CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			4 50 - 10 -	
The C/OH Instruction (Juide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR Mrs	First Vicki	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFiX	Data Received
		LeBlanc		Waller Co. Elections
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 38888 FM 148		CITY; STATE; ZIP CODE Hempstead, Texas 77445	JAN 16 2024 RECEIVED
Change of Address	1.554.0005			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 569-1366	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Mr	FIRST Jonathan	Mi	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Onte Processed
	Wayne	LeBlanc	BUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / 8	SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	38868 FM 1488	Rd	Hempstead,	Texas 77445
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	253-1162	EXTENSION	
9 REPORT TYPE	X January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	8	15 / 2023	THROUGH 12	31 2023
11 ELECTION	Month Day 3 5	Year X Primary 2024 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Waller County Comm	•
14 NOTICE FROM POLITICAL	THE CAMBIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ES MAY HAVE SEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	8PECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
	Ь	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Vicki LeBianc		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOA CONTRIBUTIONS MADE ELECTRONICALLY)	· @
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARAI	\$ 5,780.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITUR	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,499.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAIN OF REPORTING PERIOD	S 4,774.53
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAN LAST DAY OF THE REPORTING PERIOD	DING LOANS AS OF THE \$ 5,050.00
	swear, or affirm, under penalty of perjury, that the accompa	anying report is true and correct and includes all information
	Vel	L' LeBlane
		Signature of Candidate or Officeholder
	Please complete either	ontion below:
	i iodoo oompioto ourior	
	annu.	
(1) Affidavit	YESSICA BARCENAS	
	Notary Public, State of Texas Comm. Expires 10-24-2026	
NOTARY STAMP/SEA	「	
		110 111011011
Sworn to and subscribed	before me by VICH LEBLANC.	this the Ill day of JUNUOUN,
20, to certify	Which, witness my hand and seal of office.	U
11/1	I are Hessiar Bacon	rf
Signature of other administr	ering oath Printed name of officer administering	oath Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is	, and	I my date of birth is
My address is		
	(street)	(city) (state) (zip code) (country)
Executed in	County, State of, on the	day of
		Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

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 LeBla	anc				3 Filer ID (Ethics Commission Filers)
4 Date	6 Full name of contributor Mary Shaw	Out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
8/24/23	6 Contributor address;	City;		Zip Code	\$250.00
	46889 Pilgrim Rd	Houghton	MI	49931	
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
Date	Full name of contributor Kerri Keen	Out-of-state PAC	: (ID#;)	Amount of contribution (\$)
8/24/23	Contributor address;	City;		Zip Code	\$ 521.15
	13826 Britoak Lane	Houston	Tx	77079	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	Out-of-state PAC	C (ID#:		Amount of contribution (\$)
8/25/23	James Banks	City			\$100.00
	Contributor address; 14182 Misty Meadow Ln	City; Houston	Tx	77079	V 10000
Principal occuş	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor Mark Johnson	Out-of-state PAC	C (ID#:		Amount of contribution (\$)
8/27/23	Contributor address;	City;		Zip Code	\$250.00
	40 Lake Bluff	Montgomery	TX	77356	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
	ATTACH ADDIT	ONAL COPIES	OF THIS S	CHEDULE AS N	REEDED
	If contributor is out-of-state PAC	, please see instr	uction gui	de for additional	reporting requirements.

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Revised 11/15/2022

SCHEDULE A1

					page in inc	
	The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1: 7
2	FILER NAME Vicki LeB	lanc				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor Lisa Ouhon	Out-of-state PA	C (ID#:		7 Amount of contribution (\$)
	8/27/23	6 Contributor address; 305 Mavanelle Cv	City; Hempstead	State;	Zip Code	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Emp	loyer (See Instruc	tions)
	Date	Full name of contributor Gordon Lane		V2 123		Amount of contribution (\$)
	8/30/23	Contributor address; 2630 Bissonnet Street	City; Houston	State:		\$100.00
	Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
	Date	Full name of contributor Starr Whitley	Out-of-state PA	C (ID#:		Amount of contribution (\$)
	9/18/23	Contributor address; 1225 N Loop W #650	City; Houston	State;	Zip Code 77 8	\$100.00
	Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
	Date	Full name of contributor Paden Rollings	Out-of-state PA	C (ID#:		Amount of contribution (\$)
	9/19/23	Contributor address; 28242 Riley Rd	City;	State;		\$100.00
	Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
		ATTACH ADDIT If contributor is out-of-state PAC				

SCHEDULE A1

The	Instruction Guide explains how to complete t	ihis form.	1 Total pages Schedule A1: 7
2 FILER NAME Vicki Let			3 Filer ID (Ethics Commission Filers)
4 Date	Felicia Mancuso	e PAC (ID#:	7 Amount of contribution (\$)
9/20/23	6 Contributor address; City; PO Box 995 Leakey	State; Zip Code TX 78873	\$250,00
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	e PAC (ID#)	Amount of contribution (\$)
11/1/23	Contributor address; City; 17402 Swansbury Cypress	State; Zip Code	\$100.00
Principal occi	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	e PAC (ID#:	Amount of contribution (\$)
11/11/23	Contributor address; City;		\$104,48
	9702 Cypress Cypress	TX 77433	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Ozte	Full name of contributor ut-of-state	PAC (ID#:)	Amount of contribution (\$)
11/29/23	Contributor address; City;	State; Zip Code	\$500.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPI		

SCHEDULE A1

					<u> </u>
The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1: 7
FILER NAME Vicki LeB					3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Rebecca Grimes	Out-of-state P	10.01		7 Amount of contribution (\$)
12/8/23	6 Contributor address; 40070 Wildlife Run	City; Hempstead		Zip Code 77445	\$500.00
Principal occu	pation / Job title (See Instructions)		g Empl	oyer (See Instruc	tions)
Date	Full name of contributor Brenda Berry	Out-of-state F	PAC (ID#:		Amount of contribution (\$)
9/8/23		City; Hockiey	State;	717	\$500.00
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor EHRA Engineering PAC	Out-of-state i	PAC (ID#:		Amount of contribution (\$)
11/29/23	Contributor address;	City; Houston	25	Zip Code	\$1000.00
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor Stephen & Mindy Cernosek	Out-of-state f	PAC (ID#:		Amount of contribution (\$)
11/29/23	Contributor address; 17814 Scarlet Forest Dr	City; Tomball	State;	Zip Code 77377	\$500.00
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	dions)
	ATTACH ADDIT	TIONAL COPIES			

SCHEDULE A1

FILER NAM Vk	IE cki LeBlanc			And the same of th	3 Filer ID (Ethics Commission Filers)
Date	6 Full name of contributor Joseph Lewis	out-of-state t	PAC (ID#:		7 Amount of contribution (\$)
1/24/23	6 Contributor address; 17018 Laguna Springs Dr	City; Houston	State;	Zip Code 77095	\$26.35
Principal oc	cupation / Job title (See Instructions)		9 Emp	loyer (See Instruct	tions)
Date	Full name of contributor Jason Rawls	Out-of-state	PAC (IDII)		Amount of contribution (\$)
9/8/23	Contributor address; 17018 Laguna Springs	City; Houston	State;	Zip Code 77095	\$26.35
Principal oc	cupation / Job title (See Instructions)		Empl	loyer (See Instruct	ions)
Date	Full name of contributor Wayne LeBlanc	Out-of-state	PAC (ID#:		Amount of contribution (\$)
9/16/23	Contributor address; 38868 FM 1488	City, Hempstead	State;	Zip Code 77445	\$5.00
Principal oc	cupation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
Date	Full name of contributor Cheresea Riemer	9660 175 776			Amount of contribution (\$)
9/18/23	Contributor address;	City;		Zip Code 77445	\$26.35
Principal oc	cupation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)

SCHEDULE A1

Vicid LeBlanc Vicid LeBlan	ine	Instruction Guide explains how to complete this form.	7
Michael Bigner Substance	FILER NAME Vicki L		3 Filer ID (Ethics Commission Filers)
State Contributor address City State Zip Code	Date		7 Amount of contribution (\$)
Date Full name of contributor	9/20/23		\$25.00
Debbie Yarotsky	Principal occu	upation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Contributor address: City; State; Zip Code \$21.15	Date	Debbie Yarotsky	Amount of contribution (\$)
Date Full name of contributor out-ef-state PAC (IDR Amount of contribution (\$)	9/20/23	Contributor address; City; State; Zip Code	\$21.15
Karen Nichols Contributor address; City; State; Zip Code \$50.00	Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Contributor address; City; State; Zip Code \$50.00 330 Eagle Cove Hempstead TX77445 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor aut-of-state PAC (ID#: Amount of contribution (\$) Bridget Langley Contributor address; City; State; Zip Code \$50.00 16114 Calrngorm Houston TX 77095	Date		Amount of contribution (\$)
Date Full name of contributorout-of-state PAC (ID#:	11/26/23	Contributor address; City; State, Zip Code	\$50.00
8/16/23 Bridget Langley Contributor address; City; State; Zip Code 16114 Cairngorm Houston TX 77095	Principal occu	upation / Job title (See Instructions) Employer (See Instru	octions)
Contributor address; City; State; Zip Code 16114 Calrngorm Houston TX 77095	Date) Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	8/16/23		\$50.00
	Principal occu	upation / Job title (See Instructions) Employer (See Instru	uctions)

SCHEDULE A1

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

	The	Instruction Guide explains how	to complete this	form.		1	Total pages Schedule A1:
2	FILER NAME Vicki Lei	Blanc				3	Filer ID (Ethics Commission Filers)
4	Date	Full name of contributor Joe Lewis	Out-of-state P	AC (ID#:		7	Amount of contribution (\$)
	8/23/23	6 Contributor address;	City;		Zip Code		\$25.00
		17028 Laguna Springs Dr	Houston	TX	77095		
8	Principal occup	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
	Date	Full name of contributor Tim Junek	ut-of-state F	AC (ID#:)	Amount of contribution (\$)
	11/29/23	Contributor address;			Zip Code		\$50.00
		18069 FM 359	Hempstead	TX	77445		
	Principal occup	eation / Job title (See Instructions)		Empl	oyer (See Instruc	lions)
	Date	Full name of contributor Jill Junek	Out-of-state F	PAC (ID#;)	Amount of contribution (\$)
	11/29/23	Contributor address;			Zip Code		\$50.00
		18069 FM 359	Hempstead	TX	77445		
	Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
	Date	Full name of contributor	Out-of-state F	PAC (ID#;)	Amount of contribution (\$)
		Contributor address;	City,	State;	Zip Code		
	Principal occuj	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
		ATTACH ADDIT	TIONAL COPIES				

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Revised 11/15/2022

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME Vicki L	eBlanc		3 Filer tD (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributorlout-of-state_PAC (ID#: Lisa Duhon		8 Amount of 9 In-kind contribution Contribution \$ description Campaign Event Food
11-20-20	7 Contributor address; City; State; 305 Mavanelle Cove Hempstead TX	Zip Code 77445	and Beverage
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	Zip Code 77445	Amount of Contribution \$\frac{1}{\text{Campaign Event Food}}\$ \$200.00 Campaign Event Food and Beverage Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fire	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF		

Date of loan	7 Name of lender	out-of-state f	PAC (ID#:)	9 Loan Amount (\$)
11/27/23	Jonathan W LeBlanc				\$5,000.00
is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N	38868 FM 1488 Rd	Hempstead	TX 7	7445	11 Maturity date 12/1/24
2 Principal occupati	on / Job title (See Instructions	*)	13 Employer (See	Instructions)	
4 Description of Col	ateral			f personal fun t (Sae Instruc	ds were deposited into political
6 GUARANTOR INFORMATION	47 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;		Zip Code	
20 Principal Occupa	ition (See Instructions)		21 Employer (See	Instructions)	
			1122		
Date of loan	Name of lender	Out-of-state	PAC (IDII:	,	Loan Amount (\$)
is lender a financial	Name of lender Lender address;		PAC (IDI):State;		Interest rate
is lender					
is lender a financial Institution?		City;		Zip Code	Interest rate
is lender a financial institution? Y N Principal occupat	Lender address; ion / Job title (See Instruction	City;	State; Employer (See	Zip Code Instructions)	Interest rate Maturity date Maturity date
is lender a financial Institution? Y N Principal occupat Description of Co	Lender address; ion / Job title (See Instruction	City;	State; Employer (See	Zip Code Instructions)	Interest rate Maturity date Inds were deposited into political ctions)
is lender a financial Institution? Y N Principal occupat	Lender address; lion / Job title (See Instruction liateral Name of guarantor	City;	State; Employer (See	Zip Code Instructions) if personal full it (See Instruc	Interest rate Maturity date Maturity date
is lender a financial institution? Y N Principal occupat Description of Co none GUARANTOR	Lender address; ion / Job title (See Instruction liateral Name of guarantor Guarantor address;	City;	State; Employer (See	Zip Code Instructions) if personal ful it (See Instruc	Interest rate Maturity date Inds were deposited into political ctions)

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
Contributions/Donations Made By
Contributions/Donations Made By
Contributions/Donation

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memortals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rentel Expense Polling Expense Printing Expense Sateries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Releted Expense Travel in District Travel Out Of District Other (enter a catagory not listed above)

The Instruction Guide explains how to complete this form. I Total pages Schedule F1: 8	ė		
12/29/23 Colon & Company 3 Amount (\$) 7 Payee address; City; State; Zip Cod			
House and the second se			
\$288.15 7941 Katy Freeway #108 Houston TX 77024			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Campaign printing			
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	l		
Date Payee name			
12/29/23 Colon & Company			
Amount (\$) Payee address; City; State; Zip Coo	ie		
\$1,500.00 7941 Katy Freeway #108 Houston TX 77024			
Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF Consulting Expense EXPENDITURE Campaign consulting			
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	1		
Date Payee name			
12/8/23 Sprint2Print			
Amount (\$) Payee address; City; State; Zip Co.	de		
\$762.08 8748 Clay Rd, Suite 300 Houston TX 77080)		
Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF Printing Expense Campaign printing EXPENDITURE			
Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	Austin, TX, officeholder Swing expense		
Complete ONLY if direct	id		
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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense
Ottl/Awarda/Memortals Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel (c) Of District

Congritutional/Donations Made By Candidate/Officeholder/Political Credit Card Payment		eges/Contract Labor	Other (enter a categor	y not listed above)		
Total pages Schedule F1	2 FILER NAME Vicki LeBianc		3 Filer ID (Ethics	Commission Filers)		
Date 11/20/23	6 Payee name Sprint2Print		<u></u>			
Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$1,350.42	8748 Clay Rd., Suite 300	Houston	TX	77080		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Printing Expense	Campaign printing				
	(c) Check if travel outside of Texes. Complete Schedule T.	Check if Austir	tin, TX, officeholder living expense			
Complete ONLY if drect expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
11/17/23	Republican Party Waller County					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$750.00	350 Hwy 290 E (Business)	Hempstead	77445			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Fee	Campaign filing fee				
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	tin, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
11/30/23	Hempstead Chamber & Civic Association	n				
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$200.00	P.O. Box 16	Hempstead	TX	77445		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign spo	n sponsorship			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDEO			

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

Event Expense Fees Food/Severage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Lebor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (ander a extension not listed above)

Candidate/Officeholder/Political Committee Legal Services Satarles/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment Candidate/Officeholder/Political Committee Legal Services Satarles/Wages/Contract Labor Other (enter a category not listed above)							
Older Cardy Byllian	The Instruction G	uide explains how to cor	nplete this form.		<u>.</u>		
1 Total pages Schedule F1: 8	2 FILER NAME Vickl LeBlanc			Filer ID (Ethica	Commission Filers)		
4 Date	5 Payee name						
8/16/23	Prosperity Bank						
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code		
\$29.65	1250 Austin Street		Hempstead	TX	77445		
8	(a) Category (See Categories listed	at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Accounting / Banking		Campaign checks				
	(C) Check if travel outside of Te	exes. Complete Schedule T.	Check if Austin, 1	X, officeholder living e	nolder living expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder na	ame	Office sought		Office held		
Date	Payee name						
9/11/23	Bevers Kitchen						
Amount (\$)	Payee address;	State;	Zip Code				
\$70.26	5162 Main Street		Chappell Hill TX 77				
	Category (See Categories listed a	the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Food / Beverage Expens	e	Campaign meeting T. Check if Austin, TX, officeholder living expense				
	Check if travel outside of T	exas. Complete Schedule T.					
Complete ONLY if direct expenditure to benefit C/O.	Candidate / Officeholder n	ame	Office sought		Office held		
Date	Payee name						
9/12/23	El Tiempo						
Amount (\$)	Payee address;		City;	State;	Zip Code		
\$53.56	2805 S. Gessner		Houston	TX	77063		
	Catagory (See Catagories listed a	st the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Food / Beverage Expens	3 0	Campaign mee	ting			
	Check if travel outside of 1	Texas. Complete Schedule T.	Check If Austin,	TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder	name	Office sought		Office held		
	ATTACH ADDITION	AL COPIES OF THIS	SCHEDULE AS NEE	DED			

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

Event Expense Feas Food/Beverage Expense GRI/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Qut Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Vicki LeBianc		3 Filer ID (Ethic	os Commission Filers	1	
4 Date	5 Payee name					
9/30/23	Prosperity Bank					
6 Amount (\$)	7 Payee address; City; State;			Zip Code		
\$10.00	1250 Austin Street	Hempstead	TX	77445		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Fees	Campaign ba	nking fee			
	(c) Check if travel outside of Texas. Complete Schedule T,	Check If Austr	n, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
10/5/23	Classic Events Cafe					
Amount (\$)	Payee address;	City;	Zip Code			
\$33.77	615 Business US 290	Hempstead	77445			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Food / Beverage Expense	Campaign meeting				
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
10/31/23	Walmart					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$36.12	625 Hwy 290 E	Hempstead	TX	77445		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Event Expense	Campaign eve	vent supplies			
	Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, 1				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

Candidate/Officeholder/Political		-				
Credit Card Payment	The instruction Guide explains how to c	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME Vicki LeBlanc		3 Filer ID (Ethica	Commission Filers)		
4 Date	6 Payee name					
10/31/23	Prosperity Bank					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$10.00	1250 Austin Street	Hempstead	TX	77445		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Fees	Campaign ba	anking fee			
	(c) Check if travet outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder fiving	expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
11/30/23	Prosperity Bank					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$10.00	1250 Austin Street	Hempstead	TX	77445		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Fees	Campaign banking fee				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
11/30/23	Ditorios Farms					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$68.93	750 Hwy 290 E	Hempstead	тх	77445		
	Category (See Categories listed at the top of this schedule)	Description	<u></u>			
PURPOSE OF EXPENDITURE	Gift/Awards/Memortals Expense	Campaign eve	ent host gift			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	ng expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED			

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
Contributions

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundreising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a catagory not listed above)

Candidate/Officeholder/Politice Credit Card Payment	Committee Legal Services Sala	ries/Wages/Contract Labor	fages/Contract Lebor Other (enter a category not listed above			
	The instruction Guide explains how	v to complete this form.				
1 Total pages Schedule F1: 8	2 FILER NAME Vicki LeBlanc		3 Filer ID (Ethica	Commission Filers)		
4 Date	5 Payee name					
11/28/23	Waller Chamber of Commerce	<u> </u>				
6 Amount (\$)	Payee address;	City;	State;	Zip Code		
\$100.00	P.O. Box 53	Waller	TX	77484		
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description				
PURPOSE	Advertising Expense	Campaign sp	onsorshio			
OF	Advertising Expense					
EXPENDITURE			· · · · · · · · · · · · · · · · · · ·			
	(c) Check if travel outside of Texas. Complete Schedule		n, TX, officeholder living a			
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name	<u> </u>				
12/15/23	Dilorios Farms					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$71.48	750 Hwy 290 E	Hempstead	TX	77445		
					_	
	Category (See Categories listed at the top of this schedul	(e) Description				
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Campaign ev				
	Check If travel outside of Texas. Complete Schedule	eT. Check if Aust	n, TX, officeholder living	3 expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
12/26/23	Ayala's Cafe					
Amount (\$)	Payee address;	City;	State;	Zip Code	_	
\$39.00	905 13th Street	Hempstead	тх	77445		
	Category (See Categories listed at the top of this schedu	(e) Description			_	
PURPOSE OF EXPENDITURE	Food / Beverage Expense	Campaign me	npaign meeting			
	Check if travel outside of Texas, Complete Schedul	eT. Check if Aust	eck if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED		_	

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/Beniding
Consulting Expense
Contributions/Donations Made By

Event Expense
Fees
Food/Beverage Expense
Giti/Avardar/Memorials Expense
Printing Expense
Printing Expense

Solicitation/Fundreising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Cendidate/Officeholder/Politics	l Committee	Legal Services	Seleries/Wa	s/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:	3 Filer ID (Ethic	s Commission Filers)					
4 Date	5 Payee n	ame		· · · · · · · · · · · · · · · · · · ·			
12/28/23		Class BBQ					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
\$14.35	745 E	Business Hwy 290 N		Hempstead	тх	77445	
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food	/ Beverage Expense		Campaign m	eeting		
	(c)	Check if travel outside of Texas. Complete 8	ichedule T	Check if Austin	, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
8/31/23	Ane	dot					
Amount (\$)	Payee a	iddress;		City;	State;	Zip Code	
\$56.00	1201	W Peachtree St NW Ste 2625		Atlanta	GA	30309	
	Catego	y (See Categories listed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	Fee			Campaign Online software fee			
		Check if travel outside of Texas. Complete 9	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought	-	Office held	
Date	Payee	name					
9/30/23	Ane	dot					
Amount (\$)	Payee a	address;		City;	State;	Zip Code	
\$24.55	1201	W Peachtree St NW Ste 2625		Atlanta	GA	30309	
	Catego	Ty (See Categories listed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	Fee	3		Campalgn Or	nline software fee		
		Check if travel outside of Texas. Complete 8	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/O		idate / Officeholder name		Office sought		Office held	
	A	TTACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED		

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

Event Expense Fees

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulang Expense Contributions/Donations Made 8 Candidate/Officeholder/Politics Cradit Card Payment		Prodriseverage Expense Gift/Awards/Memorials Expense Legal Services	tals Expense Printing Expense Seteries/Wages/Contract Lebor		Travel in District Travel Out Of District Other (enter a category not listed above)			
wrong come i oficial s		The Instruction Guide explain	ns how to complet	e this form.				
1 Total pages Schedule F1: 8	2 FILER N				3 Filer ID (Ethics Commission Filers			
4 Date 11/30/23	5 Payeens				- <u>-</u> .			
6 Amount (\$)	7 Payee a	ddress;		City:	State;	Zip Code		
\$31.38	1201	W Peachtree St NW Ste 2625	Atlanta	GA	30309			
8	(a) Catego	ry (See Categories listed at the top of this	schedule) (b) [Description				
PURPOSE OF EXPENDITURE	Fee			Campaign On	line software fee			
	(c)	Check if travel outside of Texas. Complete 5	Schedule T.	Check If Austi	n, TX, officeholder living	expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held		
Oate	Payee n	ame						
12/30/23	Aned	lot						
Amount (\$)	Payee a	ddress;		City,	State;	Zip Code		
\$20.30	1201	W Peachtree St NW Ste 2625		Atlanta	GA	30309		
	Categor	y (Bee Categories listed at the top of this	schedule)	Description				
PURPOSE OF EXPENDITURE	Fee			Campaign Online software fee				
		Check if travel outside of Texas. Complete I	Schedule T.	Check If Austi	ustin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name	(Office sought		Office held		
Date	Payee	name						
Amount (\$)	Payee a	nddress;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete	Schedule T	Check if Aust	t If Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held		
	A	TTACH ADDITIONAL COPIE	S OF THIS SCH	EDULE AS NE	EDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Benting Consulting Expense Contributions/Donetions Mede I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repsyment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor explains how to complete this form.		Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ient & Related Expense
1 Total pages Schedule G:	2 FILER NA Vicki LeB				3 Filer ID (Ethics	Commission Filers)
4 Date 8/16/23	6 Payee nar GoDadd					
6 Amount (\$) \$36.51 Reinbursement from political contributions intended	7 Payee add 2155 E	dress; GoDaddy Way,	-	City; Tempe	State; Arizona	Zip Code 85284
8 PURPOSE OF EXPENDITURE	Advertis	(See Categories listed at the top of this sing Expense Chack the rest custiles of Texas, Complete Sci.		(b) Description Campaign inter		(nemá
9 Complete ONLY if direct expenditure to benefit C/OH	ONLY if direct					Office held
Date 8/19/23	Payee name GoDaddy					
Amount (\$) \$38.02 Reimbursement from political contributions intended	Payee ad 2155 E	dress; GoDaddy Way,		City; Temps	State; Arizona	Zip Code 85284
PURPOSE OF EXPENDITURE	100 110000	y (See Catagories listed at the top of this a sing Expense	schedule)	Description Campaign Interr	net branding	
Complete ONLY if direct expenditure to benefit C/0		Check if travel outside of Texas. Complete 8d date / Officeholder name	chedule T.	Check if Ausi	tin, TX, officeholder living e	Office held
Date 8/30/23	Payee na					
Amount (\$) \$48.71 Reimbursement from political contributions intended	31315 I	dress; FM 2920 Rd, Ste 11C		City; Waller	State; TX	Zip Code 774 84
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this opense		<u> </u>	mpaign materials	
Complete ONLY if direct expenditure to benefit C/OH		Check if travel outside of Texas. Complete State / Officeholder name	chedule T ₁	Office sought	tin, TX, officeholder living (Office held
	ATT	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banlding Consulting Expense Contribitions/Donations Mede Candidate/Officeholder/Politis Credit Card Payment		Event Expense Feas Food/Beverage Expense Gift/Awards/Mernorials Expense Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Potting Expense ense Printing Expense Selerles/Wages/Contract Labor e explains how to complete this form.		Transportation Travel In Distr Travel Out Of	Solicitation/Fundratsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a catagory not listed above)		
1 Total pages Schedule G: 3	2 FILER NA Vicki Lei				3 Filer ID ((Ethics C	Commission Filers)	
4 Date 9/20/23	5 Payee nan We Bran	Payse name We Brand It Promotions						
6 Amount (\$) \$51.96	7 Payee add	Payee address; City; State;						
Reimbursement from political contributions intended	1112 Aus	tin Street		Hempstea	id T	K	77445	
8	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertis	ing Expense		Campaign n	naterials			
	(c) (c)	Check if travel outside of Texas. Complete Sche	dule T	Check If AL	ustin, TX, officeholder	living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH						C	Office held	
Date	Payee nan	ne						
9/23/23	Amazon							
Amount (\$) \$38.12	Payee address; City;				81	tate;	Zip Code	
Reimbursement from political contributions intended	410 Ten	y Ave N,		Seattle	W.	A	98109	
PURPOSE	Category (See Categories listed at the top of this schedule)			Description			-	
OF EXPENDITURE	Event Expense			Campaign event supplies				
	Check if travel outside of Texas. Complete Schedule T. Check I				ustin, TX, officeholder	living exp	ense	
Complete ONLY if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		C	Office held	
Date	Payee nan	ne						
12/28/23	Home	town Hardware - Hempstead						
Amount (\$)	Payee add	iress;		City;	State	e;	Zip Code	
Reimbursement from political contributions intended	2205 13	th Street		Hempstead	тх		77445	
PURPOSE	Category	(See Categories fisted at the top of this sch	nedule)	Description				
OF EXPENDITURE	Office C	Overhead		Campaign s	upplies			
		Check if travel outside of Texas. Complete Sche	idule T.	Check if Au	ustin, TX, officeholder	living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		C	office held	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	ORIES	FOR BO	X 8(a)		
Advertising Expense Accounting/Beniding Consulting Expense Consulting Expense Candidate/Officeholder/Politik Credit Card Payment		Event Expense Fees Food/Reverage Expense Gitt/Awards/Memoriats Expense Legal Services The Instruction Guide explains how to complete this form.		Solicitation/Fundraisi Transportation Equip Travel in District Travel Out Of District Other (enter a catego	ment à Related Expense		
1 Total pages Schedule G;	2 FILER NA Vicki Let					3 Filer ID (Ethics	Commission Filers)
4 Date 12/26/23	6 Payee nar Vicki Lei						
6 Amount (\$) \$534.48 Reirribursement from political contributions intended		7 Payee address; City; 38868 FM 1488 Rd Hempstead					Zip Code 77445
8 PURPOSE OF EXPENDITURE	Travel in	(See Categories listed at the top of this of District Check if travel outside of Texas, Complete Sci		(b) Description 2023 Campaign Mileage 816 x IRS rate 65.5 Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought				100 100411.		Office held
Date	Payee nar	me					
Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	f (See Categories listed at the top of this a	this schedule) Description				
		Check if travel outside of Texas. Complete So	chedule T		Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/		fate / Officeholder name		Office s	ought		Office held
Date	Payee na	me					
Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	ichedule)	Des	scription		
		Check if travel outside of Texas. Complete Sc	chedule T.		Check if Austin,	, TX, officeholder fiving	expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office s	ought		Office held

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