

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: 8
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Flay	MI	NICKNAME Glenn	LAST Beckendorff	SUFFIX											
	<table border="1" style="width:100%"> <tr> <th colspan="2">OFFICE USE ONLY</th> </tr> <tr> <td>Date Received</td> <td>2011 JUL 11 PM 4:07</td> </tr> <tr> <td>Date Hand-delivered or Postmarked</td> <td></td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>						OFFICE USE ONLY		Date Received	2011 JUL 11 PM 4:07	Date Hand-delivered or Postmarked		Receipt #	Amount	Date Processed		Date Imaged
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Receipt #	Amount																
Date Processed																	
Date Imaged																	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
<input type="checkbox"/> change of address	28423 Morton Rd. Katy, Texas 77493

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION
	(281) 391 8640

6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Gary	MI	NICKNAME D.	LAST Smith	SUFFIX
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7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	34523 Joseph Rd. Hempstead, Tx. 77445

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
	(936) 931 9111

9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)					
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10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2011		6/30/2011

11 ELECTION	ELECTION DATE Month Day Year N/A	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff N/A <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any) County Judge	13 OFFICE SOUGHT (if known) N/A
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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

FILED
 WALLER COUNTY CLERK
 ELECTIONS DIVISION

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

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

15 C/OH NAME Mr. 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.

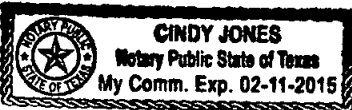
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,754.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,155.66
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 or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GLENN BECKENDORFF, this the 11 day of July, 20 11, to certify which, witness my hand and seal of office.

Cindy Jones CINDY JONES NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath 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: <u>1</u>	
2 FILER NAME <u>Mr. Floyd (Glenn) Beckendorf</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>01.19.11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wm. & Carol Eplen</u>	7 Amount of contribution (\$) <u>200.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>37184 Brumlow Hempstead, TX. 77445</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Retired</u>		10 Employer (See Instructions)	
Date <u>01.19.11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Virginia Snider</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>14800 Denick (P.O. Box 268) Waller, TX. 77484</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>01.19.11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Greater Houston Builders Assn.</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>9511 W. Sam Houston Pkwy N. Houston, TX. 77064</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Building</u>		Employer (See Instructions)	
Date <u>01.19.11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mavis, P. Kelsey, Jr.</u>	Amount of contribution (\$) <u>1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3417 Milam, Suite A Houston, TX. 77002</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>CPA</u>		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 (\$)	
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: 5		2 FILER NAME Mr. Floyd (Glenn) Beckendorff		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3.21.11		5 Payee name Hempstead FFA			
6 Amount (\$) 400.00		7 Payee address; City; State; Zip Code P.O. Box 1007 Hempstead, TX. 77445			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Donation - Event		(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 3.21.11		Payee name Royal FFA			
Amount (\$) 500.00		Payee address; City; State; Zip Code 34499 Royal Rd. Brookshire, TX 77423			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation - Event		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 3.21.11		Payee name YMCA			
Amount (\$) 50.00		Payee address; City; State; Zip Code 22807 Westheimer Pkwy. Katy, TX. 77494			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation - Event		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 4.13.11		Payee name Waller FFA			
Amount (\$) 400.00		Payee address; City; State; Zip Code P.O. Box 1528 Waller, TX. 77484			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation - Event		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: 3	2 FILER NAME Mr. Floyd (Glenn) Beckendorff	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5.6.11	5 Payee name PAVFD
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6 Amount (\$) 100.00	7 Payee address: City: State: Zip Code 2950 FM 359 North Pattison, Texas 77466
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation - Event	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5.9.11	Payee name Bunnies Flower Shop
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Amount (\$) 85.00	Payee address: City: State: Zip Code 35614 Wildflower Ln. Hempstead, TX. 77445
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gifts/Awards/Memorial Exp.	Description (If travel outside of Texas, complete Schedule T) Flower wreath Police officers WK
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5.9.11	Payee name Children AT Risk
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Amount (\$) 500.00	Payee address: City: State: Zip Code 2900 Wesleyan #400 Houston, TX. 77027
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation - Event	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5.21.11	Payee name Kids Unlimited
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Amount (\$) 200.00	Payee address: City: State: Zip Code 1530 Fruge Rd. Houston, TX. 77047
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation - Event	Description (If travel outside of Texas, complete Schedule T)
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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)

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1 Total pages Schedule F: 5		2 FILER NAME Mr. Floyd (Glenn) Beckendorff		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4.20.11		5 Payee name Katy ISD-Livestock			
6 Amount (\$) 600.00		7 Payee address; City; State; Zip Code 6301 S. Stadium Ln. Katy, Tx. 77494.			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Donation-Event		(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 4.25.11		Payee name Times Tribune			
Amount (\$) 55.00		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) Advertisement		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 5.6.11		Payee name Rolling Hills VFD			
Amount (\$) 250.00		Payee address; City; State; Zip Code FM 1736 Road Hempstead, Tx. 77445			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation-Event		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 5.6.11		Payee name Waller County Fair Assoc			
Amount (\$) 300.00		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-Event		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) |

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1 Total pages Schedule F: 5	2 FILER NAME Mr. Floyd (Glenn) Beckenbiff	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1.18.11	5 Payee name Focusing 6 Families	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code P.O. Box 1053 Hempstead, TX. 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation - Event	(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 1.18.11	Payee name Susan Winfree	
Amount (\$) 39.51	Payee address; City; State; Zip Code 1605 14th Street Hempstead, TX 77445	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Cards	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 1.19.11	Payee name National M.S. Society	
Amount (\$) 100.00	Payee address; City; State; Zip Code 733 Third Avenue, 3rd. Floor New York, NY 10017	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation - Event	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 2.25.11	Payee name CASA	
Amount (\$) 350.00	Payee address; City; State; Zip Code 220 E. Alamo St. Brenham, TX. 77833	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation - Event	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 |
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1 Total pages Schedule F: <u>5</u>	2 FILER NAME <u>Mr. Floyd (Glenn) Beckendorff</u>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <u>5.31.11</u>	5 Payee name <u>Waller Cheerleader Booster Club</u>
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6 Amount (\$) <u>125.00</u>	7 Payee address; City; State; Zip Code <u>20950 Field Stone Rd. Waller, TX. 77404</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Donation-Event</u>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY 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

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 ONLY 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

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 ONLY 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

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