

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |  |   |   |   |                                 |  |                                  |  |  |  |
|---|--|--|---|---|---|---------------------------------|--|----------------------------------|--|--|--|
| The C/OH Instruction Guide explains how to complete this form.  |  | <b>1</b> Filer ID (Ethics Commission Filers)               | <b>2</b> Total pages filed:   |   |   |                                 |  |                                  |  |  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR      FIRST      MI<br>NICKNAME      LAST      SUFFIX<br><div style="font-size: 1.2em; font-family: cursive;">NATHAN LAPHAM</div> <div style="font-size: 1.2em; font-family: cursive;">P</div>  |  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div><br><div style="color: red; font-weight: bold;">JAN 08 2026</div><br>BY: <span style="color: red; font-family: cursive;">Rtodd</span><br><br>Date Hand-delivered or Date Postmarked<br><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> | Receipt #   | Amount \$   | Date Processed                  |  | Date Imaged                      |  |  |  |
| Receipt #   | Amount \$  |  |   |   |   |                                 |  |                                  |  |  |  |
| Date Processed  |  |  |   |   |   |                                 |  |                                  |  |  |  |
| Date Imaged   |  |  |   |   |   |                                 |  |                                  |  |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address         | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><div style="font-size: 1.2em; font-family: cursive;">333 Haerber Lane Tivoli Tx 77990</div>  |  |   |   |   |                                 |  |                                  |  |  |  |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><div style="font-size: 1.2em; font-family: cursive;">(979) 716-8476</div>  |  |   |   |   |                                 |  |                                  |  |  |  |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR      FIRST      MI<br>NICKNAME      LAST      SUFFIX<br><div style="font-size: 1.2em; font-family: cursive;">NATHAN LAPHAM</div> <div style="font-size: 1.2em; font-family: cursive;">P</div>  |  |   |   |   |                                 |  |                                  |  |  |  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><div style="font-size: 1.2em; font-family: cursive;">333 Haerber Lane Tivoli TX 77990</div>   |  |   |   |   |                                 |  |                                  |  |  |  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><div style="font-size: 1.2em; font-family: cursive;">(979) 716-8476</div>  |  |   |   |   |                                 |  |                                  |  |  |  |
| <b>9</b> REPORT TYPE  | <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>   |  |   | <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) |
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| <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)  |   |   |                                 |  |                                  |  |  |  |
| <b>10</b> PERIOD COVERED  | <table style="width:100%;"> <tr> <td style="text-align: center;">Month      Day      Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month      Day      Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em; font-family: cursive;">7 / 1 / 2025</td> <td></td> <td style="text-align: center; font-size: 1.2em; font-family: cursive;">12 / 31 / 2025</td> </tr> </table>  |  |   | Month      Day      Year  | THROUGH   | Month      Day      Year        | 7 / 1 / 2025   |                                  | 12 / 31 / 2025                                   |  |  |
| Month      Day      Year  | THROUGH  | Month      Day      Year                                   |   |   |   |                                 |  |                                  |  |  |  |
| 7 / 1 / 2025  |  | 12 / 31 / 2025   |   |   |   |                                 |  |                                  |  |  |  |
| <b>11</b> ELECTION  | <table style="width:100%;"> <tr> <td style="width:40%;">                     ELECTION DATE<br/>                     Month      Day      Year<br/> <div style="font-size: 1.2em; font-family: cursive;">/ /</div> </td> <td style="width:60%;">                     ELECTION TYPE<br/> <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description<br/> <input type="checkbox"/> General      <input type="checkbox"/> Special                 </td> </tr> </table>   |  |   | ELECTION DATE<br>Month      Day      Year<br><div style="font-size: 1.2em; font-family: cursive;">/ /</div> | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                 |  |                                  |  |  |  |
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| <b>12</b> OFFICE  | <table style="width:100%;"> <tr> <td style="width:50%;">                     OFFICE HELD (if any)<br/> <div style="font-size: 1.2em; font-family: cursive;">constable Act 4</div> </td> <td style="width:50%;"> <b>13</b> OFFICE SOUGHT (if known)<br/> <div style="font-size: 1.2em; font-family: cursive;">constable Act 4</div> </td> </tr> </table>  |  |   | OFFICE HELD (if any)<br><div style="font-size: 1.2em; font-family: cursive;">constable Act 4</div>          | <b>13</b> OFFICE SOUGHT (if known)<br><div style="font-size: 1.2em; font-family: cursive;">constable Act 4</div>  |                                 |  |                                  |  |  |  |
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| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages               | <p style="font-size: 0.8em;">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.</p> <table style="width:100%;"> <tr> <td style="width:20%;">                     COMMITTEE TYPE<br/><br/> <input type="checkbox"/> GENERAL<br/><br/> <input type="checkbox"/> SPECIFIC                 </td> <td style="width:80%;">                     COMMITTEE NAME<br/><br/>                     COMMITTEE ADDRESS<br/><br/>                     COMMITTEE CAMPAIGN TREASURER NAME<br/><br/>                     COMMITTEE CAMPAIGN TREASURER ADDRESS                 </td> </tr> </table> |  |   | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC             | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS  |                                 |  |                                  |  |  |  |
| COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC             | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |   |   |   |                                 |  |                                  |  |  |  |

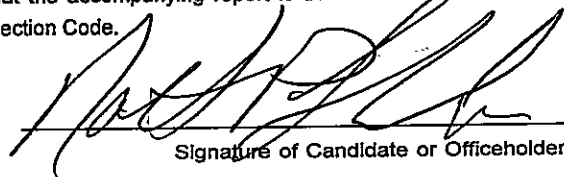
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                   |   |  |
|-----------------------------------|---|--|
| 15 C/OH NAME <u>NATHAN LAPHAM</u> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS            | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0                                   |
|                                   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0                                   |
| EXPENDITURE TOTALS                | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 888.59                              |
|                                   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 888.59                              |
| CONTRIBUTION BALANCE              | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0                                   |
| OUTSTANDING LOAN TOTALS           | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0                                   |

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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)