

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

Amended 1/16/26

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **10**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST Natalie	MI K	OFFICE USE ONLY	
	NICKNAME	LAST Blasingame	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 10119 Rainbow Lake Rd. Houston, TX 77095			Date Received 1-15-26 original @ 4:30 electronic 2-17-26 - Amended electronic semi-annual <i>Set</i>	
☐ Change of Address				Date Hand-delivered or Date Postmarked electronic delivery	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 447-0230	EXTENSION	Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Lorraine	MI	Date Processed 1-15-26 original 2-17-26 amended	
	NICKNAME	LAST Kagan	SUFFIX	Date Imaged 2/18/26 - amended	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 777 Bradford Cir, Sugarland, TX 77479			State TX ZIP CODE 77479 <i>Set 2-18-26 Amended</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 265-7857	EXTENSION		
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 10 / 26 / 25 THROUGH 1 / 12 / 26				
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 25		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Cypress-Fairbanks, Trustee Posn. 6		
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.				
☐ Additional Pages	COMMITTEE TYPE	COMMITTEE NAME Cy-Fair for Liberty PAC			
	☐ GENERAL	COMMITTEE ADDRESS 13121 Lovetta Rd, # 1555, Cypress, TX 77429			
	☒ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Mr. William Ely			
		COMMITTEE CAMPAIGN TREASURER ADDRESS 13121 Lovetta Rd, # 1555, Cypress, TX 77429			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: <u>Dr. Natalie K. Blasinaame</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</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6596.90</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>760.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>750.00</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.

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 Dr. Natalie Blasinaame, and my date of birth is 07/01/1970

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 15th day of January, 2026.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Dr. Natalie K. Blasingame

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,967.87
2.	☒	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,429.03
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	☒	SCHEDULE E: LOANS	\$ 750.00
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10.00
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

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: <u>1</u>
2 FILER NAME: <u>Dr. Natalie K. Blasingame</u>		3 Filer ID (Ethics Commission Filers)
4 Date: <u>11/4/25</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Natalie K. Blasingame</u>	7 Amount of contribution (\$) <u>\$1967.87</u> <u>satisfactory to Campaign + Bank Expense</u>
6 Contributor address; City; State; Zip Code <u>14119 Rainbow Lake Rd., Houston, TX 77045</u>		
8 Principal occupation / Job title (See Instructions) <u>Retired Educator / Consultant</u>		9 Employer (See Instructions) <u>N/A</u>
Date	Full name of contributor ☐ 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 ☐ 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 ☐ 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.		

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>4</u>	
2 FILER NAME <u>Dr. Natalie K. Blasingame</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>11/4/25</u>	6 Full name of contributor: ☐ out-of-state PAC (ID#: <u>Cy-Fair 4 Liberty PAC</u>	8 Amount of Contribution \$ <u>\$1.80</u>	9 In-kind contribution description <u>Marketing Services</u>
7 Contributor address: City: State: Zip Code <u>13121 Louetta #1555, Cypress, TX 77429</u>		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation // Job title (FOR NON-JUDICIAL) (See Instructions) <u>N/A</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 <u>11/4/25</u>	Full name of contributor: ☐ out-of-state PAC (ID#: <u>Cy-Fair 4 Liberty PAC</u>	Amount of Contribution \$ <u>\$100.00</u>	In-kind contribution description <u>IT Services</u>
Contributor address: City: State: Zip Code <u>13121 Louetta #1555, Cypress, TX 77429</u>		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation // Job title (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>		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.			

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 4

2 FILER NAME Dr. Natalie K. Blasingame

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

§

5 Date 11/2/25

6 Full name of contributor: ☐ out-of-state PAC (ID#): Cy-Fair 4 Liberty PAC

7 Contributor address: 13121 Lovetta #1555, City: Cypress, State: TX, Zip Code: 77429

8 Amount of Contribution \$ 706.46

9 In-kind contribution
description
IT
services

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

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: 1/21/15
 Full name of contributor: Cy-Fair 4 Liberty PAC
 City: City
 State: State
 Zip Code: Zip Code
 Contributor address: 13121 Louetta #1555, Cypress, TX 77429

Amount of Contribution \$ 706.46

In-kind contribution description	Value
IT services	

☐ 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)

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>4</u>	
2 FILER NAME <u>Dr. Natalie K. Blasingame</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>11/17/25</u>	6 Full name of contributor ☐ out-of-state PAC (ID# _____) <u>Cy-Fair 4 Liberty PAC</u>	8 Amount of Contribution \$ <u>\$706.46</u>	9 In-kind contribution description <u>IT Services</u>
7 Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>13121 Louetta #1555, Cypress, TX 77429</u>		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation // Job title (FOR NON-JUDICIAL) (See Instructions) <u>N/A</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 <u>11/17/25</u>	Full name of contributor ☐ out-of-state PAC (ID# _____) <u>Cy-Fair 4 Liberty PAC</u>	Amount of Contribution \$ <u>\$994.93</u>	In-kind contribution description <u>Marketing Services</u>
Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>13121 Louetta #1555, Cypress, TX 77429</u>		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation // Job title (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>		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.			

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 4

2 FILER NAME Dr. Natalie K. Blasingame

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor ☐ out-of-state PA
 My Fair 4 Liberty PAC

☐ out-of-state PAC (ID#)

8 Amount of Contribution \$

9 In-kind contribution
description

7 Contributor address: City: State: Zip Code
13121 Lovetta #1555, Cypress, TX 77429

☐ Check if travel outside of Texas. Complete Schedule T.

10. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

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#
--------------------------	--

Ag-Fair 4 Liberty PAC

Amount of Contribution \$

In-kind contribution description

Contributor address: City: State: Zip Code
13121 Loretta # 1555, Cypress, TX 77429

#706. 46

IT services

☐ 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)

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

LOANS

SCHEDULE E

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 E:

1

2 FILER NAME

Dr. Natalie K. Blasingame

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID# _____)

Dr. Natalie K. Blasingame

9 Loan Amount (\$)

\$750.00

6 Is lender a financial institution?
Y ☒ N ☐

8 Lender address:

City:

State:

Zip Code

16119 Rainbow Lake Rd., Houston, TX
77095

10 Interest rate

0%

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

Retired Educator

13 Employer (See Instructions)

N/A

14 Description of Collateral

☒ none

15

☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?
Y ☐ N ☒

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

☐

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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:	2 FILER NAME <i>Dr. Natalie K. Blasingame</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>11/1/25</i>	5 Payee name: <i>Wells Fargo Bank</i>	
6 Amount (\$): <i>\$100.00</i>	7 Payee address: <i>19704 Northwest Fwy., Houston, TX 77065</i>	City: State: Zip Code:
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>	(b) Description <i>Banking Fee</i>
	(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 <i>Dr. Natalie K. Blasingame</i>	Office sought <i>OTSD Trustee, Pctm 6</i>
	Office held	
Date: <i>12/8/25</i>	Payee name: <i>Harris County Republican Party Primary</i>	
Amount (\$): <i>\$750.00</i>	Payee address: <i>2588 Katy Fwy #445, Spring Valley Village, TX 77024</i>	City: State: Zip Code:
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Fees-Filing</i>
	☐ 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 <i>Dr. Natalie K. Blasingame</i>	Office sought <i>TX House District 138</i>
	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

