

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-6800

1-800-325-8506

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

Beckendorf

OFFICE USE ONLY

Date Received

FAX: 7/17/06

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: *(281)* PHONE NUMBER: *391-8640* EXTENSION:

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): *6458 Sweetgum* APT / SUITE #: CITY: *Katy* STATE: *Tx* ZIP CODE: *77493*

8 CAMPAIGN TREASURER PHONE

AREA CODE: *(281)* PHONE NUMBER: *391-8495* EXTENSION:

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: *2 / 27 / 06* THROUGH Month Day Year: *7 / 15 / 06*

11 ELECTION

ELECTION DATE: Month Day Year: */ /* ELECTION TYPE: 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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

16 C/OH NAME

Floyd Glenn Beckendorf

18 ACCOUNT # (Ethics Commission file)

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

19 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)

\$ 2,050.00

EXPENDITURE TOTALS

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

\$ 3,370.42

4. TOTAL POLITICAL EXPENDITURES

\$ 3,370.42

CONTRIBUTION BALANCE

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

\$ -1,320.42

OUTSTANDING LOAN TOTALS

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

\$

20 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 Beckendorf
Signature of Candidate / 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

2 FILER NAME <i>Floyd Glenn Beckendorf</i>		1 Total pages Schedule A:	
3 ACCOUNT # (Ethics Commission files):		7 AMOUNT of contribution (\$)	
4 Date <i>3/1</i>	5 Full name of contributor <i>CLR</i> <input type="checkbox"/> out-of-state PAC (ID#):	8 In-kind contribution description (if applicable) <i>\$ 950.00 Printed Material Mailers/Handouts</i>	
6 Contributor address; City; State; Zip Code <i>7600 W. Tidwell Houston, Texas 77040</i>		9 Principal occupation / Job title (See Instructions)	
10 Employer (See Instructions)			
Date <i>3/2</i>	Full name of contributor <i>Robert T. Russ</i> <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10555 West office Dr. Houston, Tx 77042</i>		Principal occupation / Job title (See Instructions)	
10 Employer (See Instructions)			
Date <i>3/2</i>	Full name of contributor <i>Patricia E J.D. Woods Jr.</i> <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>550 Woods Ln. Katy, Tx 77450</i>		Principal occupation / Job title (See Instructions)	
10 Employer (See Instructions)			
Date <i>3/25</i>	Full name of contributor <i>Welcome W. Wilson Sr.</i> <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1019 S. Chilton Tyler, Tx 75701</i>		Principal occupation / Job title (See Instructions)	
10 Employer (See Instructions)			
Date <i>3/25</i>	Full name of contributor <i>Betty M. Blake</i> <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1803 Sturm Brookshire, Tx 77423</i>		Principal occupation / Job title (See Instructions)	
10 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.

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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:

2 FILER NAME

Floyd Glenn Beckendorf

3 ACCOUNT # (Ethics Commission Use)

4 Date
3/25

5 Full name of contributor out-of-state PAC (if PAC)
R. C. HAMMOND D.D.S.
6 Contributor address: City: State: Zip Code
1627 Misty Bend Dr.
Katy, TX 77450

7 Amount of contribution (\$)
250.00

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

Full name of contributor out-of-state PAC (if PAC)

Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (if PAC)

Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (if PAC)

Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (if PAC)

Contributor address: City: State: Zip Code

Amount of contribution (\$)

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 FORM AS NEEDED
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION QUOTE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Floyd Glenn Beckendorf</i>		3 ACCOUNT # (Ethics Commission file)
4 Date <i>3/1</i>	5 Payee name <i>Phoenix Outstanding Serv. Ltd.</i> 6 Payee address; City; State; Zip Code <i>10327 Lake Dr. Houston, Tx 77070</i>	7 Amount (\$) <i>330.16</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Signs</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>3/14</i>	Payee name <i>Times Tribune</i> Payee address; City; State; Zip Code <i>921 Cooper St. Brookshire, Tx 77423</i>	Amount (\$) <i>77.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Adv.</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>3/14</i>	Payee name <i>Hard Times BBO</i> Payee address; City; State; Zip Code <i>3510 FM 359 Pattison, Tx 77466</i>	Amount (\$) <i>416.26</i>
Purpose of payment (See instructions regarding type of information required.) <i>Appreciation Party</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>3/14</i>	Payee name <i>Katy Times</i> Payee address; City; State; Zip Code <i>P.O. Box 678 Katy, Tx. 77449</i>	Amount (\$) <i>75.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Adv.</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 483-5800 1-800-325-8606

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Floyd Glenn Beckendorf

3 ACCOUNT # (Ethics Commission file)

4 Date

3/21

5 Payee name

H.E.B

7 Amount (\$)

58.00

6 Payee address: City: State: Zip Code

1550 Fry Rd

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

Appreciation party

(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

4/10

Payee name

Floyd Glenn Beckendorf

Amount (\$)

2,000.00

Payee address: City: State: Zip Code

28423 Morton Rd.
Katy, Tex. 77493

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

Loan repayment

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

2/28

Payee name

Postmaster

Amount (\$)

390.00

Payee address: City: State: Zip Code

Katy, Tx 77492

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

4/24

Payee name

Times Tribune

Amount (\$)

24.00

Payee address: City: State: Zip Code

921 Cooper St.
Brookshire, Tx. 77423

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

Subscriptions

(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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