

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) 00090030		2 Total pages filed: 18	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.		FIRST Roxanne	MI	
	NICKNAME Roxy		LAST Lathan	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 140 Shoreline Dr. Nacogdoches , TX 75964		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 01/15/2026			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr.		FIRST Michael C.	MI
		NICKNAME		LAST Lathan	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 140 Shoreline Dr. Nacogdoches, TX 75964			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (936) 645-4012			
8 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year Month Day Year 09/10/2025 THROUGH 12/31/2025			
10 ELECTION		ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 11	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 18

13 C / OH NAME Lathan, Roxanne (Mrs.)	14 Filer ID (Ethics Commission Filers) 00090030
--	---

15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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 <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,325.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,355.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,148.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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.

Mrs. Roxanne Lathan

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

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

3 of 18

18 FILER NAME Lathan, Roxanne (Mrs.)		19 Filer ID (Ethics Commission Filers) 00090030
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,325.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,355.63
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/18
2 FILER NAME Lathan, Roxanne (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090030
4 Date 10/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abernethy-Duffin, Margaret (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75961	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) not employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baack, Sue (Mrs.) <hr/> Contributor address; City; State; Zip Code Deberry, TX 75639	Amount of Contribution (\$) \$210.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baack, Sue (Mrs.) <hr/> Contributor address; City; State; Zip Code Deberry, TX 75639	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannings, Mable (Mrs.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) self-employed Charisma Events Management		Employer (See Instructions) self-employed Charisma Events Management
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castella, Patricia (Ms.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/18
2 FILER NAME Lathan, Roxanne (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090030
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Patricia (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76705	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) not employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clotiaux, Terry (Mr.) <hr/> Contributor address; City; State; Zip Code Henderson, TX 75654	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuculic, Sue (Ms.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewins, Felita (Ms.) <hr/> Contributor address; City; State; Zip Code Carthage, TX 75633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Graves Bail Bond
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fite, Annette (Ms.) <hr/> Contributor address; City; State; Zip Code Beckville, TX 75631	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/18
2 FILER NAME Lathan, Roxanne (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090030
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaylord, Julie (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) not employed
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Yolanda (Mrs.) <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Caseworker		Employer (See Instructions) CPS
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Yolanda (Mrs.) <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Caseworker		Employer (See Instructions) CPS
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jo-an Calloway, Gillian (Ms.) <hr/> Contributor address; City; State; Zip Code Gary, TX 75643	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions) VA
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lathan, Erica (Mrs.) <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) K12 Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/18
2 FILER NAME Lathan, Roxanne (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090030
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lathan, Erica (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Crowley, TX 76036	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) K12 Services
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lathan M.A., Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) self-employed bondsman		Employer (See Instructions) Family Bail Bond
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lathan M.Ed., Roxanne (Mrs.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lathan M.Ed., Roxanne (Mrs.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCorvey M.A., Joann (Mrs.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Nacogdoches ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/18
2 FILER NAME Lathan, Roxanne (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090030
4 Date 10/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Denise (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) not employed
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitzler, Theresa (Ms.) <hr/> Contributor address; City; State; Zip Code Atlanta, TX 75551	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Steve (Mr.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixdorf, Amy (Mrs.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75961	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sola, Pamela (Mrs.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/18
2 FILER NAME Lathan, Roxanne (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090030
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spetseris, Martha (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Customer Service		9 Employer (See Instructions) I don't know, no name given, can't get anyone on the phone
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tatum M.Ed., Patricia (Mrs.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75215	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Faye (Mrs.) <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/18
2 FILER NAME Lathan, Roxanne (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090030
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Aleshue (Ms.) 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Substitute Teacher		9 Employer (See Instructions) Pflugerville ISD
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Annette (Mrs.) Contributor address; City; State; Zip Code Moore, OK 73160	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Rickey (Mr.) Contributor address; City; State; Zip Code Grapeland, TX 75844	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wenner, Sue (Ms.) Contributor address; City; State; Zip Code Nacogdoches, TX 75961	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Barry (Mr.) Contributor address; City; State; Zip Code Nacogdoches, TX 75964	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Aerospace Auditor, self employed		Employer (See Instructions) BRW Consulting, self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/18
2 FILER NAME Lathan, Roxanne (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090030
4 Date 09/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Barry (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75964	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Aerospace Auditor, self-employed		9 Employer (See Instructions) BRW Consulting, self-employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/7 Rpt: 12/18	2 FILER NAME Lathan, Roxanne (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090030
4 Date 12/31/2025	5 Payee name ActBlue	
6 Amount (\$) \$261.99	7 Payee address; City; State; Zip Code PO Box 962017 Boston, MA 02196	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Total Processing Fees for electronic contributions.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11
Date 10/24/2025	Payee name Around the Town newspaper	
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 630955 Nacogdoches, TX 75963	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense adv. in local newspaper
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11
Date 11/28/2025	Payee name Cadence Bank	
Amount (\$) \$2.00	Payee address; City; State; Zip Code 2400 North St Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cadence Bank Paper statement fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/7 Rpt: 13/18	2 FILER NAME Lathan, Roxanne (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090030
4 Date 10/15/2025	5 Payee name DMC Marketing Group	
6 Amount (\$) \$3,550.00	7 Payee address; City; State; Zip Code PO Box 632211 Nacogdoches, TX 75963	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design social media sites and create content, business cards, push cards, buttons,
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11 Office held
Date 10/31/2025	Payee name DMC Marketing Group	
Amount (\$) \$800.00	Payee address; City; State; Zip Code PO Box 632211 Nacogdoches, TX 75963	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advise and design content for social media sites
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11 Office held
Date 12/17/2025	Payee name EASTEX Photography, LLC	
Amount (\$) \$389.65	Payee address; City; State; Zip Code 418 Arbor Oak Dr Nacogdoches, TX 75964	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense photos for website, social media, print materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11 Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/7 Rpt: 14/18	2 FILER NAME Lathan, Roxanne (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090030
4 Date 10/14/2025	5 Payee name Sams Club	
6 Amount (\$) \$254.24	7 Payee address; City; State; Zip Code 407 N Brentwood Dr Lufkin, TX 75904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sams Club food candy drinks napkins for Campaign Kick-Off
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11
Date 10/13/2025	Payee name Simon, Carol (Ms.)	
Amount (\$) \$599.00	Payee address; City; State; Zip Code 1017 E. Main Street Nacogdoches, TX 75961	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Carol Simon editor East TX Monthly magazine Adv.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11
Date 10/31/2025	Payee name Spirit Outfitters printing company	
Amount (\$) \$95.00	Payee address; City; State; Zip Code 2920 Westward Dr Nacogdoches, TX 75964	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing business cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/7 Rpt: 15/18	2 FILER NAME Lathan, Roxanne (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090030
4 Date 10/31/2025	5 Payee name Spirit Outfitters printing company	
6 Amount (\$) \$228.58	7 Payee address; City; State; Zip Code 2920 Westward Dr Nacogdoches, TX 75964	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing pushcards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11 Office held
Date 12/12/2025	Payee name Spirit Outfitters printing company	
Amount (\$) \$166.50	Payee address; City; State; Zip Code 2920 Westward Dr Nacogdoches, TX 75964	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense shirts with my name on it for me to wear
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11 Office held
Date 12/15/2025	Payee name Spirit Outfitters printing company	
Amount (\$) \$950.00	Payee address; City; State; Zip Code 2920 Westward Dr Nacogdoches, TX 75964	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 25 --4'X4' yard signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11 Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/7 Rpt: 16/18	2 FILER NAME Lathan, Roxanne (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090030
4 Date 12/15/2025	5 Payee name Spirit Outfitters printing company	
6 Amount (\$) \$2,520.00	7 Payee address; City; State; Zip Code 2920 Westward Dr Nacogdoches, TX 75964	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 504 --24"X16" yard signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11 Office held
Date 10/17/2025	Payee name Squarespace Domains	
Amount (\$) \$278.01	Payee address; City; State; Zip Code 225 Varick Street 12th floor New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Squarespace Domain and website management for 12 months
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11 Office held
Date 10/17/2025	Payee name Squarespace, Inc.	
Amount (\$) \$14.00	Payee address; City; State; Zip Code 225 Varick Street 12th floor New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Squarespace Domains 1 month
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11 Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 6/7 Rpt: 17/18	2 FILER NAME Lathan, Roxanne (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090030
4 Date 11/10/2025	5 Payee name TX Democratic Party	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 314 E. Highland Mall Blvd Suite 508 Austin, TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee to get name on primary ballot
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11
Date 10/07/2025	Payee name USPS	
Amount (\$) \$94.00	Payee address; City; State; Zip Code 3007 North University St. PO Box 630511 Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PO Box for 6 months	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box for 6 months
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11
Date 11/10/2025	Payee name USPS	
Amount (\$) \$35.69	Payee address; City; State; Zip Code 3007 North University St. PO Box 630511 Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) USPS cert.mail/stamps filing fee app	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense USPS pay for cert.mail/stamps to send filing fee and app to get my name of the primary ballot
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 7/7 Rpt: 18/18	2 FILER NAME Lathan, Roxanne (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090030
4 Date 09/29/2025	5 Payee name Walmart	
6 Amount (\$) \$16.97	7 Payee address; City; State; Zip Code 4810 North St. Nacogdoches, TX 75965	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks for Campaign acct
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.)	Office sought State Representative District 11 Office held