

**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 | OFFICE USE ONLY | | |
| | NICKNAME Roxy | LAST Lathan | SUFFIX | Date Received ELECTRONICALLY FILED 01/15/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 140 Shoreline Dr. | | | Date Hand-delivered or Date Postmarked | | |
| | Nacogdoches , TX 75964 | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 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); 140 Shoreline Dr. | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | Nacogdoches, TX 75964 | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (936) 645-4012 | PHONE NUMBER | EXTENSION | | | |
| 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 09/10/2025 | Day | Year | Month 12/31/2025 | Day | Year |
| 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**

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| | | | |
|--|--|--------------------------------------|---|
| 13 C / OH NAME | Lathan, Roxanne (Mrs.) | | 14 Filer ID (Ethics Commission Filers) 00090030 |
| 15 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. <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. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 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**

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| | | |
|--|---|--|
| 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.) | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75961 | |
| 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.) | Amount of Contribution (\$) \$210.00 |
| | Contributor address; City; State; Zip Code Deberry, TX 75639 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Deberry, TX 75639 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75965 | |
| 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.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75964 | |
| 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.) | 7 Amount of Contribution (\$) \$200.00 |
| | 6 Contributor address; City; State; Zip Code Waco, TX 76705 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Henderson, TX 75654 | |
| 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.) | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75964 | |
| 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.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Carthage, TX 75633 | |
| 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.) | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Beckville, TX 75631 | |
| 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.) | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Humble, TX 77346 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Humble, TX 77346 | |
| 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.) | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Gary, TX 75643 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Crowley, TX 76036 | |
| 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.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Crowley, TX 76036 | |
| 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.) | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75964 | |
| 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.) | Amount of Contribution (\$) \$3,000.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75964 | |
| 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.) | Amount of Contribution (\$) \$2,000.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75964 | |
| 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.) | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75964 | |
| 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.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965 | |
| 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.) | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code Atlanta, TX 75551 | |
| 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.) | Amount of Contribution (\$) \$300.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75964 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75961 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75964 | |
| 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#: _____) Spetsaris, Martha (Ms.) | 7 Amount of Contribution (\$) \$20.00 |
| | 6 Contributor address; City; State; Zip Code San Marcos, TX 78666 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75964 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75964 | |
| 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.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75215 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Humble, TX 77346 | |
| 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.) | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Moore, OK 73160 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Grapeland, TX 75844 | |
| 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.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75961 | |
| 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.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Nacogdoches, TX 75964 | |
| 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.) 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 | 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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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 ONLY 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 ONLY 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 ONLY 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 | 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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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; 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 ONLY 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 DMC Marketing Group | |
| Amount (\$) \$800.00 | Payee address; City; 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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.) | Office sought State Representative District 11 |
| Date 12/17/2025 | Payee name EASTEX Photography, LLC | |
| Amount (\$) \$389.65 | Payee address; City; 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 ONLY 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 | 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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY 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 | 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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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; 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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.) | Office sought State Representative District 11 |
| Date 12/12/2025 | Payee name Spirit Outfitters printing company | |
| Amount (\$) \$166.50 | Payee address; City; 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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.) | Office sought State Representative District 11 |
| Date 12/15/2025 | Payee name Spirit Outfitters printing company | |
| Amount (\$) \$950.00 | Payee address; City; 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 ONLY 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 | 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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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; 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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.) | Office sought State Representative District 11 |
| Date 10/17/2025 | Payee name Squarespace Domains | |
| Amount (\$) \$278.01 | Payee address; City; 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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.) | Office sought State Representative District 11 |
| Date 10/17/2025 | Payee name Squarespace, Inc. | |
| Amount (\$) \$14.00 | Payee address; City; 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 ONLY 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 | 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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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 ONLY 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 ONLY 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 ONLY 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 | 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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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; 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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lathan M.Ed., Roxanne (Mrs.) | Office sought State Representative District 11 |
| | | Office held |