

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 *G*
NICKNAME LAST SUFFIX
Beckendorf ff

OFFICE USE ONLY

Date Received

2008 JUL 15 PM 3:14
**WALLER COUNTY CLERK
ELECTIONS DIVISION**
FILED

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

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

Change of Address

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE PHONE NUMBER EXTENSION
(281) 375-5231

**6 CAMPAIGN
TREASURER
NAME**

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

**7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)**

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6458 Sweetgum Katy Tx 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 Month Day Year
1 / 15 / 08 THROUGH 7 / 15 / 08

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

County Commissioner Pct 4

13 OFFICE SOUGHT (if known)

**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 Floyd G. Beckendorff 16 ACCOUNT # (Ethics Commission Filers)

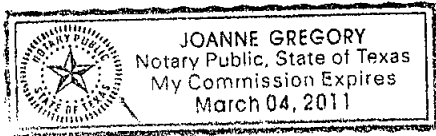
17 NOTICE FROM POLITICAL COMMITTEE(S)

** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 815.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,724.54
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.

Glenn Beckendorff
Signature of Candidate / Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Glenn Beckendorff, this the 15 day of July, 2008, to certify which, witness my hand and seal of office.

Joanne Gregory Joanne Gregory Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 filers)
4 Date <i>1/24/08</i>	5 Payee name <i>Republican Party of Waller County</i>	7 Amount (\$) <i>350.00</i>
6 Payee address; City; State; Zip Code <i>1015 Aster Katy Tx 77493</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Lincoln Day Dinner</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>2/7/08</i>	Payee name <i>Pattison Heritage Society</i>	Amount (\$) <i>30.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 9 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
Date <i>4/10/08</i>	Payee name <i>Waller County 4-H Council</i>	Amount (\$) <i>100.00</i>
Payee address; City; State; Zip Code <i>846 6th St Hempstead Tx 77445</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
Date <i>4/10/08</i>	Payee name <i>Waller County 4-H</i>	Amount (\$) <i>100.00</i>
Payee address; City; State; Zip Code <i>846 6th St Hempstead Tx 77445</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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME *Floyd G. Beckendorf*

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/21/08

5 Payee name
Muscular Distrophy Assoc.

7 Amount (\$)
\$ 25.00

6 Payee address; City; State; Zip Code
Katy Tx 77494

8 Purpose of payment (See instructions regarding type of information required.)
Donation
(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
5/3/08

Payee name
Christ Lutheran Church
Payee address; City; State; Zip Code
Pattison Tx. 77466

Amount (\$)
\$ 200.00

Purpose of payment (See instructions regarding type of information required.)
Donation
(If travel outside of Texas, complete Schedule T)

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

Date
7/14/08

Payee name
The Times Tribune
Payee address; City; State; Zip Code
921 Cooper Brookshire Tx 77423

Amount (\$)
\$ 10.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED