

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed: 5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. FIRST: Mei MI: _____
NICKNAME: _____ LAST: LeBlanc SUFFIX: _____

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

07 JAN 06 11:11:26 RECEIVED - 110

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX: 2720 Mark Twain Ct. APT / SUITE #: _____ CITY: Arlington, TX STATE: _____ ZIP CODE: 76006

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (817) PHONE NUMBER: 469-8525 EXTENSION: _____

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. FIRST: Jimmy MI: _____
NICKNAME: _____ LAST: Bennett SUFFIX: _____

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 2000 E. Lamar Blvd., Arlington, TX APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: 76006

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) PHONE NUMBER: 461-0523 EXTENSION: _____

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month: 7 Day: 1 Year: 06 THROUGH Month: 12 Day: 31 Year: 06

11 ELECTION

ELECTION DATE: Month: 1 Day: 1 Year: _____ ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any): City Council, District 1

13 OFFICE SOUGHT (if known): _____

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name: _____

Address / PO Box: _____ Apt. / Suite #: _____ City: _____ State: _____ Zip Code: _____

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mel LeBlanc 16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

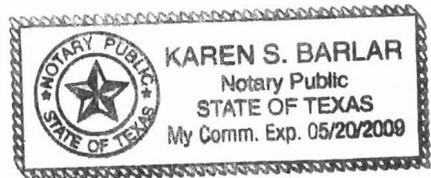
.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

| | |
|--|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE NAME |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|--------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 765.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,615.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 500.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 10,098.69 |

19 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.



AFFIX NOTARY STAMP / SEAL ABOVE

M. V. LeBlanc, Jr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Mel LeBlanc, this the 16th day of January, 20 07, to certify which, witness my hand and seal of office.

Karen S. Barlar Signature of officer administering oath
KAREN S. BARLAR Printed name of officer administering oath
Notary Public Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: 2 | |
| 2 FILER NAME Mel LeBlanc | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 8/1/06 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve & Lisa Lieberman | 7 Amount of contribution (\$) \$75.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 9346 Hathaway St. Dallas, TX. 75220 | | | |
| 9 Principal occupation / Job title (See Instructions) Management | | 10 Employer (See Instructions) The Retail Connection | |
| Date 8/15/06 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dan Fuller, Jr. | Amount of contribution (\$) \$75.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 4205 Bryn Mawr Dr. Dallas, TX. 75225 | | | |
| Principal occupation / Job title (See Instructions) Management | | Employer (See Instructions) The Retail Connection | |
| Date 8/1/06 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terry Syler | Amount of contribution (\$) \$75.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2525 Mckinnon St. #700 Dallas, TX. 75225 | | | |
| Principal occupation / Job title (See Instructions) Management | | Employer (See Instructions) The Retail Connection | |
| Date 8/1/06 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve & Carol Greenberg | Amount of contribution (\$) \$75.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 5605 Melshire Dr. Dallas, TX. 75230 | | | |
| Principal occupation / Job title (See Instructions) Management | | Employer (See Instructions) The Retail Connection | |
| Date 8/15/06 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John & Whitney Mathes | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 5504 W. University Blvd Dallas, TX. 75209 | | | |
| Principal occupation / Job title (See Instructions) Management | | Employer (See Instructions) The Retail Connection | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME

Mel LeBlanc

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/15/06

5 Full name of contributor

Ruth & Alan Shor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$75.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*5411 Pebblebrook Dr.
Dallas, TX. 75229*

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

The Retail Connection

Date

8/15/06

Full name of contributor

David Wilson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2525 McKinnon, # 700
Dallas, TX. 75201*

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

The Retail Connection

Date

10/29/06

Full name of contributor

Stephen Jones

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3900 Miramar Ave.
Dallas, TX. 75205*

Principal occupation / Job title (See Instructions)

Management

Employer (See Instructions)

Dallas Cowboys

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Mel LeBlanc

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/10/06

5 Payee name

Craig

7 Amount (\$)

\$500

6 Payee address; City; State; Zip Code

*208 Blair Lake
Arlington, TX. 76014*

8 Purpose of payment (See instructions regarding type of information required.)

Consulting Fee/Fundraising

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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