

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
MAY 15 2005
CITY OF FORT WORTH
CITY SECRETARY
at 3:24 p.m.
FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission file) N/A.
2 Total pages filed: 5

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR FIRST MI
LOUIS A.
NICKNAME LAST SUFFIX
'Mac' McBEE

OFFICE USE ONLY
Date Received
Date Hand Delivered or Date Posted
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
5515 BOCA RATON BLVD.
FORT WORTH, TX 76112
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(817) 312-2023 N/A.

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
TRISHA J.
NICKNAME LAST SUFFIX
SCHWENNSEN

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
501 GREEN RIVER TR. FORT WORTH, TX 76103

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 THROUGH Month Day Year
4 / 28 / 05 THROUGH 7 / 15 / 05

11 ELECTION
ELECTION DATE Month Day Year ELECTION TYPE
5 / 17 / 05
 Primary Runoff General Special

12 OFFICE OFFICE HELD (# any) N/A.
13 OFFICE SOUGHT (# known) City Council District 4

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 A. McBEE

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

\$ *125.00*

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

\$ *1,875.00*

EXPENDITURE TOTALS

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

\$ *-0-*

4. TOTAL POLITICAL EXPENDITURES

\$ *7,077.75*

CONTRIBUTION BALANCE

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

\$ *2,254.99*

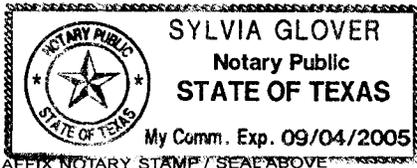
OUTSTANDING LOAN TOTALS

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

\$ *2,319.68*

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

Sworn to and subscribed before me, by the said *Louis McBee*, this the *15th* day of *July*, 20 *05*, to certify which, witness my hand and seal of office.

Sylvia Glover
Signature of officer administering oath

Sylvia Glover
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:	
2 FILER NAME <i>Louis A. McPhee</i>		3 ACCOUNT # (Ethics Commission filers) <i>N/A</i>	
4 Date <i>5-4-05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>HAMMER - Nails Club</i> 6 Contributor address; City; State; Zip Code <i>6464 BRENTWOOD STAIR RD. FORT WORTH, TX. 76112</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date <i>5-4-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>LEONARD BRISCOE, SR.</i> Contributor address; City; State; Zip Code <i>477A OVERTON WOODS DR. FORT WORTH, TX. 76109</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <i>5-4-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lee Sicilio / JAN Sicilio</i> Contributor address; City; State; Zip Code <i>P.O. BOX 136666 FORT WORTH, TX 76136</i>	Amount of contribution (\$) <i>20.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <i>5-4-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MR & MRS. NORM BERMES</i> Contributor address; City; State; Zip Code <i>316 PALOVERDE LN. FORT WORTH, TX. 76112</i>	Amount of contribution (\$) <i>500.00</i>	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)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor 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:

2 FILER NAME *Louis A. McBee*

3 ACCOUNT # (Ethics Commission filers) *N/A.*

4 Date <i>4-30-05</i>	5 Payee name <i>GREATER MEADOWBROOK NEWS</i>	7 Amount (\$) <i>\$618.00</i>
6 Payee address; City; State; Zip Code <i>PMB 110 1500 EASTCHASE BLVD #100 FORT WORTH, TX 76120</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>ADVERTISING</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>N/A.</i>
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Date <i>5-5-05</i>	Payee name <i>KWIK COPY PRINTING</i>	Amount (\$) <i>\$2000.00</i>
Payee address; City; State; Zip Code <i>1850 HANDLEY DR. FORT WORTH, TX 76112</i>		

Purpose of payment (See instructions regarding type of information required.) <i>MISC. PRINTING</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>N/A.</i>
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Date <i>5-7-05</i>	Payee name <i>BENNIGAN'S REST.</i>	Amount (\$) <i>\$210.00</i>
Payee address; City; State; Zip Code <i>5751 BRIDGE ST. FORT WORTH, TX 76112</i>		

Purpose of payment (See instructions regarding type of information required.) <i>CAMPAIGN WATCH MEETINGS</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>N/A.</i>
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Date <i>5-1-05</i>	Payee name <i>WOODHAVEN BANK</i>	Amount (\$) <i>\$16.75</i>
Payee address; City; State; Zip Code <i>6750 BRIDGE ST. FORT WORTH, TX 76112</i>		

Purpose of payment (See instructions regarding type of information required.) <i>CHECK REORDER</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME LOUIS A. McBEE		3 ACCOUNT # (Ethics Commission filers) N/A.
4 Date 5-20-05	5 Payee name KWIK COPY PRINTING 6 Payee address; City; State; Zip Code 1850 HANDLEY DR. FORT WORTH, TX, 76112	7 Amount (\$) \$2000.00
8 Purpose of payment (See instructions regarding type of information required.) MISC. PRINTING		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5-27-05	Payee name GREATER MEADOWBROOK NEWS Payee address; City; State; Zip Code PO BOX 24264 FORT WORTH, TX 76124	Amount (\$) \$173.00
Purpose of payment (See instructions regarding type of information required.) ADVERTISING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6-10-05	Payee name FRANNORM ENTERPRISES Payee address; City; State; Zip Code 316 PALOVERDE LN. FORT WORTH, TX. 76112	Amount (\$) \$460.00
Purpose of payment (See instructions regarding type of information required.) COMPUTER DATA SERVICES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name FWCRG Payee address; City; State; Zip Code 2010 QUEEN ST. FORT WORTH, TX 76103	Amount (\$) \$1600.00
Purpose of payment (See instructions regarding type of information required.) DONATION		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED