'S HOUSE - LESTER MILES Contributor address; City; State; Zip Code PO BOX 41748, HOUSTON TX 77241-1748	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions)
Date 10/10/21	Full name of contributor ☐ out-of-state PAC (ID#: WILLIAM ELY Contributor address; City; State; Zip Code 20715 ORANGE POPPY DR., CYPRESS TX 77433	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) ACCOUNT EXECUTIVE		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME NATALIE K BLASINGAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/21	5 Full name of contributor ☐ out-of-state PAC (ID#: WILLIAM ELY 6 Contributor address; City; State; Zip Code 20715 ORANGE POPPY DR. CYRESS TX 77433	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) SOFTWARE SALES/ACCT EXEC.		9 Employer (See Instructions) SAP
Date 10/7/21	Full name of contributor ☐ out-of-state PAC (ID#: LORRAINE KAGAN Contributor address; City; State; Zip Code 77 BRADFORD CIRCLE SUGAR LAND TX 77479	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/10/21	Full name of contributor ☐ out-of-state PAC (ID#: CAMERON DICKEY Contributor address; City; State; Zip Code 12122 N FOUNDERS SHORE DR. CYPRESS 77433	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PRESIDENT & CEO		Employer (See Instructions) Cy-Fair Federal Credit Union
Date 10/10/21	Full name of contributor ☐ out-of-state PAC (ID#: AARON + DENISE KLIEM Contributor address; City; State; Zip Code 13406 LYNDONVILLE DR. HOUSTON TX 77041	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) FACILITIES DIRECTOR		Employer (See Instructions) HOUSTON FAITH CHURCH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 7/7
2 FILER NAME NATALIE K BLASINGAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/21	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CYNTHIA BOUTWELL	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 17506 BOBCAT TRL, CYPRESS TX 77429		
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions)
Date 10/23/21	Full name of contributor ☐ out-of-state PAC (ID#: _____) MICHELLE WILHELM	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 21007 W. FARWOOD TERRACE, CYPRESS TX 77433		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date	Full name of contributor ☐ 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 ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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: 5/7
2 FILER NAME NATALIE K BLASINGAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/21	5 Full name of contributor ☐ out-of-state PAC (ID#: JACKELINNE VILLALOBOS	7 Amount of contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code 15810 ASHTON HILLS, CYPRESS TX 77429		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)
Date 10/10/21	Full name of contributor ☐ out-of-state PAC (ID#: DORIAN + MECHIEL ROZAS	Amount of contribution (\$) \$350.00
Contributor address; City; State; Zip Code 1003 CORDELL ST., HOUSTON TX 77009		
Principal occupation / Job title (See Instructions) EDUCATION		Employer (See Instructions)
Date 10/10/21	Full name of contributor ☐ out-of-state PAC (ID#: BURKE MILLER	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 12202 CALLAWAY COVE CT., HOUSTON TX 77041		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date	Full name of contributor ☐ 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

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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:	
2 FILER NAME <i>NATALIE K BLASINGAME</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>10/20/21</i>	6 Full name of contributor ☐ out-of-state PAC (ID#: <i>TERESA THOMAS</i>	8 Amount of Contribution \$ <i>107.34</i>	9 In-kind contribution description <i>ADVERTISING / SIGNAGE</i>
7 Contributor address; City; State; Zip Code <i>17122 LIGOSTRUM TRL. TOMBALL TX 77377</i>		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>RETIRED -</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor ☐ out-of-state PAC (ID#:	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		☐ 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3	2 FILER NAME NATALIE K BLASINGAME	3 Filer ID (Ethics Commission Filers)
4 Date 10/20/21	5 Payee name AGILITY DIGITAL INC	
6 Amount (\$) 2500.00	7 Payee address; City; State; Zip Code 13901 SOUTH MINUTEMAN #150 DRAPER UT 84020	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	
	(b) Description ADVERTISING 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		
Date 10/5/21	Payee name ANTHEM PRINTING	
Amount (\$) 481.00	Payee address; City; State; Zip Code 2591 DALLAS PKWY DALLAS TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	
	Description ADVERTISING - CARDS	
☐ 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		
Date 10/6/21	Payee name GO DADDY.COM	
Amount (\$) 26.64	Payee address; City; State; Zip Code 1455 N HAYDEN RD. STE 219 SCOTTSDALE AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AD. EXPENSE	
	Description WEBSITE	
☐ 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		
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 3	2 FILER NAME NATALIE K BLASINGAME	3 Filer ID (Ethics Commission Filers)	
4 Date 10/10/21	5 Payee name CHAVEZ MEXICAN RESTAURANT		
6 Amount (\$) 449.00	7 Payee address; 5930 HWY 6N.	City; HOUSTON	State; Zip Code TX 77084
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN EVENT EXPENSE		(b) Description FOOD
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 9/27/21	Payee name U Z MARKETING		
Amount (\$) 794.66	Payee address; 5900 BINGLE RD	City; HOUSTON	State; Zip Code TX 77092
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description SIGNS
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 10/18/21	Payee name CRACKER BARREL RESTAURANT		
Amount (\$) 213.41	Payee address; 27040 NORTHWEST FWY	City; CYPRESS	State; Zip Code TX 77429
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description FOOD
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 of 3	2 FILER NAME NATALIE K BLASINGAME	3 Filer ID (Ethics Commission Filers)
4 Date 10/21/21	5 Payee name PROJECT BROADCAST, COM	
6 Amount (\$) 1125.00	7 Payee address; City; State; Zip Code StarterStep LLC 300 La Vida Ct, Irving, Texas 75062	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	
	(b) Description BUSINESS MESSAGING	
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	
☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	
☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	
☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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