

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

(512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

16 C/OH NAME Floyd G. Beckendorf 16 ACCOUNT # (Ethics Commission Files)

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. --

optional page

COMMITTEE TYPE

GENERAL

SPECIFIC

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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 745.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 589.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Floyd G. Beckendorf
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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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 G. Beckendorf</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>2/24</i>	5 Payee name <i>Katy Aggies</i>	7 Amount (\$) <i>250.00</i>
6 Payee address; City: State: Zip Code <i>Katy, Tx 77493</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation - Katy FFA Livestock Show</i> (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 <i>3/19</i>	Payee name <i>Friends of Royal FFA</i>	Amount (\$) <i>225.00</i>
Payee address; City: State: Zip Code <i>P.O. Box 32 Droghda, TX 77432</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation Royal FFA Livestock Show</i> (If travel outside of Texas, complete Schedule T)		- Complete if direct expenditure to benefit C/OH - Candidate / Officeholder name Office sought Office held
Date <i>3/31</i>	Payee name <i>Waller County Republican Club</i>	Amount (\$) <i>125.00</i>
Payee address; City: State: Zip Code <i>P.O. Box 697 Pattison, Tx 77466</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Lincoln day dinner sponsorship</i> (If travel outside of Texas, complete Schedule T)		- Complete if direct expenditure to benefit C/OH - Candidate / Officeholder name Office sought Office held
Date <i>5/13</i>	Payee name <i>Pattison Area Volunteer Fire Dept.</i>	Amount (\$) <i>45.00</i>
Payee address; City: State: Zip Code <i>P.O. Box 442 Pattison Tx 77466</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> (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

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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 G. Beckendorf</i>		3 ACCOUNT # (Ethics Commission Item):
4 Date <i>5/10</i>	5 Payee name <i>Katy Area Chamber</i>	7 Amount (\$) <i>100.00</i>
6 Payee address: City, State, Zip Code <i>23501 Cinco Ranch Blvd. Katy, TX 77494 Ste. 820</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Katy day in Austin</i> (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 Payee address: City, State, Zip Code	Amount (\$)
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 Payee address: City, State, Zip Code	Amount (\$)
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 Payee address: City, State, Zip Code	Amount (\$)
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:	

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