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: 7 / 01 / 11 THROUGH 12 / 31 / 11

11 ELECTION
ELECTION DATE Month / Day / Year: 05 / / 12
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

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

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)	$ 1,000.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ —
4.	**TOTAL POLITICAL EXPENDITURES**	$ 1,541.21

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 7,838.82

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, Jr.
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME: Mel LeBlanc

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/18/11	Texas Association of Realtors (TREPAC) / 1115 San Jacinto Blvd. Suite 200, Austin, Tx. 78701	$1,000.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 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)
			(If travel outside of Texas, complete Schedule T)

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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

2 FILER NAME:

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 9/19/11

5 Payee name: Happiness Hallmark

6 Amount ($): $55.06

7 Payee address; City; State; Zip Code: 476 Lincoln Square Arlington, Tx. 76011

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): office Supplies

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

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

Date: 7/7/11

Payee name: Best Buy

Amount ($): $107.99

Payee address; City; State; Zip Code: 200 Lincoln Square Arlington, TX. 76011

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): Stationary / Printer Ink

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

Date: 8/4/11

Payee name: office Max

Amount ($): $128.80

Payee address; City; State; Zip Code: 1303 N. Collins, #501 Arlington, TX. 76011

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): Copy'ing / Fax Charges

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

Date: 9/7/11

Payee name: David Marshall

Amount ($): $985.00

Payee address; City; State; Zip Code: 1001 N.E. Green Oaks Blvd. 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 Update / Maintenance

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 (refer 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 # (Ethics Commission Filers)

4 Date 11/15/11

5 Payee name The UPS Store

6 Amount ($) $264.42

7 Payee address, City, State, Zip Code 835 E. Lamar Blvd. Arlington, TX. 76011

8 PURPOSE OF EXPENDITURE

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

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

9 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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED