

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 filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR *MR.* FIRST *Floyd* MI *Glenn*
NICKNAME LAST SUFFIX
Beckendorff

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
28423 Morton Road Katy Tx 77493

Date Hand-delivered or Date Postmarked

2.6.06

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 391-8640

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR *Mrs* FIRST *Sheila* MI
NICKNAME LAST SUFFIX
Joseph

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
6458 Sweetgum Katy Tex. 77493

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 391-8495

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
1 / 18 / 06 THROUGH */ /*

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
3 / 7 / 50 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Waller County Commissioner Pet. 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

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

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)

\$ 2,850.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3,034.94

CONTRIBUTION BALANCE

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

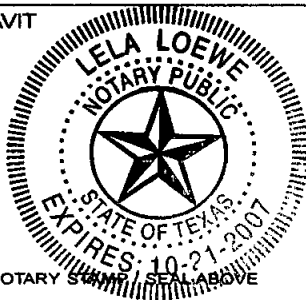
\$ 418.96

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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.

Glen Beckendorf
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said GLEN Beckendorf, this the 6th day of February, 20 06, to certify which, witness my hand and seal of office.

Lela Loewe
Signature of officer administering oath

Lela Loewe
Printed name of officer administering oath

Elections Admin.
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
Floyd Glenn Beckendorf

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/25/06

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

7 Amount of contribution (\$)
\$200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
*5072 Mockingbird
Katy, Texas 77493*

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
1/25/06

Full name of contributor out-of-state PAC (ID#: _____)
J. R. Dollins

Amount of contribution (\$)
\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*1812 Ave. D. Ste. 201
Katy, Texas 77492*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/31/06

Full name of contributor out-of-state PAC (ID#: _____)
J. L. Rose

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*1707 Sturm Rd.
Brookshire, Texas 77423*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/31/06

Full name of contributor out-of-state PAC (ID#: _____)
Charlie Morgan, Jr.

Amount of contribution (\$)
\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*P.O. Box 752
Bellville, Texas 77418*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/25/06

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

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*2726 Bell Bottom Circle
Pattison, Texas 77466*

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

Floyd Glenn Beckendorff

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/31/06

5 Full name of contributor

CLR/PAC

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

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

7600 W. Tidwell
Houston, Texas 77040

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/25/06

Full name of contributor

Floyd Glenn Beckendorff

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

Amount of contribution (\$)

\$1,500.00

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

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

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

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)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Floyd Glenn Beckendorf</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/26/06</i>	5 Payee name <i>Phoenix Outstanding Services, Ltd. (signs)</i>	7 Amount (\$) <i>\$2,787.44</i>
6 Payee address; City; State; Zip Code <i>10327 Lake Drive Houston, Texas 77070</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign signs</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1/31/06</i>	Payee name <i>The Times Tribune</i>	Amount (\$) <i>\$247.50</i>
Payee address; City; State; Zip Code <i>921 Cooper Brookshire, Texas 77423</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Political Advertisement</i>		** 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.)		** 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.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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