

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 7		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Mel	MI	OFFICE USE ONLY Date Received 10 JUL 15 PM 3:57 RECEIVED - CSO Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME	LAST LeBlanc	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2720 Mark Twain Ct. Arlington, TX. 76006				
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (817) 469-8525				
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); APT / SUITE #; CITY; STATE; ZIP CODE 3910 Silkwood Trail, AT, 76016				
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (817) 572-5770				
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 (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 5 / 1 / 10		THROUGH	Month Day Year 7 / 15 / 10	
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> 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 <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 <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 \$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,310.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 1,279.99

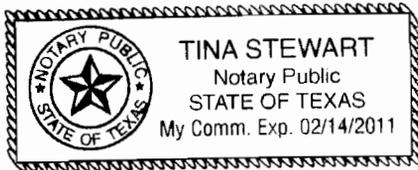
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 22,484.71

OUTSTANDING LOAN TOTALS

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

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.

Mel LeBlanc, Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mel LeBlanc, this the 15th day of July, 20 10, 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 Mei LeBlanc		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/6/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David + Cynthia Petrick	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4131 Spicewood Springs Rd. Suite N-1, Austin, TX. 78759			
9 Principal occupation / Job title (See Instructions) Property Development		10 Employer (See Instructions) self	
Date 5/10/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay + Brandee Kelley	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1300 Canterbury Court Arlington, TX. 76006			
Principal occupation / Job title (See Instructions) Benefits		Employer (See Instructions) self	
Date 5/8/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamer Cribbs	Amount of contribution (\$) \$150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 13060 Arlington, TX. 76094			
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) NA	
Date 5/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Hightower	Amount of contribution (\$) 2000 \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1201 W. Park Row Drive Arlington, TX. 76013			
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self	
Date 5/01/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arlington Firefighters Association	Amount of contribution (\$) \$2,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Arlington, TX, 76010			
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA	

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>4</u>	
2 FILER NAME <u>Mel LeBlanc</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>5/4/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charles Clawson</u>	7 Amount of contribution (\$) <u>\$300</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>6219 Lakeridge Rd. Arlington, TX. 76016</u>			
9 Principal occupation / Job title (See Instructions) <u>consultant</u>		10 Employer (See Instructions) <u>self</u>	
Date <u>5/6/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mr. + Mrs. Kelly McKnight</u>	Amount of contribution (\$) <u>\$250</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>3209 W. Sublett Rd. Arlington, TX. 76017</u>			
Principal occupation / Job title (See Instructions) <u>Towing</u>		Employer (See Instructions) <u>self</u>	
Date <u>5/5/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Walid Joulani</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>2900 Rush Court Arlington, TX. 76017</u>			
Principal occupation / Job title (See Instructions) <u>Auto Sales</u>		Employer (See Instructions) <u>self</u>	
Date <u>5/1/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jim + Karen Bass</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>2709 Moharoh Drive Arlington, TX. 76006</u>			
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions) <u>—</u>	
Date <u>5/6/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>J. G. Luke</u>	Amount of contribution (\$) <u>\$60</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>P.O. Box 1024 Arlington, TX. 76004</u>			
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions) <u>—</u>	

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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: <u>4</u>	
2 FILER NAME <u>Me/ LeBlanc</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>5/13/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Phillip & Holly Huffiner</u>	7 Amount of contribution (\$) <u>\$500</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>8200 Douglas Ave., Suite 300 Dallas, TX. 75225</u>			
9 Principal occupation / Job title (See Instructions) <u>Development</u>		10 Employer (See Instructions) <u>Huffiner Communities</u>	
Date <u>5/13/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Donald & Mary Catherine Huffiner</u>	Amount of contribution (\$) <u>\$500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>8200 Douglas Ave., Suite 300 Dallas, TX. 75225</u>			
Principal occupation / Job title (See Instructions) <u>Development</u>		Employer (See Instructions) <u>Huffiner Comty</u>	
Date <u>5/7/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bob & Keri Kembel</u>	Amount of contribution (\$) <u>\$500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3920 Leisure Lane Denton, TX. 76210</u>			
Principal occupation / Job title (See Instructions) <u>Development</u>		Employer (See Instructions) <u>Huffiner Comty</u>	
Date <u>6/1/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brett & Alesia Carol Wiggs</u>	Amount of contribution (\$) <u>\$200</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2709 Purdue Avenue Dallas, TX. 75225</u>			
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions) _____	
Date <u>5/27/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gary Walker</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>255 N. Center St., Suite 200 Arlington, TX. 76011</u>			
Principal occupation / Job title (See Instructions) <u>Real Estate</u>		Employer (See Instructions) <u>SCM Realtors</u>	

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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: <i>4</i>	
2 FILER NAME <i>Mel LeBlanc</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6/15/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susan or Victor Medina</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3501 Lands End St. Fort Worth, TX 76109</i>			
9 Principal occupation / Job title (See Instructions) <i>consulting</i>		10 Employer (See Instructions) <i>self</i>	
Date <i>5/3/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Hardie PAC</i>	Amount of contribution (\$) <i>\$200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>26300 La Alameda Ste. 100 Mission Viejo, CA 92691</i>			
Principal occupation / Job title (See Instructions) <i>N/A</i>		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)	
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)	

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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 5/20/10	5 Payee name Dick Malec	7 Amount (\$) \$1,279.99
6 Payee address; City; State; Zip Code 2004 Edgebrook Ct, Arlington, TX, 76015		
8 Purpose of payment (See instructions regarding type of information required.) Consulting/Campaign Svcs. <small>(If travel outside of Texas, complete Schedule T)</small>		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 (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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