

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 <u>MR</u> FIRST <u>Floyd</u> MI NICKNAME <u>Glenn</u> LAST <u>Beckendorf</u> SUFFIX	OFFICE USE ONLY RECEIVED WALLER COUNTY CLERK ELECTIONS DIVISION 2010 OCT 25 PM 12:09 FILED WALLER COUNTY CLERK ELECTIONS DIVISION 2010 OCT 25 PM 12:09	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>28423 Morton Rd.</u> <u>Katy, Tx 77493</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 391-8640		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Gary</u> MI <u>D</u> NICKNAME <u>Smith</u> LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>34523 Joseph Rd.</u> <u>Hempstead, Tx 77445</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 931-9111		
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 type="checkbox"/> July 15 <input checked="" 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 <u>9 / 24 / 10</u> <u>10 / 23 / 10</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 2 / 10</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>County Commissioner Pct. 4</u>	13 OFFICE SOUGHT (if known) <u>Waller County Judge</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	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		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Floyd Glenn Beckendorf 16 ACCOUNT # (Ethics Commission Filers)

17 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

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)	\$ 15,150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,599.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,610.39
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 Glenn Beckendorf
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Floyd Glenn Beckendorf this the 25 day of Oct, 20 10, to certify which, witness my hand and seal of office.

Cheryl Peters
Signature of officer administering oath

Cheryl Peters
Printed name of officer administering oath

Co. Clerk
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: **11**

2 FILER NAME

Floyd Glenn Beckendorf

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/7

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

Comanche Contractors, L.P.

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*10450 West Office Dr.
Houston, Tx 77042*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/7

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

Ernest Kaufman, Jr.

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2606 E. South Blvd.
Montgomery, AL 36116*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7

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

FM 2920 Hopfe/Cypress Rosehill, Ltd

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*10940 Sam Houston Pkwy, Ste. 300
Houston, Tx. 77064*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7

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

Jon and Suzanne Strange

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*24823 Lakebriar Dr.
Katy, Tx. 77494*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7

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

Jerry and Carol Newell

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*9402 Godstone Ln.
Spring, Tx 77379*

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME <i>Floyd Glenn Beckendorf</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/7</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James and Cathy Mochlman</i>	7 Amount of contribution (\$) <i>125.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>6211 N. Woods Ln. Katy, Tx. 77494</i>		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff Collins</i> Contributor address; City; State; Zip Code <i>13510 Cahill Ln. Cypress, Tx. 77429-5148</i>	Amount of contribution (\$) <i>125.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James C. Brown</i> Contributor address; City; State; Zip Code <i>4703 Menlo Park Dr. Sugarland, Tx 77479-3829</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Walter and Joyce Sass</i> Contributor address; City; State; Zip Code <i>2707 Autumn Lake Dr. Katy, Tx. 77450</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James and Susan Thompson</i> Contributor address; City; State; Zip Code <i>5556 Doliver Dr. Houston, Tx. 77056</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME <i>Floyd Glenn Beckendorf</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/7</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Berg - Oliver PAC</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>14701 Saint Marys Ln. Ste 400 Houston, Tx. 77029</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fullbright and Jawarski, LLP, Tx. Com</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1301 McKinney Ste 5106 Houston, Tx. 77010</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perdue, Brandon, Fielder, Collins, Mott</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1235 North Loop W, ste 600 Houston, Tx. 77008</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Fields</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>32 Bradford Circle Sugarland, Tx 77479</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alan Sadeghpour</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>701 Shepherd Dr. Houston, Tx 77007</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Floyd Glenn Beckendorf		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/7	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael and Karen McCall	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 41236 Kelly Rd. Hempstead, Tx. 77445		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver Kitzman Contributor address; City; State; Zip Code 6562 Butler Rd. Brookshire, Tx 77423	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don and Ida Faye Elder Contributor address; City; State; Zip Code 1615 Drexel Dr. Katy, Tx 77493	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel and Janice Kruse, Jr Contributor address; City; State; Zip Code 2902 Bright Trail Sugarland, Tx. 77479	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn McAdams Wilson Contributor address; City; State; Zip Code P.O. Box 92 Pattison, Tx. 77466	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME <i>Floyd Glenn Beckendorf</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/7</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles and Jill Rivette</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2006 Plantation Dr. Richmond, Tx 77406</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary and Beverly Smith</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>34523 Joseph Rd. Hempstead, Tx. 77445</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>A. J. and Rosemary Gambino</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 235 Pattison, Tx 77466</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Doyle Callender</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>906 Carnation Katy, Tx 77493</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tim and Karen Phalen</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>32804 Grove Park Dr. Waller, Tx. 77484</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME <i>Floyd Glenn Beckendorf</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/7</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brent and Renee Patterson</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>15918 Birchview Dr. Tomball, TX 77377</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Douglas Westlow</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>18010 Timber Crossing Cypress, TX 77433</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kirk Laguarda</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12626 Taylor Crest Dr. Houston, Tx. 77024</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George and Ramona Purvis</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6315 Canyon Rock way Katy, TX 77450</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roger and Kathy Lieder</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>33300 FM 2979 Waller, Tx. 77484</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME <i>Floyd Glenn Beckendorf</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/7</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Truman Edminster, III</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>1126 Banks St. Houston, TX 77006</i>		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dan Boggio</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11 Grenway Plaza, 22nd Floor Houston, TX 77046</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pate PAC</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>13333 Northwest Frwy, Ste 300 Houston, TX. 77040-6014</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Half Associates State PAC</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1201 North Bowser Rd. Richardson, Tx. 75081</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jacob and Belinda Marcisz</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>29159 Joseph Rd. Hockley, Tx. 77447</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Floyd Glenn Beckendorf		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/7	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis and Joyce Tucker	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 2822 Houston, TX 77252-2822		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ventana Development Brazos LLC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 142 CR 422 Bay City, Tx. 77414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim and Stephanie Russ	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10555 West Office Dr. Houston, TX 77042		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy and Brandye Randermann	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1510 Winding Canyon Ct. Katy, TX 77493		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Boone, Humphries, Robinson, LLP	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3200 Southwest Frwy, Ste. 2600 Houston, TX, 77027		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **11**

2 FILER NAME

Floyd Glenn Beckendorf

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/7

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

Costello, Inc. PAC

6 Contributor address; City; State; Zip Code

*9990 Richmond Ave. Ste 450
Houston, Tx. 77042-4566*

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/7

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

Mr. and Mrs. Larry Barfield

Contributor address; City; State; Zip Code

*15611 Stable Park Dr.
Cypress, Tx. 77429*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7

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

James and Robin Binkley

Contributor address; City; State; Zip Code

*9209 Stagecoach Dr.
Houston, Tx. 77041*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7

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

John S. Moody

Contributor address; City; State; Zip Code

*3263 Reba Dr.
Houston, Tx. 77019*

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7

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

Terracon PAC

Contributor address; City; State; Zip Code

*18001 W. 106th St.
Olathe, Kansas 66061*

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME <i>Floyd Glenn Beckendorf</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/7</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James and Shirley Dannenbaum</i> 6 Contributor address; City; State; Zip Code <i>3100 W. Alabama St. Houston, Tx. 77098</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cobb Fendley PAC</i> Contributor address; City; State; Zip Code <i>13430 Northwest Frewy Ste 100 Houston, Tx 77040</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Bury</i> Contributor address; City; State; Zip Code <i>221 W. 6th St. Ste 600 Austin, Tx 78701</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ravi Raj Yanamandala</i> Contributor address; City; State; Zip Code <i>2703 Sunnyside Ln. Pearland, Tx 77584</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Woody Mann, Jr.</i> Contributor address; City; State; Zip Code <i>1117 Eldridge Pkwy. Houston, Tx. 77077</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME <i>Floyd Glenn Beckendorf PA</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/7</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steven Hauck</i> 6 Contributor address; City; State; Zip Code <i>2653 Ave. D. Katy, Tx. 77493</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don M. Garrett</i> Contributor address; City; State; Zip Code <i>28432 Hegar Rd. Hockley, Tx. 77447-6423</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4		2 FILER NAME Floyd Golem Beckendorf		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/4		5 Payee name Brookshire Kares Inc.			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code P.O. Box 1104 Brookshire, Tx 77423			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Donation made by candidate		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/6		Payee name News Citizen			
Amount (\$) 300.00		Payee address; City; State; Zip Code 205 12th St, Hempstead, Tx 77445			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/10		Payee name Sacred Heart Church			
Amount (\$) \$385.00		Payee address; City; State; Zip Code 4445 FM 359 Pattison, Tx. 77466			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation by candidate		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/11		Payee name Times Tribune			
Amount (\$) 215.64		Payee address; City; State; Zip Code P.O. Box 1549 Brookshire, Tx. 77423			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4		2 FILER NAME Floyd Glenn Beckendorf		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-11		5 Payee name The Waller Times			
6 Amount (\$) 255.00		7 Payee address; City; State; Zip Code 2323 Main St. Waller, TX 77484			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-13		Payee name Katy Art and Frame			
Amount (\$) 53.04		Payee address; City; State; Zip Code 5604 1st. St. Katy, Texas 77493			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation made by candidate		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-15		Payee name Waller Co. Go Texan			
Amount (\$) 100.00		Payee address; City; State; Zip Code P.O. Box 20070 Houston, TX 77225-0070			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation made by candidate		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-15		Payee name New Hope UMC			
Amount (\$) 100.00		Payee address; City; State; Zip Code Field Store Community Conroe, TX 77301			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation made by candidate		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME <i>Floyd Glenn Beckendorf</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10-16</i>	5 Payee name <i>Pattison UMC</i>	
6 Amount (\$) <i>150.00</i>	7 Payee address; City; State; Zip Code <i>3711 Ave H, Highway 359 Pattison, Tx. 77466</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Donation made By Candidate</i>	
	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date <i>10-16</i>	Payee name <i>St. Katharine Drexel Parish</i>	
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>800 Fm 1488 Hempstead, Tx 77445</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation made by candidate</i>	
	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date <i>10-19</i>	Payee name <i>Katy Volunteer Fire Dept.</i>	
Amount (\$) <i>110.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 698 Katy, Tx 77492</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation made by candidate</i>	
	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date <i>10-22</i>	Payee name <i>The Times Tribune</i>	
Amount (\$) <i>181.13</i>	Payee address; City; State; Zip Code <i>P.O. Box 1549 Brookshire, Tx 77423</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	
	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME Floud Glenn Beckendorf Rt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-23	5 Payee name Holleman Elementary
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6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 2200 Brazeal St Waller, Tx 77484
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation made by candidate	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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