



# 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	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)	\$	—
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	—
	4. TOTAL POLITICAL EXPENDITURES	\$	7,838.82
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	—
<b>OUTSTANDING LOAN TOTALS</b>	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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MELVIN VERNON LEBLANC JR. this the 08th day of July, 20 12, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

NAMUKOLO MUYUNDA  
Printed name of officer administering oath

NOTARY PUBLIC  
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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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 <i>3</i>	2 FILER NAME <i>Mel LeBlanc</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2/6/12</i>	5 Payee name <i>City of Arlington, Texas</i>	
6 Amount (\$) <i>\$100</i>	7 Payee address; City; State; Zip Code <i>101 W. Abram St. Arlington, Tx. 76004</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fees</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Filing Fee</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>6/15/12</i>	Payee name <i>Recovery Resource Council</i>	
Amount (\$) <i>\$750</i>	Payee address; City; State; Zip Code <i>2700 Airport Freeway Fort Worth, Tx. 76111</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution/Donations</i>	Description (If travel outside of Texas, complete Schedule T) <i>Donations</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>2/9/12</i>	Payee name <i>Tim Evans</i>	
Amount (\$) <i>\$2,200</i>	Payee address; City; State; Zip Code <i>115 W. Second Street, #202 Fort Worth, Tx. 76102</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Consulting Services</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>6/15/12</i>	Payee name <i>Y.M.C.A. of Greater Miami</i>	
Amount (\$) <i>\$500</i>	Payee address; City; State; Zip Code <i>730 N.W. 107th Avenue, #200 Miami, Florida 33172</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contributions/Donations</i>	Description (If travel outside of Texas, complete Schedule T) <i>Donation</i>
Complete <u>ONLY</u> 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            |
| Event Expense       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | 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: <b>3</b>	2 FILER NAME: <b>Mel LeBlanc</b>	3 ACCOUNT # (Ethics Commission Filer):
4 Date: <b>6/15/12</b>	5 Payee name: <b>Arlington Police Association</b>	
6 Amount (\$): <b>\$500</b>	7 Payee address, City, State, Zip Code: <b>P.O. Box 27 Arlington, TX. 76004</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <b>Contributions/Donations</b>	(b) Description (If travel outside of Texas, complete Schedule T): <b>Donation</b>
	9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date: <b>2/6/12</b>	Payee name: <b>Hill-Gilstrap, P.C.</b>	
Amount (\$): <b>\$3,000</b>	Payee address, City, State, Zip Code: <b>1400 W. Abram St. Arlington, TX. 76013</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>Consulting Expense</b>	Description (If travel outside of Texas, complete Schedule T): <b>Consulting Services</b>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date: <b>2/9/12</b>	Payee name: <b>Office Max</b>	
Amount (\$): <b>\$134.35</b>	Payee address, City, State, Zip Code: <b>1303 N. Collins #501 Arlington, TX. 76011</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>Office Supplies</b>	Description (If travel outside of Texas, complete Schedule T): <b>Computer Paper/ Ink</b>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date: <b>2/8/12</b>	Payee name: <b>The UPS Store</b>	
Amount (\$): <b>\$167.47</b>	Payee address, City, State, Zip Code: <b>835 E. Lamar Blvd. Arlington, TX. 76011</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>Solicitation/Fundraising Expense</b>	Description (If travel outside of Texas, complete Schedule T): <b>Mailer/Supplies/Postage</b>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>3</i>	<b>2</b> FILER NAME <i>Mel LePlanc</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>1/28/12</i>	<b>5</b> Payee name <i>Extra Space Storage</i>	
<b>6</b> Amount (\$) <i>\$235.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>2255 N. Hwy 360 Arlington, TX. 75050</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Office Overhead/Rental Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Storage Rental</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name                      Office sought                      Office held	
Date <i>2/3/12</i>	Payee name <i>U.S.P.S.</i>	
Amount (\$) <i>\$252</i>	Payee address; City; State; Zip Code <i>Watson Community Station, Ballpark Way Arlington TX. 76006</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Solicitation/Fundraising Expenses</i>	Description (If travel outside of Texas, complete Schedule T) <i>Postage</i>
	Candidate / Officeholder name                      Office sought                      Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name                      Office sought                      Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name                      Office sought                      Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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