# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	ide explains how to complete	this form.	Filer ID (Ethics Commission Filers)	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIF	dd	A.	OFFICE USE ONLY
NAME	NICKNAME LA	ompte	SUFFIX	Date Received  1/16/2024 Received Electronic
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADORESS / PO BOX; APT	/ SUITE #. CIT	Y; STATE; ZIP CODE	
Change of Address				Sam In
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE N	UMBER	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt # Amount \$
6 CAMPAIGN TREASURER		rst Monice	a L	Date Processed
NAME	NICKNAME L	ean	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PI	LEASE); APT / SUIT		STATE: ZIP CODE
TREASURER ADDRESS	9212 Fry Rd		5, #333	
(Residence or Business)	Cypress, 7	x 7743	3	
8 CAMPAIGN TREASURER PHONE	(7/3) 263-		EXTENSION	
9 REPORT TYPE	January 15	30th day before ele-	ction Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elect	ion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Year / 2422	THROUGH /2	Day Year -/31 / 2023
		2023		
# ELECTION	ELECTION DATE	Primary	ELECTION TYP	PE
	Month Dey Year 11/07/23	General	Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kno	wn)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CARDILLATE   OFFICEHOLDED TO	HERE EYPENINTURES	MAY HAVE REEN MAINE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT WOULD TES OR OFFICEHOLDER'S KNOWLEDGE OR F THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE COMMITTE	E NAME		
Additional Pages	GENERAL COMMITTE	E ADDRESS		
	SPECIFIC COMMITTE	E CAMPAIGN TREA	SUREH NAME	
	COMMITTE	EE CAMPAIGN TRE	ASURER ADDRESS	
	-	GO TO F	PAGE 2	
		101		

### SUBTOTALS - C/OH

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

19	FILERNAME Todd A, Le Compte 20 Filer ID (Ethics	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$13,289,17
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	s
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	1 \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT FORM C/OH COVER SHEET PG 2 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR \$ CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING \$ 6. LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL \_\_\_\_ this the day of Sworn to and subscribed before me by \_\_\_ \_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

County, State of TEXAS, on the 16 to

and my date of birth is

Signature of Candidate/Officeholder (Declarant)

(country)

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Todd A. Le Compte	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/31/23	Michael Le Compte 6 Contributor address; City; State; Zip Code 12907 Oakwood Manor, Cypress Tx 774.	#100.00
	12907 Oakwood Manor, Cypress IX 114.	29
	pation / Job title (See Instructions)  9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	Destion / Job title (See Instructions)  Employer (See Instructions)	uctions)
Date	Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions)  Employer (See Inst	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occ	upation / Job title (See Instructions) Employer (See Ins	tructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for additio	S NEEDED nal reporting requirements.

CONTRIBUTIONS	SCHEDULE A2
If the requested information is not applicable, DO NOT include	e this page in the report.
The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
Todd A. Le Compte	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
	Zip Code #599,67   Mk+g./Tex+Msc. 77433   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)
2 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
4 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date  Full name of contributor out-of-state PAC (ID#:  Conservative Con lition of Harr  Contributor address; City; State;  P.O. Box 431158, Houston TX 7/  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Amount of Contribution \$ In-kind contribution description  is County Zip Code  # 25.00   Mktg. Materia  Check if travel outside of Texas. Complete Schedule  Employer (FOR NON-JUDICIAL)(See Instructions)
PAC	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc	I MIS SCHEDULE AS NEEDED tion guide for additional reporting requirements.

#### SCHEDULE A2

1 Total pages Schedule A2:
3 Filer ID (Ethics Commission Filers)
BUTIONS \$
Reedom ZIp Code  ZIp Code  Check if travel outside of Texas. Complete Schedule
11 Employer (FOR NON-JUDICIAL) (See Instructions)
13 Contributor's job title (FOR JUDICIAL) (See Instructions)
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of Contribution \$ In-kind contribution description  Zip Code #2500,00   MK+g. Ma+erial  The Code   Texas Complete Schedule Temployer (FOR NON-JUDICIAL) (See Instructions)
Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)
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#### SCHEDULE A2

The instruction Guide explains how to complete this form	1 Total pages Schedule A2:	
7 odd A. Le Compte	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	B Amount of 9 In-kind contribution Contribution \$   description    Zip Code # 864, 75   MKtg. Materials  The T7429   Check if travel outside of Texas. Complete Schedule T.  11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date  Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$\text{In-kind contribution description}\$  Zip Code #864, 75   Mktg Material    Check if travel outside of Texas. Complete Schedule T.    Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF		

#### SCHEDULE A2

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Todd A. Le Compte	)	3 Filer ID (Ethics Co	mmission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
Date 6 Full name of contributor out-of-state PAC (ID#:	及77429	#100.00	   MXtg. Material      de of Texas. Complete Schedule 1
2 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
4 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  Full name of contributor out-of-state PAC (ID#:	77429		In-kind contribution I description I MKHg. Matcr'a I de of Texas. Complete Schedule T
Contributor's principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law fin	m of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

### SCHEDULE A2

The instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
FILER NAME Todd A. LeComple	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Sin-kind contribution description  Zip Code \$864.75   MK+g. Mater  Type Type Check if travel outside of Texas. Complete Schedule  11 Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date  Cy Fair 4 Liberty PAC  Contributor address; City; State;  13121 Lovetta Rd, #155 Cypress	Amount of In-kind contribution Contribution \$   description  Zip Code #3,516.25   MK+g. Matrial  7x 77429   Check if travel outside of Texas. Complete Schedule 1
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

### SCHEDULE A2

The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:
Todd A. LeCompte	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of   9 In-kind contribution description
To Principal occupation / Job file (FOR NON-JUDICIAL)(See Instructions)	The Employer (Constitutions)
12 Contributor's principal occupation (FOR JUDICIAL)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date  Full name of contributor out-of-state PAC (ID#:  CYFAIR 4 Liberty PAC  Contributor address; City; State;  13121 LoveHa Rd #155 Cypres  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's principal occupation (FOX 300101AE)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 6 Full name of contributor Out-of-state PAC (ID#: 5 Date In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule Employer (FOR NON-JUDICIAL)(See Instructions) 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) Out-of-state PAC (ID# In-kind contribution Amount of Date Contribution \$ description Check if travel outside of Texas. Complete Schedule Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Todd A. Le Compte TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 9 In-kind contribution Out-of-state PAC (ID#: 6 Full name of contributor description Employer (FOR NON-JUDICIAL)(See Instructions) 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) Out-of-state PAC (ID# In-kind contribution Amount of Date description State; Zip Code Contributor address; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Recayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Exper Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers 4 Date Federal Credit Union 10/31/23 6 Amount (\$) 8878 Barker Cypress Rd. Cypress Tx \$ 8.00 Monthly Bank Fee **PURPOSE** Accounting Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Prime Way Federal Credit Union ayee address; City; 8878 Barker Cypress Rd Cypress Tx 77433 \$ 8.00 Monthly Banking Fec PURPOSE Accounting Banking EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Primeway Federal Credit Union 8878 Barker (y press Rd Cypress Tx stagory (See Categories listed at the top of this schedule) | Description \$ 8,00 PURPOSE Accounting / Banking Monthly Banking Fee OF EXPENDITURE 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