

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: 23			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Vicki	MI MI	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Waller Co. Elections</p> <p>JAN 16 2024</p> <p>RECEIVED</p> </div>		
	NICKNAME	LAST LeBlanc	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 38868 FM 1488 Rd Hempstead, Texas 77445					
	<input type="checkbox"/> Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 569-1366	EXTENSION	Date Received		
	Date Hand-delivered or Date Postmarked					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Jonathan	MI MI	Receipt #		
	NICKNAME Wayne	LAST LeBlanc	SUFFIX	Amount \$		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 38868 FM 1488 Rd Hempstead, Texas 77445			Date Processed		
	(Residence or Business)			Date Imaged		
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 253-1162	EXTENSION			
9 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"/> 6th 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		
	8 / 15 / 2023			THROUGH 12 / 31 / 2023		
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month Day Year 3 / 5 / 2024	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) na		13 OFFICE BOUGHT (if known) Waller County Commissioner Precinct 1			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Vicki LeBlanc

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,780.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,499.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,774.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,050.00

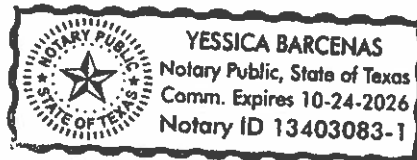
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Vicki LeBlanc

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Vicki LeBlanc this the 16 day of January 2024, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath
Jessica Barcenas 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)

SUBTOTALS - C/OH

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

19 FILER NAME Vicki LeBlanc		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,330.83
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 450.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,050.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,499.17
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 773.52
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Vicki LeBlanc		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Shaw <hr/> 6 Contributor address; City; State; Zip Code 46889 Pilgrim Rd Houghton MI 49931	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerri Keen <hr/> Contributor address; City; State; Zip Code 13826 Britoak Lane Houston Tx 77079	Amount of contribution (\$) \$521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Banks <hr/> Contributor address; City; State; Zip Code 14182 Misty Meadow Ln Houston Tx 77079	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Johnson <hr/> Contributor address; City; State; Zip Code 40 Lake Bluff Montgomery TX 77356	Amount of contribution (\$) \$250.00
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 7
2 FILER NAME Vicki LeBlanc				3 Filer ID (Ethics Commission Filers)
4 Date 8/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Duhon	7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 305 Mavanelle Cv Hempstead TX 77445				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date 8/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon Lane	Amount of contribution (\$) \$100.00		
Contributor address; City; State; Zip Code 2630 Bissonnet Street Houston TX 77005				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 9/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr Whitley	Amount of contribution (\$) \$100.00		
Contributor address; City; State; Zip Code 1225 N Loop W #650 Houston TX 77 8				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 9/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paden Rollings	Amount of contribution (\$) \$100.00		
Contributor address; City; State; Zip Code 28242 Riley Rd Waller TX 77484				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Vicki LeBlanc		3 Filer ID (Ethics Commission Filers)
4 Date 9/20/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felicia Mancuso <hr/> 6 Contributor address; City; State; Zip Code PO Box 995 Leakey TX 78873	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Calvert <hr/> Contributor address; City; State; Zip Code 17402 Swansbury Cypress TX 77429	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Cantu <hr/> Contributor address; City; State; Zip Code 9702 Cypress Cypress TX 77433	Amount of contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samantha Harn <hr/> Contributor address; City; State; Zip Code 16246 Evergreen Lake LN. Cypress 77	Amount of contribution (\$) \$500.00
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Vicki LeBlanc		3 Filer ID (Ethics Commission Filers)
4 Date 12/8/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Grimes <hr/> 6 Contributor address; City; State; Zip Code 40070 Wildlife Run Hempstead TX 77445	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Berry <hr/> Contributor address; City; State; Zip Code 20560 Old Windmill Trail Hockley TX 77447	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EHRA Engineering PAC <hr/> Contributor address; City; State; Zip Code 10011 Meadowglen Ln Houston TX 77042	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen & Mindy Cernosek <hr/> Contributor address; City; State; Zip Code 17814 Scarlet Forest Dr Tomball TX 77377	Amount of contribution (\$) \$500.00
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Vicki LeBlanc		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Lewis <hr/> 6 Contributor address; City; State; Zip Code 17018 Laguna Springs Dr Houston TX 77095	7 Amount of contribution (\$) \$26.35
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Rawls <hr/> Contributor address; City; State; Zip Code 17018 Laguna Springs Houston TX 77095	Amount of contribution (\$) \$26.35
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne LeBlanc <hr/> Contributor address; City; State; Zip Code 38866 FM 1488 Hempstead TX 77445	Amount of contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheressa Riemer <hr/> Contributor address; City; State; Zip Code 1235 11th Street Hempstead TX 77445	Amount of contribution (\$) \$26.35
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: 7
2 FILER NAME Vicki LeBlanc					3 Filer ID (Ethics Commission Filers)
4 Date 9/20/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Bigner	6 Contributor address; City; State; Zip Code 11327 Chestnut Woods Trail Cypress TX 77065		7 Amount of contribution (\$) \$25.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 9/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Debbie Yarotsky	Contributor address; City; State; Zip Code 11327 Chestnut Woods Trail Cypress TX 77065		Amount of contribution (\$) \$21.15	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 11/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Karen Nichols	Contributor address; City; State; Zip Code 330 Eagle Cove Hempstead TX77445		Amount of contribution (\$) \$50.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bridget Langley	Contributor address; City; State; Zip Code 16114 Cairngorm Houston TX 77065		Amount of contribution (\$) \$50.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Vicki LeBlanc		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Lewis 6 Contributor address; City; State; Zip Code 17028 Laguna Springs Dr Houston TX 77095	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Junek Contributor address; City; State; Zip Code 18069 FM 359 Hempstead TX 77445	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Junek Contributor address; City; State; Zip Code 18069 FM 359 Hempstead TX 77445	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Vicki LeBlanc		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11-29-23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Lisa Duhon	8 Amount of Contribution \$ \$250.00	9 In-kind contribution description Campaign Event Food and Beverage
	7 Contributor address; City; State; Zip Code 305 Mavanelle Cove Hempstead TX 77445	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12-5-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Hydie McAlister	Amount of Contribution \$ \$200.00	In-kind contribution description Campaign Event Food and Beverage
	Contributor address; City; State; Zip Code 39761 Mesquite Hempstead TX 77445	<input type="checkbox"/> 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.			

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Vicki LeBlanc		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 550.00
5 Date of loan 11/27/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan W LeBlanc	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 38868 FM 1488 Rd Hempstead TX 77445	10 Interest rate 18%
		11 Maturity date 12/1/24
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Vicki LeBlanc	3 Filer ID (Ethics Commission Filers)
4 Date 12/29/23	5 Payee name Colon & Company	
6 Amount (\$) \$288.15	7 Payee address; 7941 Katy Freeway #108	City; State; Zip Code Houston TX 77024
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign printing
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/29/23	Payee name Colon & Company	
Amount (\$) \$1,500.00	Payee address; 7941 Katy Freeway #108	City; State; Zip Code Houston TX 77024
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/8/23	Payee name Sprint2Print	
Amount (\$) \$762.08	Payee address; 8748 Clay Rd, Suite 300	City; State; Zip Code Houston TX 77080
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 F1: 8	2 FILER NAME Vicki LeBlanc	3 Filer ID (Ethics Commission Filers)
4 Date 11/20/23	5 Payee name Sprint2Print	
6 Amount (\$) \$1,350.42	7 Payee address; 8748 Clay Rd., Suite 300	City; State; Zip Code Houston TX 77080
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign printing
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/17/23	Payee name Republican Party Waller County	
Amount (\$) \$750.00	Payee address; 350 Hwy 290 E (Business)	City; State; Zip Code Hempstead TX 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Campaign filing fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/30/23	Payee name Hempstead Chamber & Civic Association	
Amount (\$) \$200.00	Payee address; P.O. Box 16	City; State; Zip Code Hempstead TX 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Vicki LeBlanc	3 Filer ID (Ethics Commission Filers)
4 Date 8/16/23	5 Payee name Prosperity Bank	
6 Amount (\$) \$29.65	7 Payee address; 1250 Austin Street	City; State; Zip Code Hempstead TX 77445
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Campaign checks
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/11/23	Payee name Bever's Kitchen	
Amount (\$) \$70.26	Payee address; 5162 Main Street	City; State; Zip Code Chappell Hill TX 77428
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description Campaign meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/12/23	Payee name El Tiempo	
Amount (\$) \$53.56	Payee address; 2605 S. Gessner	City; State; Zip Code Houston TX 77063
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description Campaign meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME Vicki LeBlanc		3 Filer ID (Ethics Commission Filers)	
4 Date 9/30/23		5 Payee name Prosperity Bank			
6 Amount (\$) \$10.00		7 Payee address: 1250 Austin Street		City: Hempstead	State: TX Zip Code: 77445
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Campaign 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/5/23		Payee name Classic Events Cafe			
Amount (\$) \$33.77		Payee address: 615 Business US 290		City: Hempstead	State: TX Zip Code: 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense		Description Campaign meeting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/31/23		Payee name Walmart			
Amount (\$) \$36.12		Payee address: 625 Hwy 290 E		City: Hempstead	State: TX Zip Code: 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Campaign event supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 F1: 8	2 FILER NAME Vicki LeBlanc	3 Filer ID (Ethics Commission Filers)
4 Date 10/31/23	5 Payee name Prosperity Bank	
6 Amount (\$) \$10.00	7 Payee address; 1250 Austin Street	City; State; Zip Code Hempstead TX 77445
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Campaign 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/30/23	Payee name Prosperity Bank	
Amount (\$) \$10.00	Payee address; 1250 Austin Street	City; State; Zip Code Hempstead TX 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Campaign banking fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/30/23	Payee name Diorlos Farms	
Amount (\$) \$68.93	Payee address; 750 Hwy 290 E	City; State; Zip Code Hempstead TX 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Campaign event host gift
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 8	2 FILER NAME Vicki LeBlanc	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/23	5 Payee name Waller Chamber of Commerce	
6 Amount (\$) \$100.00	Payee address; P.O. Box 53	City; State; Zip Code Waller TX 77484
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign sponsorship
	(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 ONLY if direct expenditure to benefit C/OH		
Date 12/15/23	Payee name Dilorios Farms	
Amount (\$) \$71.48	Payee address; 750 Hwy 290 E	City; State; Zip Code Hempstead TX 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Campaign event host gift
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date 12/26/23	Payee name Ayala's Cafe	
Amount (\$) \$39.00	Payee address; 905 13th Street	City; State; Zip Code Hempstead TX 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description Campaign meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 8	2 FILER NAME Vicki LeBlanc	3 Filer ID (Ethics Commission Filers)
4 Date 12/28/23	5 Payee name First Class BBQ	
6 Amount (\$) \$14.35	7 Payee address; 745 Business Hwy 290 N	City; State; Zip Code Hempstead TX 77445
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage Expense	(b) Description Campaign meeting
	(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		
Date 8/31/23	Payee name Anedot	
Amount (\$) \$56.00	Payee address; 1201 W Peachtree St NW Ste 2625	City; State; Zip Code Atlanta GA 30309
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Campaign Online software fee
	<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		
Date 9/30/23	Payee name Anedot	
Amount (\$) \$24.55	Payee address; 1201 W Peachtree St NW Ste 2625	City; State; Zip Code Atlanta GA 30309
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Campaign Online software fee
	<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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 8	2 FILER NAME Vicki LeBlanc	3 Filer ID (Ethics Commission Filers)
4 Date 11/30/23	5 Payee name Anedot	
6 Amount (\$) \$31.38	7 Payee address; 1201 W Peachtree St NW Ste 2625	City; State; Zip Code Atlanta GA 30309
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Campaign Online software 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	Office sought Office held
Date 12/30/23	Payee name Anedot	
Amount (\$) \$20.30	Payee address; 1201 W Peachtree St NW Ste 2625	City; State; Zip Code Atlanta GA 30309
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Campaign Online software fee
	<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
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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G: 3		2 FILER NAME Vicki LeBlanc		3 Filer ID (Ethics Commission Filers)	
4 Date 8/16/23		5 Payee name GoDaddy			
6 Amount (\$) \$36.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; 2155 E GoDaddy Way,		City; Tempe	State; Arizona
				Zip Code 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign internet branding		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 8/19/23		Payee name GoDaddy			
Amount (\$) \$38.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 2155 E GoDaddy Way,		City; Tempe	State; Arizona
				Zip Code 85284	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign internet branding		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 8/30/23		Payee name JK Graphics			
Amount (\$) \$48.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 31315 FM 2920 Rd, Ste 11C		City; Waller	State; TX
				Zip Code 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign materials		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G: 3		2 FILER NAME Vicki LeBlanc		3 Filer ID (Ethics Commission Filers)	
4 Date 9/20/23		5 Payee name We Brand It Promotions			
6 Amount (\$) \$51.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; 1112 Austin Street		City; Hempstead	State; TX Zip Code 77445
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign materials		
	(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 9/23/23		Payee name Amazon			
Amount (\$) \$38.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 410 Terry Ave N,		City; Seattle	State; WA Zip Code 98109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Campaign event supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 12/28/23		Payee name Hometown Hardware - Hempstead			
Amount (\$) \$22.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 2205 13th Street		City; Hempstead	State; TX Zip Code 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description Campaign supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G: 3	2 FILER NAME Vicki LaBlanc	3 Filer ID (Ethics Commission Filers)
4 Date 12/26/23	5 Payee name Vicki LaBlanc	
6 Amount (\$) \$534.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 38868 FM 1488 Rd	City; State; Zip Code Hempstead TX 77445
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in District	(b) Description 2023 Campaign Mileage 816 x IRS rate 65.5
	(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		
Date	Candidate / Officeholder name	
	Office sought	Office held
Amount (\$)	Payee name	
<input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
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		
Date	Candidate / Officeholder name	
	Office sought	Office held
Amount (\$)	Payee name	
<input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
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		
Date	Candidate / Officeholder name	
	Office sought	Office held
Amount (\$)	Payee name	
<input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		