

**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. ••

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 4,200.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 298.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,000.00

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.

M.V. LeBlanc
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mel LeBlanc, this the 10th day of April, 2008, to certify which, witness my hand and seal of office.

Tina Stewart
Signature of officer administering oath

Tina Stewart
Printed name of officer administering oath

notary
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: 4	
2 FILER NAME Mel LeBlanc		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/5/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles & Lou Arnold	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1416 Country Club Road Arlington, TX. 76013			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/7/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra & Michael Brown	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1306 West Abram Arlington, TX. 76013			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/5/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanna Palla	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2204 Coolidge Dr. Arlington, TX. 76011			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim & Jacquelyn Quinn	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2408 Texas Dr. Irving, TX. 75062			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landrith & Kulesz, LLP	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 601 Abram St. Arlington, TX. 76010			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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: <i>4</i>	
2 FILER NAME <i>Mel LeBlanc</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/4/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Walid Joulani</i>	7 Amount of contribution (\$) <i>\$200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2900 Rush Court Arlington, TX. 76017</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/6/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Connie & Mark Hanson</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2705 Butler Drive Arlington, TX. 76012</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/7/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carolyn Casselberry</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>702 Findlay Dr. Arlington, TX. 76012</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/7/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Cravens</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>501 S. Fielder Arlington, TX. 76013</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/7/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Charles & Karen Varrin</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1808 O'Henry Ct. Arlington, TX. 76006</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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: <input checked="" type="checkbox"/>	
2 FILER NAME <i>Mel LeBlanc</i>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/6/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John + Kay Huggins</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>1813 Woods Drive Arlington, TX. 76010</i>				
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date <i>4/6/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Grey Pierson</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>301 W. Abra. ... Arlington, TX. 76010</i>				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Helen Maddox</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>3412 Woodford Dr. Arlington, TX. 76013</i>				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>3/25/08</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Hardie PAC</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>26306 La Alameda #100 Mission Viejo, California 92691</i>				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>4/5/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dant Kelly Mohorc</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>2702 Mark Twain Ct. Arlington, TX. 76006</i>				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

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: <u>9</u>	
2 FILER NAME <u>Mel LeBlanc</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>3/24/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert Austin, Jr.</u>	7 Amount of contribution (\$) <u>\$500.00</u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>101 W. Abram St. Arlington, Tx. 76004</u>		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4/3/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Elizabeth Gasca</u>	Amount of contribution (\$) <u>\$1,000.00</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>3030 Matlock Rd. Arlington, Tx. 76015</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4/10/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TREPAC/Texas of Realtors</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>3916 Interstate 20 West, Suite 160 Arlington, Tx. 76017</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME <i>Mel LeBlanc</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/2/08</i>	5 Payee name <i>U.S. Postal Service</i>	7 Amount (\$) <i>\$188.60</i>
6 Payee address; City; State; Zip Code <i>Fountain Drive Grand Prairie, TX. 75050</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Postage</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/11/08</i>	Payee name <i>City of Arlington</i>	Amount (\$) <i>\$100.00</i>
Payee address; City; State; Zip Code <i>101 W. Abram St. Arlington, TX. 76004</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Filing Fee</i>		** 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED