

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Justin</i> MI: <i>Glenn</i> NICKNAME: <i>Beckendorf</i> LAST: <i>Beckendorf</i> SUFFIX:	OFFICE USE ONLY Date Received <p style="text-align: center; color: blue; font-weight: bold;">Waller County Elections</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">OCT 03 2018</p> <p style="text-align: center; color: blue;">Received</p> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <i>3506 Pitts Rd</i> APT / SUITE #: CITY: STATE: ZIP CODE: <i>Katy TX 77493</i>	Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <i>(281)</i> PHONE NUMBER: <i>382-2644</i> EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Charles</i> MI: <i>Vilso</i> NICKNAME: LAST: SUFFIX:	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE: <i>3408 Ave S Pattison TX 77466</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(281)</i> PHONE NUMBER: <i>375-7894</i> EXTENSION:		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>7 / 16 / 2016</i> THROUGH <i>1 / 15 / 2018</i>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>County Commissioner</i> <i>Pct. 4</i>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Justin Beckendorf 15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE: GENERAL SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

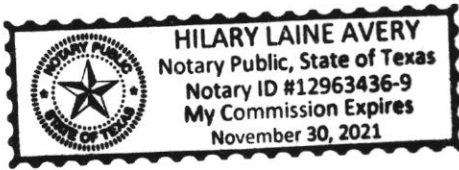
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 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)	\$ <u>9,585.04</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,170.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>12,710.31/2</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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.



Justin Beckendorf
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Justin Beckendorf, this the 3rd day of October, 20 18, to certify which, witness my hand and seal of office.

Hilary Avery Signature of officer administering oath
Hilary Avery Printed name of officer administering oath
Christy Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7950. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1635. ⁰⁴
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4170. ⁰¹
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Justin Beckendorf

3 Filer ID (Ethics Commission Filers)

4 Date

2/22/17

5 Full name of contributor out-of-state PAC (ID#: _____)

IDS Engineering Group PAC

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

13430 NW Frwy. Ste 700 Houston TX 77040

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/20/17

Full name of contributor out-of-state PAC (ID#: _____)

Thomas Staudt

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

7525 FM 723 Rd. Richmond TX 77466

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/17

Full name of contributor out-of-state PAC (ID#: _____)

Terracon PAC

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

11555 Cley Rd Ste 100 Houston TX 77043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/17

Full name of contributor out-of-state PAC (ID#: _____)

David Tinney

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

17319 Fairgrove Park Dr Houston TX 77095

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Justin Beckendorf

3 Filer ID (Ethics Commission Filers)

4 Date

2/13/17

5 Full name of contributor

ABHR

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

3200 SW Finney Ste 200 Houston TX 77027

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/1/17

Full name of contributor

Mark Sroehlich

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

22333 Mueschke Rd. Tomball TX 77377

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/17

Full name of contributor

Perdue, Brandon, Fielder, Collins & Mitt

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1235 N. Loop West Ste 600 Houston TX 77008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/17

Full name of contributor

Jim Russ

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

10585 West Office Dr. Houston TX 77042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Justin Beckendorf

3 Filer ID (Ethics Commission Filers)

4 Date

3/7/17

5 Full name of contributor

Costello PAC

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

999 Richmond Ave Ste 450 Houston TX 77042

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/7/17

Full name of contributor

All About Concrete

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1400 Graham Dr. Ste B293 Tomball TX 77315

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/17

Full name of contributor

Jones & Carter PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

22330 Merchants Way Ste. 170 Katy TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Justin Beckendorf

3 Filer ID (Ethics Commission Filers)

4 Date

2/10/17

5 Full name of contributor

Halt Associates PAC

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address:

City: State: Zip Code

1201 N. Bowse Rd. Richardson TX 75081

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/2/17

Full name of contributor

Glean Beckendorf

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300.00

Contributor address:

City: State: Zip Code

28423 Morton Rd Katy TX 77493

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/17

Full name of contributor

Walter Sass

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address:

City: State: Zip Code

2707 Autumn Lake Drive Katy TX 77450

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/17

Full name of contributor

Raba-Kistner PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address:

City: State: Zip Code

3602 Westchase Houston TX 77042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Justin Beckenbiff

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Robert Preiss

7 Amount of contribution (\$)

250.⁰⁰

6 Contributor address;

City; State; Zip Code

P.O. Box 228 Beasley TX 77417

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/3/17

Full name of contributor

out-of-state PAC (ID#: _____)

Andrew Paderanga

Amount of contribution (\$)

250.⁰⁰

Contributor address;

City; State; Zip Code

26314 Crescent Cove Ln Katy TX 77449

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/17

Full name of contributor

out-of-state PAC (ID#: _____)

Don Garrett

Amount of contribution (\$)

200.⁰⁰

Contributor address;

City; State; Zip Code

28432 Heger Rd. Hockley TX 77447

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/17

Full name of contributor

out-of-state PAC (ID#: _____)

Richard Petrick

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City; State; Zip Code

21310 Lochmere Ln. Katy TX 77450

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Justin Beckendorf

3 Filer ID (Ethics Commission Filers)

4 Date

2/23/17

5 Full name of contributor

Ted Krenek

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

P.O. Box 491 Pattison TX 77466

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/23/17

Full name of contributor

Gary Pearson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2350 West Creek Ln Ste 1213 Houston TX 77027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/17

Full name of contributor

Susan Aford

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

14701 St. Mary Ln Ste 400 Houston TX 77079

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/17

Full name of contributor

Chuck Brawner

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

1122 Fern Ln Katy TX 77493

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Justin Beckendorf</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3/2/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Russ</i>	8 Amount of Contribution \$ <i>204.38</i>	9 In-kind contribution description <i>Breakfast</i>
7 Contributor address; City; State; Zip Code <i>10555 W. Office Dr. Houston TX 77042</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>3/2/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pam Puckett</i>	Amount of Contribution \$ <i>204.38</i>	In-kind contribution description <i>Breakfast</i>
Contributor address; City; State; Zip Code <i>9990 Richmond Ave Ste 150 Houston TX 77042</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Justin Beckenloeff</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3/2/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Robinson</i>	8 Amount of Contribution \$ <i>204.38</i>	9 In-kind contribution description <i>Breakfast</i>
7 Contributor address; City; State; Zip Code <i>3200 SW Frwy. Ste 2600 Houston TX 77027</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>3/2/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Derbow</i>	Amount of Contribution \$ <i>204.38</i>	In-kind contribution description <i>Breakfast</i>
Contributor address; City; State; Zip Code <i>1235 N. Loop W. Ste 600 Houston TX 77008</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Justin Beckendorf</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3/2/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randy Rundermann</i>	8 Amount of Contribution \$ <i>204.38</i>	9 In-kind contribution description <i>Breakfast</i>
7 Contributor address; City; State; Zip Code <i>903 Windsor Woods Ln Katy TX 77494</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>3/2/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Tinney</i>	Amount of Contribution \$ <i>204.38</i>	In-kind contribution description <i>Breakfast</i>
Contributor address; City; State; Zip Code <i>2929 Brickpark Ste 600 Houston TX 77042</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME *Justin Beckenhardt*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date *3/2/17*
 6 Full name of contributor out-of-state PAC (ID#: _____) *Bobby Adams*
 7 Contributor address; City; State; Zip Code
1201 N. Bowser Rd. Richmond TX 75081

8 Amount of Contribution \$ *204.38*
 9 In-kind contribution description
Breakfast
 Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date *3/2/17*
 Full name of contributor out-of-state PAC (ID#: _____) *Jones & Carter*
 Contributor address; City; State; Zip Code
22330 Merchants Way Ste 170 Katy TX 77449

Amount of Contribution \$ *204.38*
 In-kind contribution description
Breakfast
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Justin Beckendorf</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/17/16</i>	5 Payee name <i>old Katy Origina</i>	
6 Amount (\$) <i>125.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 132 Katy TX 77493</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution / Donation</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>10/11/16</i>	Payee name <i>Waller County Fair</i>	
Amount (\$) <i>725.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 911 Hempstead TX 77445</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution / Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Justin Beckendorf</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/24/17</i>	5 Payee name <i>Friends of FFA</i>	
6 Amount (\$) <i>300.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 669 Brookshire TX 77423</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation / Contribution</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>4/28/17</i>	Payee name <i>Old Katy Originals</i>	
(Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 132 Katy TX 77493</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation / Contributions</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>4/26/17</i>	Payee name <i>Royal FFA</i>	
(Amount (\$) <i>400.00</i>	Payee address; City; State; Zip Code <i>34499 Royal Rd Brookshire TX 77423</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation / Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Justin Beckendorf</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/10/17</i>	5 Payee name <i>Royal FFA Ag Club</i>
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6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>unknown</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation/Contribution</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/18/17</i>	Payee name <i>Katy ISD Livestock show</i>
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Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>6301 S. Stadium Ln Katy TX 77494</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation/Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/1/17</i>	Payee name <i>PVFD</i>
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Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>PO Box 442 Pattison TX 77466</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation/Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Justin Beckendorf</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/23/17</i>	5 Payee name <i>Waller County Fair</i>	
6 Amount (\$) <i>620.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 911 Hempstead TX 77445</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution</i> <i>Donation</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>11/28/17</i>	Payee name <i>Waller County Republican Party</i>	
Amount (\$) <i>750.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 551 Hempstead TX 77445</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Filing Fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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