

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: <i>Mr</i> FIRST: <i>Floyd</i> MI: <i>G</i> NICKNAME: _____ LAST: <i>Beckendorff</i> SUFFIX: _____	OFFICE USE ONLY 2009 JUL 17 AM 10:34 WALLER COUNTY ELECTIONS DIVISION FILED CLERK	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: <i>28423 Morton Rd</i> CITY: <i>Katy</i> STATE: <i>Tx.</i> ZIP CODE: <i>77493</i> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <i>(281)</i> PHONE NUMBER: <i>375-5231</i> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mrs</i> FIRST: <i>Sheila</i> MI: _____ NICKNAME: _____ LAST: <i>Joseph</i> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <i>6458 Sweetgum</i> CITY: <i>Katy</i> STATE: <i>Tx</i> ZIP CODE: <i>77493</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(281)</i> PHONE NUMBER: <i>391-8495</i> EXTENSION: _____		
9 REPORT TYPE	<input 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 checked="" 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: <i>1 / 15 / 09</i> THROUGH Month / Day / Year: <i>7 / 15 / 09</i>		
11 ELECTION	ELECTION DATE: Month / Day / Year: <i>/ /</i>	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>County Commissioner Pct 4</i>	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		
<input type="checkbox"/> 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)
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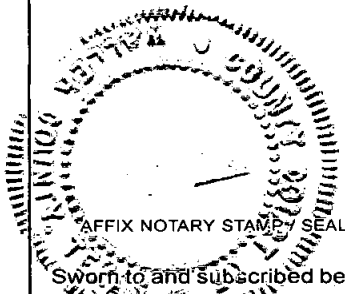
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	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	\$ <u>755.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>673.93</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

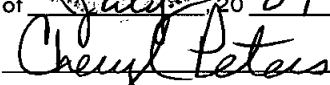
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 Signature of Candidate or Officeholder



AFFIX NOTARY STAMP SEAL ABOVE

Sworn to and subscribed before me, by the said Glenn Beckendauff, this the 17 day of July, 2009, to certify which, witness my hand and seal of office

 Signature of officer administering oath	<u>Cheryl Peters</u> Printed name of officer administering oath	<u>County Clerk</u> 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 filers)
4 Date <i>2/26/09</i>	5 Payee name <i>Waller County Republican Club</i>	7 Amount (\$) <i>25.00</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 697 Pattison, Tx 77466</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>dues.</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>3/28/09</i>	Payee name <i>Katy ISD FFA</i>	Amount (\$) <i>300.00</i>
Payee address; City; State; Zip Code <i>South Stadium Lane Katy, Tx 77494</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation to livestock Auction</i> <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>3/20/09</i>	Payee name <i>Royal FFA</i>	Amount (\$) <i>300.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 32 Pattison, Tx. 77466</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation to livestock Auction</i> <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>4/7/09</i>	Payee name <i>Royal FFA</i>	Amount (\$) <i>100.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 32 Pattison, Tx 77466</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation to livestock Auction</i> <small>(If travel outside of Texas, complete Schedule T)</small>	** 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 <i>Floyd G. Beckendorf</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5/5/09</i>	5 Payee name <i>Times Tribune</i>	7 Amount (\$) <i>30,00</i>
6 Payee address; City; State; Zip Code <i>921 Cooper St Brookshire, Tx 77423</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Display Ad.</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	

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