Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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

OFFICE USE ONLY

Date Received

RECEIVED - CSO
12 JAN 17 PM 1:45

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

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; APT / SUITE #; CITY; STATE; ZIP CODE
2720 Mark Twain Court
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, Arlington, Tx. 76016

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION
(817) 572 - 5770

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: 1 / 1 / 11 THROUGH 6 / 30 / 11

11 ELECTION

ELECTION DATE Month / Day / Year: 6 / [illegible] / [illegible]

ELECTION TYPE
☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Arlington City Council District 1

13 OFFICE SOUGHT (if known):

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Mel LeBlanc

15 ACCOUNT # (Ethics Commission Filers):

16 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

17 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 $100 OR LESS, UNLESS ITEMIZED	$ —
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 11,690.74
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 8,380.09
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ —

18 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

KAREN WILLIAMS
Notary Public, State of Texas
My Commission Expires
December 31, 2015

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said M.V. LeBlanc, this the 17th day of January, 20 12, to certify which, witness my hand and seal of office.

Karen Williams — Signature of officer administering oath
Karen Williams — Printed name of officer administering oath
Notary — Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME: Mel LeBlanc	3 ACCOUNT # (Ethics Commission Filers)
4 Date: 1/29/11	5 Payee name: Kim Hadley Design	
6 Amount ($): $53.25	7 Payee address; City; State; Zip Code: P.O. Box 31, Creston, N.C. 28615	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T): Database Design/Input
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 2/17/11	Payee name: Ray Turco & Associates	
Amount ($): $6,500.00	Payee address; City; State; Zip Code: 6729 Meadowcrest Drive, Arlington, TX. 76002	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Consulting Expense	Description (If travel outside of Texas, complete Schedule T): Polling
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 4/13/11	Payee name: David Marshall	
Amount ($): $1,534.00	Payee address; City; State; Zip Code: 1001 NE. Green Oaks Blvd. #129, Arlington, TX. 76006	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Event Expense	Description (If travel outside of Texas, complete Schedule T): Fundraiser Costs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 2/3/11	Payee name: Easy Mail Services	
Amount ($): $264.00	Payee address; City; State; Zip Code: 1861 Brown Blvd. Arlington, TX. 76006	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Printing Expense	Description (If travel outside of Texas, complete Schedule T): Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)

4 Date: 3/28/11
5 Payee name: Jay Ryan
6 Amount ($): $206.25
7 Payee address; City; State; Zip Code: 505 Crown Colony, Arlington, Tx. 76006
8 PURPOSE OF EXPENDITURE
(a) Category (See categories listed at the top of this schedule): Consulting / IT
(b) Description (If travel outside of Texas, complete Schedule T): Web-site Design
9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name | Office sought | Office held

Date: 4/27/11
Payee name: Rolling Hills Country Club
Amount ($): $500.00
Payee address; City; State; Zip Code: 401 E. Lamar Blvd, Arlington, Tx. 76011
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): Contribution / Donation
Description (If travel outside of Texas, complete Schedule T): Golf ~~Tickets~~ Advertising
Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name | Office sought | Office held

Date: 1/15/11
Payee name: Tony Cartagena
Amount ($): $1,250.00
Payee address; City; State; Zip Code: 1861 Brown Blvd., Suite 217, Arlington, Tx. 76006
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): Contract Labor
Description (If travel outside of Texas, complete Schedule T): Database Input
Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name | Office sought | Office held

Date: 1/21/11
Payee name: FedEx / Kinkos
Amount ($): $460.07
Payee address; City; State; Zip Code: 1400 East Copeland, Arlington, Tx. 76011
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): Office Overhead
Description (If travel outside of Texas, complete Schedule T): Print / Design / Collate Mailer / Misc. Supplies
Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees
Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense
Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Mel LeBlanc

3 ACCOUNT # (if Ethics Commission filers)

4 Date: 1/28/11

5 Payee name: Friends of Parkway Central

6 Amount ($): $75.00

7 Payee address: City, State, Zip Code: 2204 Coolidge Drive. Arlington, TX. 76011

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Contribution/Donation

(b) Description (If travel outside of Texas, complete Schedule T): Park Event

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date: 2/10/11

Payee name: Office Max

Amount ($): $370.17

Payee address: City, State, Zip Code: 1203 N. Collins, #54 Arlington, TX. 76011

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Printing Expense

Description (If travel outside of Texas, complete Schedule T): office Supplies.

Complete ONLY 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 EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

Complete ONLY 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 EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

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Office's State Form