CANDIDAT CAMPAIGN	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction	Guide explains how to complete this form.	2 Total pages filed: 20		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Vicki	Waller Co Elections Date Received FEB 26 2024		
	NICKNAME LAST SUFFIX LeBlanc	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 38868 FM 1488	Date Hand-delivered or Date Postmarked  Receipt # Amount		
Change of Address	Hempstead, TX 77445	Date Processed  Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Wayne			
	NICKNAME LAST SUFFIX LeBlanc			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 38868 FM 1488  Hempstead, TX 77445	STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 713-253-1162			
8 REPORT TYPE	January 15 30th day before election Runoff  Sully 15 X 8th day before election Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only)  Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month         Day         Year         Month         Day           01/26/2024         THROUGH         02/24/202	Year 4		
10 ELECTION	ELECTION DATE  Month Day Year  03/05/2024  General  ELECTION TYPE  Runoff  Special	Other		
11 OFFICE	OFFICE HELD (if any)  12 OFFICE SOUGHT  Waller County C	(if known) ommissioner, Precinct 1		
	GO TO PAGE 2			

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH **COVER SHEET PG 2**

				2 of 20					
13 C / OH NAME	LeBlanc, Vicki		14 Filer ID						
15 NOTICE FROM POLITICAL COMMITTEE(S)	es made by political com ne candidate's or officeho only if they receive notice	older's knowledge or							
Additional Pages	COMMITTEE TYPE								
	GENERAL	COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRESS	S						
16 CONTRIBUTION TOTALS									
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)								
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00						
	4. TOTAL POLITIC		<b>\$</b> 17,684.42						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	<b>\$</b> 17,225.14					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS C ITING PERIOD	OF THE LAST DAY	\$ 5,050.00					
AFFIX NO	04/13/20 TARY STAMP / SEAL AB	OVE		be reported by me					
Signature of office	cer administering	Printed name of officer administering	Title of officer a	dministering oath					
Forms provided by Te	vas Ethics Commission	www.ethics.state.tv.us	\/	ersion V3 5 1 9000c47					

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

		3 of 20
18 FILER NAME LeBlanc, Vickí	19 Filer ID	
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 5,711.15
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 9,863.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	s	<b>\$</b> 14,343.98
6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 1,164.75
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ons :	\$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 2,175.69
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS INTO FILER	RETURNED	\$

MONET	ARY POLITICAL CONTRIBUTION	N5	SCHEDUI	LE A1
The Instruc	tion Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/20		
2 FILER NAME LeBlanc, Vick	ú		3 Filer ID	
01/26/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	)	7 Amount of Contribution (\$)	\$500.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$)	\$50.00	
Principal occup	eation / Job title (See Instructions)			
Date 02/17/2024	Full name of contributor out-of-state PAC (ID#; Dessens, Mark Contributor address; City; State; Zip Code 14019 Barryknoll Ln		Amount of Contribution (\$)	\$1,000.00
Principal occup	Houston, TX 77079  pation / Job title (See Instructions)	Employer (See Instructions		
Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500,00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructions		
Date 02/17/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	)	

	MONE	ARY POLITICAL CONTRIBUTION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this for	rm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/20	
2	FILER NAME			3	Filer ID	
	LeBlanc, Vic	ki				
4	Date 02/17/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
		11903 Osage Park Dr				
		Houston, TX 77065				
8	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/18/2024	Harn, Samantha				\$500.00
		Contributor address; City; State; Zip Code				
		16246 Evergreen Lake Ln				
		Cypress, TX 77429				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	()		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/13/2024	Hovas, John			2000 0000000000000000000000000000000000	\$1,000.00
		Contributor address; City; State; Zip Code				
		P.O. Box 429				
		Pattison, TX 77466				
	Principal occur	upation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date	Full name of contributor  ut-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/13/2024	Morris, Jules				\$500.00
		Contributor address; City; State; Zip Code				
		16210 Rolling View Trail				
		Cypress, TX 77433				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/18/2024	Richey, Phil			(1000)	\$100.00
		Contributor address; City; State; Zip Code				
	1	1310 4th Street				
		Hempstead, TX 77445				
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	)		
CO:	rme neovidad	by Tayas Ethios Commission			1200	

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/20	
2	FILER NAME LeBlanc, Vic	kí	3	Filer ID	
4	Date 02/04/2024	5 Full name of contributor out-of-state PAC (ID#:) Schluens, Sonya 6 Contributor address; City; State; Zip Code 34501 Glenmar Rd	7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Waller, TX 77484  pation / Job title (See Instructions)  9 Employer (See Instructions)	5)		
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#:) Zeve, Matthew  Contributor address; City; State; Zip Code 11750 Katy Frwy #400  Houston, TX 77079		Amount of Contribution (\$)	\$521.15
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	5)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instru	action Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 7/20							
2 FILER NAME LeBlanc, Vi		3 Filer ID							
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$						
5 Date 02/13/2024	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of contribution (\$) 9 In-kind contribution description \$5,413.00   Campaign meet & greet event expenses							
10 Principal occi	upation / 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 contributo	or's spouse (if any) (FOR JUDICIAL)						
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date 02/04/2024	Full name of contributor out-of-state PAC (ID#:	Amount of Section Sect							
	Hempstead, TX 77445		Check if travel outside of Texas. Complete Schedule T.						
Principal occi	upation / 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 contribute	or's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) In-kind contribution description \$1,300.00   Campaign meet & greet event expenses    Check if travel outside of Texas. Complete Schedule T.						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)						
	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
If contributor i	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Corme provide d	by Tayas Ethios Commission								

## NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 8/20 3 Filer ID LeBlanc, Vicki \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS on nount of contribution (\$) In-kind contribution description Date 6 Full name of contributor out-of-state PAC (ID#:\_ 02/02/2024 Walker, Russell \$1,650.00 | Campaign signs 7 Contributor address; City; State; Zip Code 107 Cinnamon Oak Ln Houston, TX 77079 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) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

## SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Legal Services  The Instruction Gu	Expense		pensi ages	/Contract Labor		Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
L	Sch: 1/8 Rpt: 9/20		LeBlanc, Vi	cki							
4	Date	5	Payee name								
	02/19/2024		Ace Hardwa	re							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$45.92		2205 13th S	St							
			Hempstead	TX 77445							
8	PURPOSE	(a)	Category (se	ee Categories listed at t	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Office Over	head/Rental Exp	pense					le of Texas. Complete Schedule T.	
								Campaign su		officeholder living expense	
								Campagn sa	ippii		
9	Complete ONLY if direct	L_	`andidate/Offi	ceholder name		Office sou	aht			Office held	_
	expenditure to benefit C/OI		zai didate/Offi	cerioider name		Jinee 300	grit			Office field	
-	Date	Г	Davise nema					-			_
	02/06/2024		Payee name Anedot								
L		$\vdash$		City	Ctoto	Zin Co	do				_
	Amount (\$) \$21.15		Payee addres			Zip Co	ue				
	\$21.15	1201 W Peachtree St NW Ste 2625									
			44	20202							
L			Atlanta, GA								
	PURPOSE OF	(a)		ee Categories listed at t	he top of this sch	edule)	(b)	Description	outeld	to of Tower Complete Schoolide T	
	EXPENDITURE		Fees	025				_		de of Texas. Complete Schedule T. officeholder living expense	
								Online donati			
$\vdash$	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office held	
	expenditure to benefit C/O	Н									
	Date	T	Payee name								
	02/07/2024		Ayala's								
Г	Amount (\$)		Payee addre	ss; City;	State	Zip Co	de				
	\$18.96		905 13th St								
			Hempstead	, TX 77445							
Γ	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense						de of Texas. Complete Schedule T.	
								Campaign me		officeholder living expense	
								Jampaignin	eeul	שיי	
$\vdash$	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	aht			Office held	
	expenditure to benefit C/O						9. "			- 11100 11010	
H											_

## SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Food/Beverage Expense Polling Expense Travel in Gift/Awards/Memorials Expense Printing Expense Travel O				Travel Out of District OTHER (enter a category not listed above)	
L				ains now to co	mpie	ete this form.	-		
1	Total pages Schedule F1: Sch: 2/8 Rpt: 10/20	2 FILER NA LeBlanc					3	Filer ID	
4	Date	5 Payee na	me				_		
	02/12/2024		Events Cafe						
6	Amount (\$)	7 Payee ac	dress; City; S	tate; Zip Co	de				
	\$17.57	615 Bus	iness US 290						
			ead, TX 77445						
8	PURPOSE	(a) Category	(See Categories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE	Food/Be	verage Expense					ide of Texas. Complete Schedule T.	
						Campaign m		officeholder living expense	
						Campaignin	cei	nig	
L	0 1 1 0 1 1 1 1 1	0 111	ION L. I.I.	0#					
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office sou	ght			Office held	
Г	Date	Payee na	me						
	02/22/2024	Classic	Events Cafe						
	Amount (\$)	Payee ac	dress; City; S	tate; Zip Co	de				
	\$38.53		iness US 290						
		Llamnet	and TV 7744E						
L			ead, TX 77445						
	PURPOSE OF	(a) Category	(See Categories listed at the top of th	is schedule)	(b)	Description			
	EXPENDITURE	Food/Be	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
						Campaign m			
						Campagnin		n ig	
_	Complete ONLY if direct	Condidata	Officeholder name	Office con	- dot			Office hold	
	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sou	gnı			Office held	
	Date	Payee na	me						
	02/23/2024	Colon &	Company						
Г	Amount (\$)	Payee ac	dress; City; S	tate; Zip Co	de		-		
	\$1,250.00	7941 Ka	ty Frwy #108	•					
		Houston	, TX 77024						
	PURPOSE OF	(a) Category	(See Categories listed at the top of th	is schedule)	(b)	Description			
	EXPENDITURE		ng Expense			Second Co.		ide of Texas. Complete Schedule T.	
						_		officeholder living expense	
						Campaign Co	ons	sulting	
_	Complete Others # #								
	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Office sou	ght			Office held	
For	ms provided by Texas E	thice Comm							

## SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide expla		xpens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NA					3	Filer ID	
	Sch: 3/8 Rpt: 11/20		LeBlanc, Vicki						
4	Date	5 Payee na							
	02/23/2024	Colon &	Company						
6	Amount (\$)	7 Payee ad	Payee address; City; State; Zip Code						
	\$2,250.00	7941 Ka	ty Frwy #108						
		Houston	, TX 77024						
8	PURPOSE OF	(a) Category	(See Categories listed at the top of this	s schedule)	(b)	Description			
	EXPENDITURE	Advertisi	ng Expense					de of Texas. Complete Schedule T. officeholder living expense	
						Campaign Ac			
						o an aparagraph to			
9	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	ıght			Office held	
	expenditure to benefit C/OH	Н							
	Date	Payee na	me						
	02/23/2024	Colon &	Company						
	Amount (\$)	Payee ad	dress; City; St	ate; Zip Co	ode				
	\$1,750.00	\$1,750.00 7941 Katy Frwy #108							
	_	Houston	, TX 77024						
	PURPOSE	(a) Category	(See Categories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE	Advertis	ng Expense					de of Texas. Complete Schedule T.	
						Campaign Ac		officeholder living expense	
						our ip ough / no	,,,,,	33119	
	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	ight.			Office held	
	expenditure to benefit C/OI	Н							
	Date	Payee na	me						
	02/01/2024	Dilorios							
	Amount (\$)	Payee ad	dress; City; St	ate; Zip Co	ode				
	\$60.60	750 Hwy	290 E						
		Hempste	ead, TX 77445						
	PURPOSE OF	(a) Category	(See Categories listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE	Event Ex	pense					le of Texas. Complete Schedule T.	
							, TX, 6	officeholder living expense	
						Auction Item			
_	Complete ONLY if direct		Officeholder name	Office sou	aht			Office held	
	expenditure to benefit C/OF			5,1100 300	Aut			Office field	
					_		_		
or	ms provided by Texas Et	hics Commis	ssion www.ethic	s.state.tx.u	S		_	Version V3 5 1 0000	20474

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Reverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gitt/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Travel out of District OTHER (enter a category not	listed above)			
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID	
L	Sch: 4/8 Rpt: 12/20		LeBlanc, Vic	:ki						
4	Date	5	Payee name							
	02/20/2024		Dilorios							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de			
	\$28.13		750 Hwy 29	0 E						
			Hempstead,	TX 77445						
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this sche	edule)	(b)	Description		
	OF		Event Exper		10 10 p 01 0 110 0 0 111	,		_ ′	outside of Texas. Complete Schedu	ile T.
	EXPENDITURE							Check if Austin,	TX, officeholder living expense	
								Hostess gift		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	office sou	ght		Office held	
L	expenditure to benefit C/OI	Н								
Г	Date	Γ	Payee name							
	02/02/2024		LeBlanc, Vic	ki						
Г	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de			
l	\$772.52		38868 FM 1	488 Rd						
			Hempstead,	TX 77445						
H	PURPOSE	(0)					(1-1			
	OF	(a)		e Categories listed at the	he top of this sche	edule)	(D)	Description	outside of Texas. Complete Schedu	de T
l	EXPENDITURE		Reimbursen	ient				=	TX, officeholder living expense	10 1
									ent of candidate campa	ign expenses
Г	Complete ONLY if direct		Candidate/Offic	ceholder name	C	office sou	ght		Office held	
	expenditure to benefit C/OI	Н								
F	Date	Г	Payee name			-		Carrie and the second		
	02/06/2024		LeBlanc, Vic	ki						
$\vdash$	Amount (\$)	$\vdash$	Payee addres		State:	Zip Co	do			
	\$2,356.65		38868 FM 1		State,	Zip Co	ue			
	Ψ2,550.05		30000 1 141 1	400 Ku						
			Hammada at	TV 77.445						
L		L	Hempstead,							
	PURPOSE OF	(a)		e Categories listed at tr	ne top of this sche	rdule)	(b)	Description		
	EXPENDITURE		Reimbursen	nent				hand.	outside of Texas. Complete Schedu	ile T.
									TX, officeholder living expense	
								rreminaise of	candidate campaign e	penses
$\vdash$	Complete ONLY if direct		andidate/Office	eholder name		ffice sou	aht		Office hold	
	expenditure to benefit C/OI		- Manager Office	Johnson Hame		ince sou	Aut		Office held	
$\vdash$		_	-							
L										

#### SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor				Trainsportation requipment a Related Expense Travel District OTHER (enter a category not listed above)		
L		,	The Instruction Guide expla	ains how to co	omple	ete this form.	_			
1	Total pages Schedule F1: Sch: 5/8 Rpt: 13/20	2 FILER NAM LeBlanc,					3	Filer ID		
4	Date	5 Payee nam	ne				_			
L	02/13/2024		ve's Catering							
6	Amount (\$)	7 Payee add	dress; City; Si	State; Zip Co	ode					
	\$2,623.50	1212 Durl	ham Dr							
		Houston,	TX 77007							
8	PURPOSE	(a) Category	(See Categories listed at the top of this	is schedule)	(b)	Description				
	OF EXPENDITURE	Event Exp				Check if travel		ilde of Texas. Complete Schedule T.		
				ļ				, officeholder living expense		
				ļ		Event Caterir	ng			
9	Complete CAH V if direct	Candidata/C	Hhalder name	Office				2#		
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office sou	ıgnı			Office held		
	Date	Payee nam	ne							
02/01/2024 Repkas										
	Amount (\$)	Payee add	lress; City; Si	State; Zip Co	ode					
	\$13.55	8481 Bulle	er Rd							
L		Brookshir	re, TX 77423							
	PURPOSE	(a) Category	(See Categories listed at the top of this	is schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beverage Expense				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
				1		_				
						Campaign me	eai	8		
$\vdash$	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	oht			Office held		
	expenditure to benefit C/OI		incendider name	Office sou	igi n			Office field		
_	Cata									
	Date 02/17/2024	Payee nam								
L	02/17/2024	Sprint2Pri								
	Amount (\$)	Payee add		state; Zip Co	ode					
	\$833.53	8748 Clay	/ Rd #300							
		Houston,	TX 77080							
	PURPOSE	(a) Category	(See Categories listed at the top of this	is schedule)	(b)	Description				
	OF EXPENDITURE	Printing E				Check if travel		ide of Texas. Complete Schedule T.		
				1				officeholder living expense		
				1		Campaign Ad	lve	rtising		
-	Complete OMI V if direct	C==didata/0								
	Complete ONLY if direct expenditure to benefit C/OF	dandidate/U	Officeholder name	Office sou	ight			Office held		
_										
	rme provided by Toyon Et									

## SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services The Instruction Guide	Gift/Awards/Memorials Expense Printing Expens			se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above	/e)	
1	Total pages Schedule F1:	2 FILER N/	AME					3	Filer ID	
_	Sch: 6/8 Rpt: 14/20	LeBlanc,	, Vicki							
4	Date	5 Payee na	me							
	02/10/2024	Stan Kitz	zman Campaign							
6	Amount (\$)	7 Payee ad	ddress; City;	State;	Zip Co	ode				
	\$100.00	P.O. Box	x 553							
	1									
		Pattison	, TX 77466							
8	PURPOSE	(a) Category	(See Categories listed at the to	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE	Event Ex							te of Texas. Complete Schedule T.	
							Event Expens		officeholder living expense	
							LAGIN ENDO	50		
9	Complete ONLY if direct	Candidate	/Officeholder name		Office sou	waht			Office held	
-	expenditure to benefit C/OF		Officeriolder flame		MILLE SO.	uyın			Office ries	
H	Date	Payee na	ame							
	02/07/2024	1	ller County Express							
	Amount (\$)	Payee ad	ddress; City;	State;	Zip Co	ode				
	\$570.00	1110 Au								
			<i>y</i>							
	1	Hempst	ead, TX 77445							
H	PURPOSE	-				(h)				
	OF		(See Categories listed at the to	op of this sche	edule)	(0)	Description  Check if travel of	outsid	ie of Texas. Complete Schedule T.	
	EXPENDITURE	Advertise	ing Expense						officeholder living expense	
	1						Campaign Ad			
							-			
	Complete ONLY if direct		Officeholder name	C	Office sou	ught			Office held	
L	expenditure to benefit C/OF	Н								
	Date	Payee na	me							
	02/22/2024	The Wal	ller County Express							
	Amount (\$)	Payee ad	ddress; City;	State;	Zip Co	ode				
	\$570.00	1110 Au	stin St							
		Hempste	ead, TX 77445							
	PURPOSE OF	(a) Category	(See Categories listed at the to	lop of this schr	edule)	(b)	Description			
	EXPENDITURE		ing Expense		Station .		Check if travel o		e of Texas. Complete Schedule T.	ļ
							_		officeholder living expense	1
		1					Campaign adv	vert	ising	
	Complete ONLY if direct	Candidate/	Officeholder name		Office sou	- mbt			-46 - 4 - 4 4	
	expenditure to benefit C/OH	4	Jillottonoti mario		mee sou	Jyn			Office held	
-0.5	rms provided by Taylor Fil									

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction			Expens	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	1 Total pages Schedule F1: 2 FILER NAM			IAME 3						Filer ID		
	Sch: 7/8 Rpt: 15/20		LeBlanc, Vi	cki								
4	Date	5	Payee name									
l	02/05/2024		USPS									
6	Amount (\$)	7	Payee addre	ss; City;	State	Zip C	ode					
	\$13.60		901 12th St	reet								
l												
			Hempstead	I, TX 77445								
8	PURPOSE	(a)	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		Office Over					de of Texas. Complete Schedule T.				
										officeholder living expense		
								Stamps for C	am	paigit Maii		
L	Complete ON II V if direct	Ц,	Sandidata (Off	iceholder name		W				Office hold		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/On	cenoider name		Office so	ugnt			Office held		
Г	Date	Γ	Payee name									
	02/21/2024		Waller Area	Chamber of	Commerce							
Г	Amount (\$)	Г	Payee addre	ss; City;	State	Zip C	ode					
	\$20.00		P.O. Box 53	3								
L			Waller, TX	77484								
	PURPOSE OF	(a)	Category (s	ee Categories listed	at the top of this sch	edule)	(b)	Description				
	EXPENDITURE	1	Event Expe	nse						de of Texas. Complete Schedule T.		
								Candidate Meet and Greet Juncheon				
								Candidate ivi	cei	and Greet functions		
H	Complete ONLY if direct	_	Candidate/Off	iceholder name	. (	Office sor	unht			Office held		
expenditure to benefit C/OH						Office field						
-	Date	Г	Dayge name									
	02/04/2024		Payee name Waller Cour	nty Catering								
-		-				mp*						
	Amount (\$) \$940.00		Payee addre		State;	Zip C	ode					
	\$940.00		1649 Shept	nerd St								
			Hempstead	, TX 77445								
	PURPOSE	(a)	Category /e-	ee Catenories listed	at the top of this scho	adude)	(b)	Description	-			
	OF EXPENDITURE	'		age Expense		euline)	(10)		outsic	de of Texas. Complete Schedule T.		
	LAPENDITORE			5				Check if Austin,	TX,	officeholder living expense		
								Food for cam				
_												
	Complete ONLY if direct expenditure to benefit C/OH	ceholder name	C	office sou	ught			Office held				
-		_										

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Ex Legal Services  The Instruction Guid	xpense		Expens Wages	se s/Contract Labor	7	Travel Out of District OTHER (enter a category not	listed above)
1	Total pages Schedule F1:	2	FILER NAME	Ē					3 F	Filer ID	
Ļ	Sch: 8/8 Rpt: 16/20		LeBlanc, Vi								
4	Date	5	Payee name	t							
_	01/31/2024		Walmart								
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Co	ode				
	\$14.40		625 Hwy 29	∌0 E							
L			Hempstead	d, TX 77445							
8	PURPOSE OF			See Categories listed at the		edule)	(b)	Description			
	EXPENDITURE			rhead/Rental Expe						of Texas. Complete Schedul	le T.
								Office Supplie		fficeholder living expense	
								Office Supp	Co		
9	Complete ONLY if direct	<u>_</u>	Condidate/Off	ficeholder name		Office sou	- otht			Office held	
	expenditure to benefit C/OI		Alluidatero	Centiques marite		Mice son	Jg in			Office field	
	Date		Payee name	1							
	02/13/2024		Walmart								
	Amount (\$)	+	Payee addre	ess; City;	State;	Zip Co	ode				
	\$5.69	1	625 Hwy 29	5.7							
			-	ST Comments							
L			Hempstead	J, TX 77445							
	PURPOSE OF			See Categories listed at the t		edule)	(b)	Description			
	EXPENDITURE			rhead/Rental Expe						of Texas. Complete Schedul	le T.
						1		Office Supplie		fficeholder living expense	
								Office Supplie	55		
$\vdash$	Complete ONLY if direct	۲	Candidate/Off	ficeholder name		Office sou	wht			Office held	
	expenditure to benefit C/O		/di futution o	Certoider Harris	-	Illice acc	Jyn			Office field	
_		_									
	Date 02/15/2024		Payee name	1							
L		+	Walmart								
	Amount (\$)	1	Payee addres		State;	Zip Co	ode				
	\$29.68		625 Hwy 29	10 E							
	1										
L			Hempstead	, TX 77445							
	PURPOSE OF			ee Categories listed at the t	top of this sche	edule)	(b)	Description			
	EXPENDITURE		Advertising							of Texas. Complete Schedul	e T.
						1			TX, of	fficeholder living expense	
						1		t-shirts			
-	Complete ONLY if direct	_	andidate/Off	iceholder name		Office sou	whit				
	expenditure to benefit C/OF		and and an	cendider manie		THEE SOL	1gm			Office held	
-											

### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Advertising Expense Accounting/Banking Event Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID Sch: 1/1 Rpt: 17/20 LeBlanc, Vicki \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name 02/23/2024 Data & Mailing Resources of Houston LP 7 Amount (\$) Payee address; State; Zip Code City; \$1,164.75 4929 Blalock Rd Houston, TX 77041 9 TYPE OF X Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **PURPOSE** (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Campaign advertising 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule G:	2 FILER NAME 3 Filer ID								
	Sch: 1/3 Rpt: 18/20	LeBlanc, Vicki								
4	Date	5 Payee name								
	01/30/2024	Car Part Arts								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$47.81	3403 Indigo Bunting Ct								
	Reimbursement from political contributions intended	Richmond, TX 77469								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T								
	OF EXPENDITURE	Gift/Awards/Memorials Expense								
	EXPENDITORE	Campaign Host gift								
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	02/21/2024	Las Fuentes								
$\vdash$	Amount (\$)	t (\$) Payee address; City; State; Zip Code								
	\$443.46	601 10th St								
	X   Reimbursement from political contributions intended	Hempstead, TX 77445								
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description Check if travel outside of Texas. Complete Schedule T								
	OF EXPENDITURE	Food/Beverage Expense								
		Campaign Event								
L										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	02/24/2024	LeBlanc, Vicki								
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code								
	\$763.00	38868 FM 1488 Rd								
	Reimbursement from									
	X political contributions intended	Hempstead, TX 77445								
	PURPOSE OF	Category (See Categories listed at the top of this schedule)  Description Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Travel In District Check if Austin, TX, officeholder living expense								
		mileage 1165 miles. IRS rate 65.5								
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit	Candidate/Officeholder name Office sought Office held								
	C/OH									

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Transportation Equip Fees Food/Beverage Expense nent & Related Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 2/3 Rpt: 19/20 LeBlanc, Vicki 4 Date Payee name 02/18/2024 Lowes 6 Amount (\$) Payee address: City: State; Zip Code \$43.28 14128 Cypress-Rosehill Rd Reimbursement from X political contributions intended Cypress, TX 77429 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense EXPENDITURE Campaign supplies Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/10/2024 Party City Amount (\$) Payee address: State; Zip Code \$188.14 28640 Hwy 290 #XJ Reimbursement from X political contributions intended Cypress, TX 77433 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Event Expense EXPENDITURE Campaign Event Decorations Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/16/2024 Waller Area Chamber of Commerce Amount (\$) Pavee address: City: State; Zip Code \$600.00 P.O. Box 53 Reimbursement from political contributions intended Waller, TX 77484 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **Event Expense** EXPENDITURE Campaign event

expenditure to benefit

C/OH

Complete ONLY if direct Candidate/Officeholder name

Office sought

Office held

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 2 FILER NAME 3 Filer ID Sch: 3/3 Rpt: 20/20 LeBlanc, Vicki 4 Date 5 Payee name 02/18/2024 Waller County Catering 6 Amount (\$) Payee address; State; Zip Code \$90.00 1649 Shepherd St Reimbursement from X political contributions intended Hempstead, TX 77445 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense EXPENDITURE Event catering Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH