

# 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  | 2 Total pages filed:<br>5   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR FIRST MI<br>Vicki  | OFFICE USE ONLY<br>Date Received<br>Waller Co. Elections<br>JAN 14 2026<br>RECEIVED |   |
|   | NICKNAME SUFFIX<br>LeBlanc   |   |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>38868 FM 1488<br><br>Hempstead, TX 77445  |   | Date Hand-delivered or Date Postmarked  |
|   |  |   | Receipt # Amount  |
|   |  |   | Date Processed  |
|   |  |   | Date Imaged   |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR FIRST MI<br>Wayne  |   |   |
|   | NICKNAME LAST SUFFIX<br>LAST   |   |   |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>38868 FM 1488<br><br>Hempstead, TX 77445  |   |   |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE PHONE NUMBER EXTENSION   |   |   |
| 8 REPORT<br>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)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |   |   |
| 9 PERIOD<br>COVERED   | Month Day Year    Month Day Year<br>07/01/2025    THROUGH    12/31/2025  |   |   |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year  |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |
|   |  |   |   |
| 11 OFFICE   | OFFICE HELD (if any)   | 12 OFFICE SOUGHT (if known)   |   |

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2**

2 of 5

|   |   |  |             |
|---|---|--|-------------|
| <b>13 C / OH NAME</b> LeBlanc, Vicki  |   | <b>14 Filer ID</b>   |             |
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><input type="checkbox"/> Additional Pages | 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. |  |             |
|   | <b>COMMITTEE TYPE</b><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC  | <b>COMMITTEE NAME</b>  |             |
|   |   | <b>COMMITTEE ADDRESS</b>   |             |
|   |   | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>   |             |
|   |   | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  |             |
| <b>16 CONTRIBUTION TOTALS</b>   | 1.  | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00     |
|   | 2.  | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0.00     |
| <b>EXPENDITURE TOTALS</b>   | 3.  | TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ 0.00     |
|   | 4.  | TOTAL POLITICAL EXPENDITURES   | \$ 1,494.52 |
| <b>CONTRIBUTION BALANCE</b>   | 5.  | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 5,258.87 |
| <b>OUTSTANDING LOAN TOTALS</b>  | 6.  | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00     |

**17 AFFIDAVIT**

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

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH**  
**COVER SHEET PG 3**  
3 of 5**18 FILER NAME**  
LeBlanc, Vicki**19 Filer ID****20 SCHEDULE SUBTOTALS**

| NAME OF SCHEDULE |   | SUBTOTAL AMOUNT |
|------------------|---|-----------------|
| 1.               | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$              |
| 2.               | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$              |
| 3.               | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$              |
| 4.               | <input type="checkbox"/> SCHEDULE E: LOANS  | \$              |
| 5.               | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 1,494.52     |
| 6.               | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$              |
| 7.               | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$              |
| 8.               | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$              |
| 9.               | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$              |
| 10.              | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$              |
| 11.              | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$              |
| 12.              | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$              |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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:<br>Sch: 1/2 Rpt: 4/5       | 2 FILER NAME<br>LeBlanc, Vicki  | 3 Filer ID   |
| 4 Date<br>12/08/2025                                  | 5 Payee name<br>City of Hempstead   |  |
| 6 Amount (\$)<br>\$150.00                             | 7 Payee address; City; State; Zip Code<br>1125 Austin Street<br><br>Hempstead, TX 77445   |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for turkey drive       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>08/02/2025                                    | Payee name<br>GoDaddy   |  |
| Amount (\$)<br>\$91.14                                | Payee address; City; State; Zip Code<br>2155 E. GoDaddy Way<br><br>Tempe, AZ 85284  |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign domain and hosting     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>11/18/2025                                    | Payee name<br>Men Living for Christ   |  |
| Amount (\$)<br>\$50.00                                | Payee address; City; State; Zip Code<br>23112 FM 359 N<br><br>Hempstead, TX 77445   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for their turkey drive |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Bookkeeping  
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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/2 Rpt: 5/5              | <b>2</b> FILER NAME<br>LeBlanc, Vicki  | <b>3</b> Filer ID   |
| <b>4</b> Date<br>07/22/2025   | <b>5</b> Payee name<br>Vicki, LeBlanc  |   |
| <b>6</b> Amount (\$)<br>\$455.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>38868 FM 1488 Rd<br><br>Hempstead, TX 77445 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Reimbursement     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimbursement of political expense. |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |   |
| Date<br>10/10/2025  | Candidate/Officeholder name<br>Payee name<br>Vicki, LeBlanc                                  | Office sought<br>Office held  |
| Amount (\$)<br>\$588.38   | Payee address; City; State; Zip Code<br>38868 FM 1488<br><br>Hempstead, TX 77445             |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Reimbursement     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimbursement of expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |   |
| Date<br>08/02/2025  | Candidate/Officeholder name<br>Payee name<br>Waller County Crime Stoppers                    | Office sought<br>Office held  |
| Amount (\$)<br>\$160.00   | Payee address; City; State; Zip Code<br>100 R Glenn Smith Dr<br><br>Hempstead, TX 77445      |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event                               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |   |
|   |  |   |