

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 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
NICKNAME LAST SUFFIX
Glenn Beckendorff

OFFICE USE ONLY

Date Received

FILED BY CLERK
WALLER COUNTY DIVISION
ELECTIONS
OCT 4
2010 SEP 24
PM 2:21

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

Change of Address

Data Hand-delivered or Date Postmarked

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 391-8640

Receipt #

Amount

Date Processed

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR MR FIRST Gary MI D
NICKNAME LAST SUFFIX
Smith

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO P.O. BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE
34523 Joseph Road
Hempstead, Tx 77445

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(936) 931-9111

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 6th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
7 / 16 / 10 THROUGH 10 / 4 / 10

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 2 / 10
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Commissioner Pct 4 Waller County Judge

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8606

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Floyd Glenn Beckendorff

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)

\$

4,250.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

645.72

CONTRIBUTION BALANCE

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

\$

4,060.70

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 Beckendorff

Signature of Candidate or Officeholder

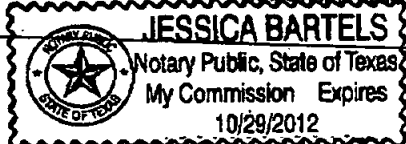
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Floyd Glenn Beckendorff* this the 4 day of October, 20 10, to certify which, witness my hand and seal of office.

Jessica Bartels
Signature of officer administering oath

Jessica Bartels
Printed name of officer administering oath

Notary
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.

1 Total pages Schedule A:

2

2 FILER NAME

Floyd Glenn Beckendorff

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/17

5 Full name of contributor out-of-state PAC (ID#:
Richard Falkenhagen, Jr.

6 Contributor address; City; State; Zip Code
15993 Fm 1887 Rd
Hempstead, Tx. 77445

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

9/17

Full name of contributor out-of-state PAC (ID#:
James & Brenda Vaughn

Contributor address; City; State; Zip Code
908 Victoria Lakes Dr.
Katy, Tx. 77493-2267

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

9/17

Full name of contributor out-of-state PAC (ID#:
Connard & Sherry Barker

Contributor address; City; State; Zip Code
94 Lake Estates
Montgomery, Tx 77302

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

9/17

Full name of contributor out-of-state PAC (ID#:
Ron Henriksen

Contributor address; City; State; Zip Code
8831 Stable Lane
Houston, Tx. 77024

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/17

Full name of contributor out-of-state PAC (ID#:
Glenn Plowman

Contributor address; City; State; Zip Code
P.O. Box 649
Simonton, Tx 77476

Amount of contribution (\$)

1,000.00

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.

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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**

2 FILER NAME

Floyd Glenn Beckendorff

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/17

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

Jim & Cheryl Gonzales

6 Contributor address; City; State; Zip Code

**1803 Huisache Dr.
Richmond, Tx 77469-4823**

7 Amount of contribution (\$)

1,000.00

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

9/30

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

Republican Party of Waller County

Contributor address; City; State; Zip Code

**P.O. Box 697
Pattison, Tx 77466**

Amount of contribution (\$)

In-kind contribution description (if applicable)

240.00

(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 (ID#:

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 (ID#:

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 (ID#:

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 SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: **2** 2 FILER NAME **Floyd Glenn Beckendorff** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **10/2** 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 by candidate**
(b) Description (if travel outside of Texas, complete Schedule T) **donation to fundraiser**

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

Date **9/20** Payee name **News Citizen**

Amount (\$) **100.00** Payee address; City; State; Zip Code
**705 12th St.
Hempstead, Tx 77445**

PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule) **advertisement expense**
Description (if travel outside of Texas, complete Schedule T) **pol. adv. in paper**

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

Date **9/20** Payee name **Waller County Fair Assoc.**

Amount (\$) **40.00** Payee address; City; State; Zip Code
**Fm 359 South
Hempstead, Tx. 77445**

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) **donation to queens contest**

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

Date **9/24** Payee name **Home Depot**

Amount (\$) **45.72** Payee address; City; State; Zip Code
**1111 Fry Rd.
Katy, Tx 77450**

PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule) **advertising expense**
Description (if travel outside of Texas, complete Schedule T) **supplies for road signs**

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee |
| Event Expense | Printing Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3** 2 FILER NAME: **Floyd Glenn Beckendorff** 3 ACCOUNT # (Ethics Commission Filers)

4 Date: **8/19** 5 Payee name: **Keep Waller County Beautiful**

6 Amount (\$): **100.00** 7 Payee address; City; State; Zip Code: **P.O. Box 235
Pattison, Tx 77466**

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): **donation by candidate** (b) Description (If travel outside of Texas, complete Schedule T): **donation to fundraiser**

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **8/21** Payee name: **Prairie View Pec Wee league**

Amount (\$): **100.00** Payee address; City; State; Zip Code: _____

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): **donation to group for supplies**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **9/18** Payee name: **Republican Women of Waller County**

Amount (\$): **60.00** Payee address; City; State; Zip Code: **P.O. Box 697
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): **donation to fundraiser**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **10/2** Payee name: **Waller County Fair Association (100 club)**

Amount (\$): **100.00** Payee address; City; State; Zip Code: **P.O. Box 1104 26271 Hegar Rd
Hockley, Tx 77447**

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): **donation to sales proceeds**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>3</i>	2 FILER NAME <i>Floyd Glenn Beckendorff</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/25</i>	5 Payee name <i>Eastern Star</i>
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6 Amount (\$) <i>50.00</i>	7 Payee address; City; State; Zip Code <i>720 Purdy Brookshire, Tx. 77423-0000</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>donation by candidate</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>donation to fundraiser</i>
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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
------	------------

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME Floyd Glenn Beckendorff

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
Republican Party of Waller County

5 Contribution / Expenditure reported on:

- Schedule A
- Schedule B
- Schedule C
- Schedule D
- Schedule F
- Schedule G
- Schedule H
- Schedule N
- COH-UC
- COH-T
- PAC-C
- PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A
- Schedule B
- Schedule C
- Schedule D
- Schedule F
- Schedule G
- Schedule H
- Schedule N
- COH-UC
- COH-T
- PAC-C
- PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A
- Schedule B
- Schedule C
- Schedule D
- Schedule F
- Schedule G
- Schedule H
- Schedule N
- COH-UC
- COH-T
- PAC-C
- PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED