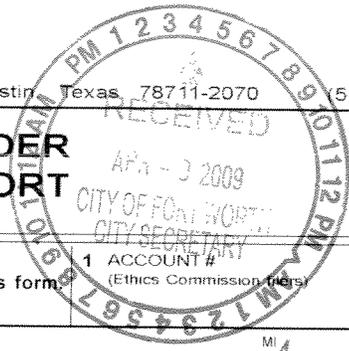


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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



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

1 ACCOUNT # (Ethics Commission Users)

2 Total pages filed **(4)**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: **MR.** FIRST: **Louis** MI: **A.**
 NICKNAME: **"Mac"** LAST: **McBEE** SUFFIX:

OFFICE USE ONLY

Date Received

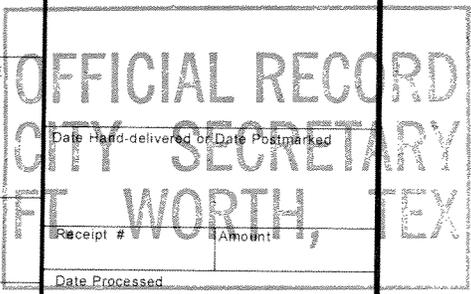
Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: **5513 ASPEN LN.** APT / SUITE #: CITY: **FORT WORTH, TX.** STATE: ZIP CODE: **76112**
 Change of Address



5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: **(817)** PHONE NUMBER: **312-2023** EXTENSION:

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: **MR.** FIRST: **L.** MI: **A.**
 NICKNAME: **McBEE** LAST: SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): **5513 ASPEN LN.** APT / SUITE #: CITY: **FORT WORTH TX** STATE: ZIP CODE: **76112**
 (Residence or business)

8 CAMPAIGN TREASURER PHONE
 AREA CODE: **()** PHONE NUMBER: **SAME** EXTENSION:

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: **1 / 1 / 2009** THROUGH Month Day Year: **3 / 30 / 09**

11 ELECTION
 ELECTION DATE: Month Day Year: **5 / 9 / 09** ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any):
 13 OFFICE SOUGHT (if known): **MAJOR**

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

GO TO PAGE 2

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

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

15 C/OH NAME Louis A "Mac" McPee 16 ACCOUNT # (Ethics Commission Filers)

17 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

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)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 444.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 738.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,954.54

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Louis A. McPee, this the 9th day of April, 2009, to certify which, witness my hand and seal of office.

[Handwritten Signature] Ronald P. Gonzales Notary
Signature of officer administering oath Printed name of officer administering oath 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. "Mac" McBee</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address, City, State, Zip Code <i>N/A.</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME **Louis A. "Mac" McBee** 3 ACCOUNT # (Ethics Commission filers)

4 Date 3/19 2009	5 Payee name Kwik Kopy 6 Payee address: City, State, Zip Code 1850 HANDLEY DR. 76112	7 Amount (\$) 113.67
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8 Purpose of payment (See instructions regarding type of information required.) PRINTING (If travel outside of Texas, complete Schedule T)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
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Date 2/27 2009	Payee name Kwik Kopy Payee address: City, State, Zip Code 1850 HANDLEY DR. 76112	Amount (\$) 5.41
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Purpose of payment (See instructions regarding type of information required.) PRINTING (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
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Date 3/4 2009	Payee name Kwik Kopy Payee address: City, State, Zip Code 1850 HANDLEY DR. 76112	Amount (\$) 14.07
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Purpose of payment (See instructions regarding type of information required.) PRINTING (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
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Date 3/27 2009	Payee name DANWAL, INC. Payee address: City, State, Zip Code 12404 HWY 155 S. TYLER, TX. 75703	Amount (\$) 311.71
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Purpose of payment (See instructions regarding type of information required.) PRINTING (If travel outside of Texas, complete Schedule T)	•• 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