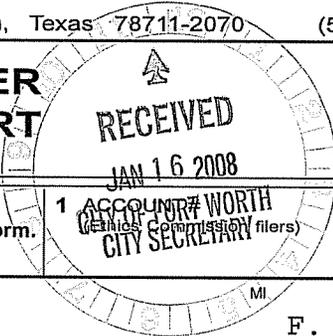


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**



The C/OH Instruction Guide explains how to complete this form.

2 Total pages filed:
7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. James F.

NICKNAME LAST SUFFIX
Jim Beckman

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2400 Medford Ct. W.
Fort Worth, TX 76109

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 992-5358

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. William G.

NICKNAME LAST SUFFIX
Bill Hall

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2308 Medford Ct. W. Fort Worth, TX 76109

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 371-1177

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
10 / 27 / 07 01 / 15 / 2008

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff General Special
11 / 06 / 07

12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)

None City Council-District 9

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

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

additional pages

OFFICE USE ONLY

Date Received

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX**

Date Hand-delivered Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME
Jim Beckman

16 ACCOUNT # (Ethics Commission Filers)

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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)

\$ 65,098.15

EXPENDITURE TOTALS

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

\$ None

4. TOTAL POLITICAL EXPENDITURES

\$ 83,661.59

CONTRIBUTION BALANCE

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

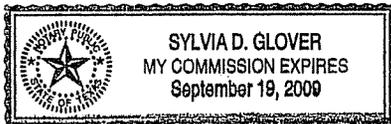
\$ None

OUTSTANDING LOAN TOTALS

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

\$ None

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.

Jim F. Beckman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Beckman, this the 16th day of January, 20 08, 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: Page 1 of 2	
2 FILER NAME Jim Beckman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-2-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold & Harriette Gachman	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1229 Shady Oaks Lane Fort Worth, TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-2-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert & Carolyn Robertson	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7509 Rall Circle Fort Worth, TX 76132-3501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-2-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kay Granger Campaign Fund	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 715 Jones Street, Suite 100 Fort Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-2-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill & Erma Hadley	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2362 Faett Ct. Fort Worth, TX 76119		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-2-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher & Merdyth Haller	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2614 Cockrell Ave. Fort Worth, TX 76109		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Page 2 of 2	
2 FILER NAME Jim Beckman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-2-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert & Marilyn Martin 6 Contributor address; City; State; Zip Code 2412 Medford Ct. West Fort Worth, TX 76109	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-2-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary & Nancy Brown Contributor address; City; State; Zip Code 2443 Medford Ct. W. Fort Worth, TX 76109	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-31-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim & Marlene Beckman Contributor address; City; State; Zip Code 2400 Medford Ct. E. Fort Worth, TX 76109	Amount of contribution (\$) \$63,273	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/8/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lynne Manny Contributor address; City; State; Zip Code 2428 Winton Terrace East Fort Worth, TX 76109	Amount of contribution (\$) \$250	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: Page 1 of 2
2 FILER NAME Jim Beckman		3 ACCOUNT # (Ethics Commission filers)
4 Date 11-1-07	5 Payee name Guardian Data Service 6 Payee address; City; State; Zip Code 1506 W. Pioneer Parkway, Suite 103 Arlington, TX 76013	7 Amount (\$) \$166.25
8 Purpose of payment (See instructions regarding type of information required.) Computer Services (If travel outside of Texas, complete Schedule T)		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 11-1-07	Payee name Jim Beckman Payee address; City; State; Zip Code 2400 Medford Ct. E. Fort Worth, TX 76108	Amount (\$) \$287.13
Purpose of payment (See instructions regarding type of information required.) Signs (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 11-1-07	Payee name The Eppstein Group Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, TX 76109	Amount (\$) \$7,500.00
Purpose of payment (See instructions regarding type of information required.) Political consulting expenditure (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 11-1-07	Payee name The Eppstein Group Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, TX 76109	Amount (\$) \$12,435.06
Purpose of payment (See instructions regarding type of information required.) Mailers and campaign materials (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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:
Page 2 of 2

2 FILER NAME
Jim Beckman

3 ACCOUNT # (Ethics Commission filers)

4 Date
12-31-07

5 Payee name
Jim & Marlene Beckman

7 Amount (\$)
\$63,273.15

6 Payee address; City; State; Zip Code
2400 Medford Ct. E.
Fort Worth, TX 76109

8 Purpose of payment (See instructions regarding type of information required.)
Repay Loan from Candidate
(If travel outside of Texas, complete Schedule T)

9 ** 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.)
(If travel outside of Texas, complete Schedule T)

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

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

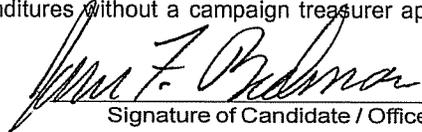
The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME
Jim Beckman

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

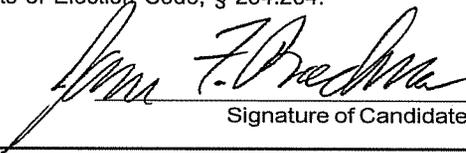
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder