

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

**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:

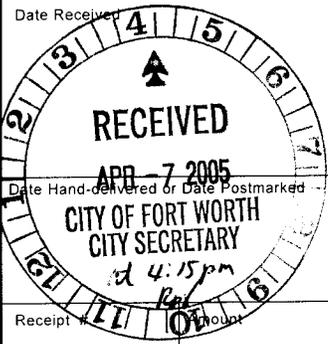
N/A

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 Louis A.
 NICKNAME LAST SUFFIX
 "Mac" McBee

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 5515 Boca Raton Blvd.
 Fort Worth TX 76112

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (817) 536-1709 N/A

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 Trisha G.
 NICKNAME LAST SUFFIX
 Schwensen

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 501 Green River Trail
 Fort Worth, Tx 76102

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (817) 654-2433 N/A

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 Month Day Year
 1 / 24 / 05 THROUGH 3 / 28 / 05

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
 5 / 07 / 05 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
 N/A

13 OFFICE SOUGHT (if known)
 District 4
 City Council Representative

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. 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
 N/A
 Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Louis Mc Bee

16 ACCOUNT # (Ethics Commission filers)

N/A

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

GENERAL

SPECIFIC

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 310.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 310.00

EXPENDITURE TOTALS

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

\$ 0.

4. TOTAL POLITICAL EXPENDITURES

\$ 719.68

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

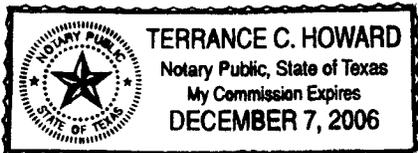
\$ 1,310.00

OUTSTANDING LOAN TOTALS

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

\$ 1,719.68

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Louis Mc Bee, this the 27th day of April, 2005, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

TERRANCE C. HOWARD
Printed name of officer administering oath

[Handwritten Signature]
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 Louis Mc Bee 3 ACCOUNT # (Ethics Commission filers) N/A

4 Date <u>3/24/05</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Print Masters, Inc.</u>	7 Amount of contribution (\$) <u>\$66.84</u>	8 In-kind contribution description (if applicable) <u>T-shirts for campaign</u>
6 Contributor address; City; State; Zip Code <u>4076 E. Lancaster Fort Worth, TX 76103</u>			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>3/8/05</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John T. DeLorme</u>	Amount of contribution (\$) <u>\$325.00</u>	In-kind contribution description (if applicable) <u>50 2x4 Campaign Signs</u>
Contributor address; City; State; Zip Code <u>2094 YMcGee Lane Lewisville, TX 75077</u>			

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

Date <u>3/8/05</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John T. DeLorme</u>	Amount of contribution (\$) <u>\$315.00</u>	In-kind contribution description (if applicable) <u>1,000 bumperstickers</u>
Contributor address; City; State; Zip Code <u>2094 YMcGee Lane Lewisville, TX 75077</u>			

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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Louis McBee		3 ACCOUNT # (Ethics Commission filers) N/A
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan 2/18 - 3/14/05	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Louis McBee	9 Loan Amount (\$) 1,719.68
6 Is lender a financial Institution? Y <input checked="" type="radio"/> (N)	8 Lender address; City; State; Zip Code 5515 Boca Raton Blvd. Fort Worth, TX 76112	10 Interest rate N/A
12 Principal occupation / Job title (See Instructions) Business Owner		11 Maturity date N/A
13 Employer (See Instructions) Self employed		
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
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 Louis Mc Bee		3 ACCOUNT # (Ethics Commission filers) N/A
4 Date 3/14/05	5 Payee name Designer Graphics	7 Amount (\$) \$619.68
6 Payee address; City; State; Zip Code 12404 Hwy. 155 South Tyler, Tx 75703		
8 Purpose of payment (See instructions regarding type of information required.) yard signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held N/A
Date 3/24/05	Payee name Print Masters	Amount (\$) \$100.00
Payee address; City; State; Zip Code 4076 E. Lancaster Jat Worth TX 76103		
Purpose of payment (See instructions regarding type of information required.) T-shirts for campaign		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held N/A
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete 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 payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED