

**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 files)

2 Total pages filed:

10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.

Louis

A.

NICKNAME

LAST

SUFFIX

"Mac"

McBEE

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5513 ASPEN LN.

FORT WORTH, TX. 76112

Change of Address

OFFICIAL RECORD

Date Hand-delivered or Date Postmarked

CITY SECRETARY

F. WORTH, TEX

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

312-2023

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Ms.

TRISHA

NICKNAME

LAST

SUFFIX

SCHWENWSEN

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

501 GREEN RIVER TR. FTW TX 76103

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

446-3613

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 / 3 / 07

5 / 2 / 07

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

5 / 12 / 07

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

N/A.

13 OFFICE SOUGHT (if known)

Place 1, Mayor

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 "Mac" McBee

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

N.A.

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

\$ *-0-*

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

\$ *1650.00*

EXPENDITURE TOTALS

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

\$ *-0-*

4. TOTAL POLITICAL EXPENDITURES

\$ *2067.04*

CONTRIBUTION BALANCE

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

\$ *5006.28*

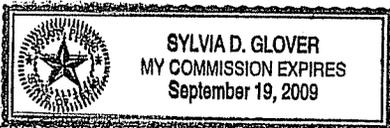
OUTSTANDING LOAN TOTALS

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

\$ *11,194.54*

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Louis McBee*, this the *4th* day of *May*, 20 *07*, to certify which, witness my hand and seal of office.

[Signature]
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 Louis "MAC" McBoe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-12-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARGARET THOMAS	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5005 COCKRELL FORT WORTH, TX 76133			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-12-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & DARLA Hobbs	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8113 ANCHORAGE PL. FORT WORTH, TX 76135			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-10-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARRELL & CATHY HIRT	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1201 HILLCREST FORT WORTH, TX 76107			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-13-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL EICHER	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1766 OAK HILL RD. FORT WORTH, TX. 76112			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-14-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DINESH MEHRA	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7445 SWEET MEADOWS DR. FORT WORTH, TX 76123			
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:	
2 FILER NAME <i>LOUIS "MAC" McBEES</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4-11-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PETER & EVONNE FLETCHER</i>	7 Amount of contribution (\$) <i>\$200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>309 HIGH WOODS TR. FORT WORTH, TX. 76112</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-30-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FW CITIZENS FOR RESP. GOV.</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2010 QUEEN ST. FORT WORTH, TX. 76103</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-19-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES & MEREDITH PERRY</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3325 MEADOWBROOK DR. FORT WORTH, TX. 76103</i>			
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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form. **1** Total pages Schedule B:

2 FILER NAME *Louis "MAC" McBee* **3** ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>N.A.</i>	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

10 Principal occupation / Job title (See Instructions) **11** Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	---	-----------------------	-------------------------------------

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	---	-----------------------	-------------------------------------

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	---	-----------------------	-------------------------------------

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind 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 "Mac" McBee

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-6-07

5 Payee name

Kwik Kopy

7 Amount (\$)

\$143.11

6 Payee address; City; State; Zip Code

1850 HANDLEY DR.
FORT WORTH, TX 76112

8 Purpose of payment (See instructions regarding type of information required.)

PRINTING.

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

Date

4-26-07

Payee name

GREATER Meadowbrook News

Amount (\$)

\$287.00

Payee address; City; State; Zip Code

P.O. Box 24264
FORT WORTH, TX. 76124

Purpose of payment (See instructions regarding type of information required.)

Adv.

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

Date

4-6-07

Payee name

DESIGNER GRAPHICS

Amount (\$)

\$1279.93

Payee address; City; State; Zip Code

12404 Hwy. 155 S.
TYLER, TX. 75703

Purpose of payment (See instructions regarding type of information required.)

SIGNS, etc.

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

Date

4-19-07

Payee name

U.S. Postmaster

Amount (\$)

\$360.00

Payee address; City; State; Zip Code

FORT WORTH, TX

Purpose of payment (See instructions regarding type of information required.)

POSTAGE

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Louis "Mac" McBee</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan <i>4-9-07</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ALBERT D. HATCH</i>	9 Loan Amount (\$) <i>\$1279.93</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>5513 ASPEN LN. FORT WORTH, TX, 76112</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>UNL.</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input 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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Louis "Mac" McBee</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>N.A.</i> 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME LOUIS "MAC" McBEER		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name N.A.	7 Amount (\$)
6 Business address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name	Amount (\$)
Business 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	Business name	Amount (\$)
Business 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	Business name	Amount (\$)
Business 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule I: _____
2 FILER NAME <i>Louis "MAC" McBev</i>	3 ACCOUNT # (Ethics Commission filers) _____

4 Date	5 Payee name <i>N.A.</i>	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED