

# 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: <div style="font-size: 2em; text-align: center;">7</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr. Mel</i>	OFFICE USE ONLY		
	NICKNAME LAST SUFFIX <i>LeBlanc</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2720 Mark Twain Ct. Arlington, TX. 76006</i>	Date Received	RECEIVED - CSO 10 APR 30 PM 2:13	
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 469-8525</i>		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mr. Joe</i>	Receipt #		Amount
	NICKNAME LAST SUFFIX <i>Way</i>	Date Processed		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3910 Silkwood Trail, Arlington, Tx. 8 76016</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 572-5770</i>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (office holder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attached C/OH - FR)			
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>04/08/10    04/30/10</i>			
11 ELECTION	ELECTION DATE Month Day Year <i>5/8/10</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <i>City Council, District 1</i>	13 OFFICE SOUGHT (if known)		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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			

**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 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. \*\*

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ *5,180*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *---*

4. TOTAL POLITICAL EXPENDITURES

\$ *---*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

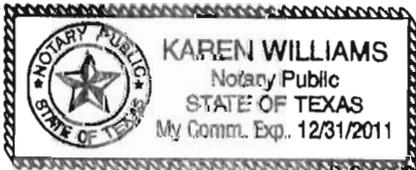
\$ *18,454.70*

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Mel LeBlanc*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Mel LeBlanc*, this the *30<sup>th</sup>* day of *April*, 20 *10*, to certify which, witness my hand and seal of office.

*Karen Williams* *Karen Williams*

*Notary*

Signature of officer administering oath

Printed name of officer administering oath

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 <i>5</i>	
2 FILER NAME <i>Mel LeBlanc</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/17/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Billie Farrar</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1731 Woods Dr. Arlington, TX. 76010</i>			
9 Principal occupation / Job title (See Instructions) <i>Real Estate</i>		10 Employer (See Instructions) <i>Farrar + Associates</i>	
Date <i>4/19/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dan Dipert</i>	Amount of contribution (\$) <i>\$150</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4709 El Salvador Arlington, TX. 76017</i>			
Principal occupation / Job title (See Instructions) <i>Busing</i>		Employer (See Instructions) <i>Dan Dipert, Inc.</i>	
Date <i>4/21/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lydia or Tim McKibben</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2630 Hemingway Dr. Arlington, TX. 76006</i>			
Principal occupation / Job title (See Instructions) <i>Private Equity</i>		Employer (See Instructions) <i>Ancor Capital</i>	
Date <i>4/27/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hussein "Sam" Mahrouq</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2615 Hemingway Drive Arlington, TX. 76006</i>			
Principal occupation / Job title (See Instructions) <i>Car Dealership</i>		Employer (See Instructions) <i>self</i>	
Date <i>4/25/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Grey Pierson</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2117 Shadow Ridge Drive Arlington, TX. 76006</i>			
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>self</i>	

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 FILER NAME

Mel LeBlanc

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/10/10

5 Full name of contributor  out-of-state PAC (ID#:

Dr. John Hastings

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2016 Van Buren Dr.  
Arlington, TX - 76011

9 Principal occupation / Job title (See Instructions)

Periodontist

10 Employer (See Instructions)

Self

Date

4/18/10

Full name of contributor  out-of-state PAC (ID#:

Al + Shalyn Clark

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2452 W. I-20  
Arlington, TX. 76017

Principal occupation / Job title (See Instructions)

Insurance Broker

Employer (See Instructions)

State Farm

Date

4/25/10

Full name of contributor  out-of-state PAC (ID#:

Don Duke

Amount of contribution (\$)

\$75

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 13464  
Arlington, TX. 76094

Principal occupation / Job title (See Instructions)

Investments

Employer (See Instructions)

Coble/Chavens

Date

4/21/10

Full name of contributor  out-of-state PAC (ID#:

Carolyn Casselberry

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1201 W. Green Oaks Blvd.  
Arlington, TX. 76013

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Eby Halliday

Date

4/18/10

Full name of contributor  out-of-state PAC (ID#:

Jerry Jordan

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 993  
Arlington, TX. 76004

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Jordan + Associates

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Mel LeBlanc</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/17/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruth Brock &amp; Allan Saxe</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3318 Thorn Hill Dr. Arlington, TX. 76001</i>			
9 Principal occupation / Job title (See Instructions) <i>University Prof./ Librarian</i>		10 Employer (See Instructions) <i>Univ. of Tx. at Arlington</i>	
Date <i>4/20/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruth &amp; Kent Kirmser</i>	Amount of contribution (\$) <i>\$30</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1302 Willowbrook Arlington, TX. 76011</i>			
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>N/A</i>	
Date <i>4/22/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elzie Odom</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1019 Byron Ln. Arlington, TX. 76012</i>			
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>N/A</i>	
Date <i>4/20/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kay &amp; John Higgins</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1813 Woods Dr. Arlington, TX. 76010</i>			
Principal occupation / Job title (See Instructions) <i>Insurance</i>		Employer (See Instructions) <i>Higgenbotham &amp; Associates</i>	
Date <i>4/23/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Tom &amp; Kelly Currott</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>505 Si Fielder Arlington, TX. 76013</i>			
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Mel LeBlanc</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/22/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Maibach</i>	7 Amount of contribution (\$) <i>\$50</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1703 N. Peyco Drive Arlington, TX. 76001</i>			
9 Principal occupation / Job title (See Instructions) <i>Real Estate</i>		10 Employer (See Instructions) <i>Peyco Southwest</i>	
Date <i>4/16/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terry &amp; Teresa Gaiher</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>711 Findlay Dr. Arlington, TX. 76012</i>			
Principal occupation / Job title (See Instructions) <i>Financial Industry</i>		Employer (See Instructions) <i>First Rate</i>	
Date <i>4/16/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Apartment Association of Tarrant County</i>	Amount of contribution (\$) <i>\$1,500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6350 Baker Blvd. Ft. Worth, TX. 76118</i>			
Principal occupation / Job title (See Instructions) <i>Apartment</i>		Employer (See Instructions) <i>MA/PA C</i>	
Date <i>4/16/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Arredondo</i>	Amount of contribution (\$) <i>\$25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2118 Mossy Oak St. Arlington, TX. 76012</i>			
Principal occupation / Job title (See Instructions) <i>Event Planning</i>		Employer (See Instructions) <i>Self</i>	
Date <i>4/15/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Charles &amp; Melissa Deur</i>	Amount of contribution (\$) <i>\$200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2700 Shavano Ct. Arlington, TX. 76006</i>			
Principal occupation / Job title (See Instructions) <i>Medical Doctor</i>		Employer (See Instructions) <i>Self</i>	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*Mel LeBlanc*

3 ACCOUNT # (Ethics Commission #)

4 Date

*4/24/10*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Adlai Pennington*

7 Amount of contribution (\$)

*\$250*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1375 Gilman Rd.  
Fort Worth, TX. 76140*

9 Principal occupation / Job title (See Instructions)

*Developer*

10 Employer (See Instructions)

*Self*

Date

*4/25/10*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Curt & Sue Taylor*

Amount of contribution (\$)

*\$100*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2219 Patterson Place  
Arlington, TX. 76012*

Principal occupation / Job title (See Instructions)

*Medical Product Distribution*

Employer (See Instructions)

*Mckesson Medical*

Date

*4/28/10*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Toby Goodman*

Amount of contribution (\$)

*\$350*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*5001 S Cooper, Suite 21d  
Arlington, TX. 76017*

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Self*

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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