

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: **15**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST Natalie	MI K.	OFFICE USE ONLY		
	NICKNAME	LAST Blasingame	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	1419 Rainbow Lake Rd., Houston, TX 77095					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received 10.6.2025 <i>Seal</i>		
	(832) 647-0230			Date Hand-delivered or Date Postmarked 10.6.2025 <i>Seal</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Lorraine	MI J	Receipt #	Amount \$	
	NICKNAME	LAST Kagan	SUFFIX	Date Processed 10.6.2025	Date Imaged 10.7.2025 <i>Seal</i>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	77 Bradford Cir., Sugar Land, TX 77479					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
(281) 265-7857						
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
08 / 07 / 2025 THROUGH 09 / 25 / 2025						
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
11 / 04 / 2025 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
12 OFFICE	OFFICE HELD (if any) CFISD Board of Trustees - Pos 5			13 OFFICE SOUGHT (if known) CFISD Board of Trustees - Pos. 6		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input checked="" 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	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	CYFAIR 4 LIBERTY PAC				
	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				
	13121 Louetta Rd. #1555, Cypress, TX 77429					
COMMITTEE CAMPAIGN TREASURER NAME						
Mr. Bill Ely						
COMMITTEE CAMPAIGN TREASURER ADDRESS						
13121 Louetta Rd. #1555, Cypress, TX 77429						

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME		<i>Dr. Natalie Blasingame</i>	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)		\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ <i>1300.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES		\$ <i>10.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ <i>1300.00</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ <i>0</i>

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 Blasingame*, and my date of birth is *07/02/1970*.

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 *07th* day of *October*, 20 *25*.
(month) (year)

Natalie Blasingame
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Dr. Natalie Blasingame</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	\$ 1300.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4507.82
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ N/A
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ N/A
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 10.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ N/A
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ N/A

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
2 FILER NAME Dr. Natalie Blasingame		3 Filer ID (Ethics Commission Filers)
4 Date 8/12/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark Denson	7 Amount of contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code 14003 Conway Lndg, Cypress, TX 77429		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 8/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Shepler	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9826 Primrose Park Ln., Cypress, TX 77433		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 8/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorraine Kagan	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code 77 Bradford Cir., Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 9/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicki Kunetka	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3219 Randy Ln., Katy, TX 77449		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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>2</u>
2 FILER NAME <u>Dr. Natalie Blasingame</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>8/28/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kay Burkhalter</u>	7 Amount of contribution (\$) <u>\$750.00</u>
6 Contributor address; City; State; Zip Code <u>18118 Allen Shore Dr., Cypress, TX 77433</u>		
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions) <u>Retired</u>
Date <u>9/18/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ann Rickner</u>	Amount of contribution (\$) <u>\$20.00</u>
Contributor address; City; State; Zip Code <u>16302 Kyle Crest Trl., Cypress, TX 77433</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>Retired</u>
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: 9	
2 FILER NAME Dr. Natalie Blasingame		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 9/25/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	8 Amount of Contribution \$ \$43.85	9 In-kind contribution description Marketing services
7 Contributor address; City; State; Zip Code 13121 Louetta Rd #1555, Cypress, TX 77429		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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 9/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	Amount of Contribution \$ \$709.68	In-kind contribution description Printing services
Contributor address; City; State; Zip Code 13121 Louetta Rd #1555, Cypress, TX 77429		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 9	
2 FILER NAME Dr. Natalie Blasingame		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 9/25/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	8 Amount of Contribution \$ \$452.62	9 In-kind contribution description IT Services
7 Contributor address; City; State; Zip Code 13121 Louetta Rd #1555, Cypress, TX 77429		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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 9/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	Amount of Contribution \$ \$531.72	In-kind contribution description Marketing Services
Contributor address; City; State; Zip Code 13121 Louetta Rd #1555, Cypress, TX 77429		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME Dr. Natalie Blasingame		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 9/25/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	8 Amount of Contribution \$ \$586.83	9 In-kind contribution description Printing Services
7 Contributor address; City; State; Zip Code 13121 Louetta Rd #1555, Cypress, TX 77429		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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 9/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	Amount of Contribution \$ \$90.17	In-kind contribution description Marketing Services
Contributor address; City; State; Zip Code 13121 Louetta Rd #1555, Cypress, TX 77429		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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2 FILER NAME Dr. Natalie Blasingame		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>9/25/25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	8 Amount of Contribution \$ <u>\$80.46</u>	9 In-kind contribution description <u>Printing services</u>
7 Contributor address; City; State; Zip Code <u>13121 Louetta Rd #1555, Cypress, TX 77429</u>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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>9/25/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	Amount of Contribution \$ <u>\$354.45</u>	In-kind contribution description <u>Printing services</u>
Contributor address; City; State; Zip Code <u>13121 Louetta Rd #1555, Cypress, TX 77429</u>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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2 FILER NAME Dr. Natalie Blasingame		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 9/25/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	8 Amount of Contribution \$ \$119.94	9 In-kind contribution description IT services
7 Contributor address; City; State; Zip Code 13121 Louetta Rd #1555, Cypress TX 77429		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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 9/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	Amount of Contribution \$ \$1,311.00	In-kind contribution description Printing services
Contributor address; City; State; Zip Code 13121 Louetta Rd #1555, Cypress, TX 77429		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) N/A- PAC		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)	
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME Dr. Natalie Blasingame		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>9/25/25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	8 Amount of Contribution \$ <u>\$666.67</u>	9 In-kind contribution description <u>Marketing Services</u>
7 Contributor address; City; State; Zip Code <u>13121 Louetta Rd #1555, Cypress, TX 77429</u>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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>9/25/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	Amount of Contribution \$ <u>\$100.00</u>	In-kind contribution description <u>IT Services</u>
Contributor address; City; State; Zip Code <u>13121 Louetta Rd #1555, Cypress, TX 77429</u>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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2 FILER NAME Dr. Natalie Blasingame		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>9/25/25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	8 Amount of Contribution \$ <u>\$642.35</u>	9 In-kind contribution description <u>Printing services</u>
7 Contributor address; City; State; Zip Code <u>13121 Louetta Rd #1555, Cypress, TX 77429</u>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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>9/25/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	Amount of Contribution \$ <u>\$354.45</u>	In-kind contribution description <u>Printing services</u>
Contributor address; City; State; Zip Code <u>13121 Louetta Rd #1555, Cypress, TX 77429</u>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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2 FILER NAME Dr. Natalie Blasingame		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>9/25/25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	8 Amount of Contribution \$ <u>\$92.52</u>	9 In-kind contribution description <u>Printing services</u>
7 Contributor address; City; State; Zip Code 13121 Louetta Rd #1555		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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>9/25/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	Amount of Contribution \$ <u>\$119.94</u>	In-kind contribution description <u>IT services</u>
Contributor address; City; State; Zip Code 13121 Louetta Rd #1555, Cypress, TX 77429		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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.

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: <i>9</i>	
2 FILER NAME Dr. Natalie Blasingame		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>9/25/25</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYFAIR 4 LIBERTY PAC	8 Amount of Contribution \$ <i>\$51.17</i>	9 In-kind contribution description <i>IT SERVICES</i>
7 Contributor address; City; State; Zip Code <i>13121 Louetta Rd #1555, Cypress, TX 77429</i>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A- PAC		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		
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 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:	2 FILER NAME Dr. Natalie Blasingame	3 Filer ID (Ethics Commission Filers)
4 Date 9/01/25	5 Payee name Wells Fargo Bank	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 19704 Northwest Fwy City: Houston State: TX Zip Code 77065	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Banking Fee
	(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 Dr. Natalie Blasingame	Office sought CFISD Trustee - Pos 6
		Office held CFISD - Pos 5 Trustee

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	
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
<input type="checkbox"/> Reimbursement from political contributions intended	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED