Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: Mel | MI:
NICKNAME: | LAST: LeBlanc | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 2720 Mark Twain Ct. | APT / SUITE #: | CITY: Arlington, TX. 76006 | STATE: | ZIP CODE:

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (817) | PHONE NUMBER: 469-8525 | EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr. | FIRST: Joe | MI:
NICKNAME: | LAST: Way | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 3910 Silkwood Trail, Arlington, Tx. | APT / SUITE #: | CITY: | STATE: | ZIP CODE:

8 CAMPAIGN TREASURER PHONE
AREA CODE: (817) | PHONE NUMBER: 572-5770 | 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 Day Year: 01 / 01 / 09 THROUGH Month Day Year: 07 / 15 / 09

11 ELECTION
ELECTION DATE Month Day Year: / /
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): City Council Member, 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

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

RECEIVED - CSO
09 JUL 20 PM 2:55

GO TO PAGE 2

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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 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. **

☐ additional pages

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

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	$ —
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ —

EXPENDITURE TOTALS

3	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
4.	**TOTAL POLITICAL EXPENDITURES**	$ 3,995

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 8,321

OUTSTANDING LOAN TOTALS

6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 93.66

19 AFFIDAVIT

TINA STEWART
Notary Public
STATE OF TEXAS
My Comm. Exp. 02/14/2011

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 20th day of July, 2009, 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

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: Mel LeBlanc

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/5/09	Rolling Hills Country Club 401 E. Lamar Blvd. Arlington, TX. 76011	$500

8 Purpose of payment (See instructions regarding type of information required.): Campaign Public Relations
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/10/09	Murphy Turner + Associates 816 Congress Ave, Suite 1160 Austin, TX. 78701	$2,000

Purpose of payment (See instructions regarding type of information required.): Consulting services
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/	Craig Ownby 208 Blair Lane Arlington, TX. 76014	$500

Purpose of payment (See instructions regarding type of information required.): Consulting Services
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/20/09	League of Women Voters of Arlington Box 121, Arlington, Texas 76004	$10

Purpose of payment (See instructions regarding type of information required.): DVD / Forum
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name | Office sought | Office held

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

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/15/09	Aaron Reich 1205 N. Fielder Rd. Arlington, TX. 76012	$750

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

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/15/09	Tony Vo 4100 Peachwood Drive Arlington, TX. 76016	$135

Purpose of payment (See instructions regarding type of information required.)
Clerical/Computer work.

Complete if direct expenditure to benefit C/OH
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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 / Payee address; City; State; Zip Code	Amount ($)

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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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: Mel LeBlanc

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: $ 83.66

5 Date of loan	7 Name of lender	9 Loan Amount ($)
6/15/09	Self ☐ out-of-state PAC (ID#)	$83.66
6 Is lender a financial institution? Y (N)	**8 Lender address; City; State; Zip Code** 2720 Mark Twain Ct., Arlington, Tx. 76006	**10 Interest rate** —
		11 Maturity date —

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
self	self

14 Description of Collateral
☑ none

15 GUARANTOR INFORMATION	16 Name of guarantor	18 Amount Guaranteed ($)
☑ not applicable	N/A	—
	17 Guarantor address; City; State; Zip Code	

19 Principal Occupation	20 Employer
N/A	N/A

Date of loan	Name of lender ☐ out-of-state PAC (ID#)	Loan Amount ($)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Description of Collateral
☐ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☐ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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