

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

6

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Mel</i> MI: _____ NICKNAME: <i>LeBlanc</i> LAST: _____ SUFFIX: _____	OFFICE USE ONLY RECEIVED - CSO JAN 18 PM 2:16 Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt #: _____ Amount: _____ Date Processed: _____ Date Imaged: _____
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <i>2720 Mark Twain Ct.</i> APT / SUITE #: _____ CITY: <i>Arlington, Tx.</i> STATE: _____ ZIP CODE: <i>76006</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <i>(817)</i> PHONE NUMBER: <i>469-8525</i> EXTENSION: _____	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Joe</i> MI: _____ NICKNAME: _____ LAST: <i>Way</i> SUFFIX: _____	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <i>3910 Silkwood Trail, Arlington, Tx.</i> APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: <i>76016</i>
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8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(817)</i> PHONE NUMBER: <i>572-5770</i> EXTENSION: _____
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9 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month: _____ Day: _____ Year: <i>04/09/10</i> THROUGH Month: _____ Day: _____ Year: <i>12/31/10</i>
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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
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12 OFFICE OFFICE HELD (if any): <i>Council Member, District 1</i>	13 OFFICE SOUGHT (if known) <i>N/A</i>
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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: _____
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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)	\$ 4,086.12
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,086.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 60,070.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 40,000.00

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.

Mel LeBlanc
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mel LeBlanc this the 18th day of January, 2011, 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: <u>2</u>	
2 FILER NAME <u>Mel LeBlanc</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>12/15/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Vasudev Rangadass</u>	7 Amount of contribution (\$) <u>\$1,000.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2607 Hemingway Drive Arlington, TX. 76006</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>President / CEO</u>		10 Employer (See Instructions) <u>Net. Orange, Inc.</u>	
Date <u>12/1/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Ferne Kybe</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3205 Bridlegate Drive Arlington, TX 76016</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions) <u>N/A</u>	
Date <u>12/6/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>TREPAC / Tx. Assoc. of Realtors</u>	Amount of contribution (\$) <u>\$1,586.12</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Box 2246 Austin, TX. 78768</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Real Estate PAC</u>		Employer (See Instructions) <u>N/A</u>	
Date <u>11/20/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Paul Dorman</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1504 Shady Oaks Lane Fort Worth, TX. 76107</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>President / CEO Healthpointe Med.</u>		Employer (See Instructions) <u>President / CEO</u>	
Date <u>11/15/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Hammer & Nails Association</u>	Amount of contribution (\$) <u>\$250</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>7001 Blvd. 26, Suite 323 Fort Worth, TX. 76180</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Construction PAC</u>		Employer (See Instructions) <u>N/A</u>	

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 <i>Mel LeBlanc</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/1/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JIM WETRICH</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>100 Wendover Court Southlake, TX. 76092</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>President / CEO</i>		10 Employer (See Instructions) <i>Molina Healthcare, Inc.</i>	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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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LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>	
2 FILER NAME <u>Mel LeBlanc</u>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date of loan <u>12/30/10</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>(self)</u>	9 Loan Amount (\$) <u>\$40,000.00</u>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <u>2720 Mark Twain Ct.</u> <u>Arlington, TX 76006</u>	10 Interest rate <u>0</u>	
12 Principal occupation / Job title (See Instructions) <u>Real Estate Speculation / President</u>		13 Employer (See Instructions) <u>Melcon Enterprises</u>	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor <u>N/A</u>		18 Amount Guaranteed (\$) <u>—</u>
17 Guarantor address; City; State; Zip Code		19 Principal Occupation	
20 Employer		21 Date of loan	
22 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		23 Loan Amount (\$)	
24 Lender address; City; State; Zip Code		25 Interest rate	
26 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>		27 Maturity date	
28 Principal occupation / Job title (See Instructions)		29 Employer (See Instructions)	
30 Description of Collateral <input type="checkbox"/> none			
31 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	32 Name of guarantor		33 Amount Guaranteed (\$)
34 Guarantor address; City; State; Zip Code		35 Principal Occupation	
36 Employer		37	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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 Mel LeBlanc		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/20/10	5 Payee name Raymond Turco & Associates	7 Amount (\$) \$6,500.00
6 Payee address; City; State; Zip Code 6729 Meadowcrest Drive. Arlington, TX 76002		
8 Purpose of payment (See instructions regarding type of information required.) Consulting Services <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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