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 /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Justin	6	Date Received
	NICKNAME LAST	SUFFIX	5 35
	Beckendors	Z	JUL.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	3506 Pitts Rd Katy	TX 77493	Date Hand-delivered or Postmart
change of address			Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Allically 200
OFFICEHOLDER PHONE	(281) 375-5231		Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MC. Charles NICKNAME LAST	D. SUFFIX	Date Imaged
	Wilson		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	Pathison TX	77466
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 375-7894	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 1 / 16 / 15 THROUGH	Month Day	Year / 15
11 ELECTION	Month ELECTION DATE Day Year ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	Weller County Commissione Precinct 4	13 OFFICE SOUGHT (if known)	
	GO TO PAC		

POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER THAN PLEDGES OR LOANS	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
Justin Beckendorff	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC(ID#	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
Houston, TX 77042	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	nstructions)
Date Full name of contributor out-of-state PAC (ID#:) AATHUR DAVIS Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)
P.O. Box 451 Katy, TX 77492	(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#:) Walter Sm.#L Contributor address; City; State; Zip Code	Amount of In-kind contribution description (if applicable)
35578 FM 1488 Hempstead, TX 77445	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date Full name of contributor out-of-state PAC (ID#:) Allen Boone Humphries Robinson LLP	Amount of In-kind contribution contribution (\$) description (if applicable)
1/28/15 Contributor address; City; State; Zip Code 3200 SW Freeway, Swite 2600	500.00
Houston, TX 77027	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date Full name of contributor out-of-state PAC (ID#:) Aguirre + Fields LP PAC	Amount of In-kind contribution description (if applicable)
12999 Jess Pirtle Blvd.	500.00
Sugar Land, TX 77478	(If travel outside of Texas, complete Schedule T)
Principal occupation 7 Job title (See Instructions) Employer (See I	nstructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide forado	AS NEEDED litional reporting requirements.

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	Justin Berkendorff		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
1/21/15	Perdue, Brandon, Fielder, Collins + 1 6 Contributor address; City; State; Zip Code 1235 North Loop West Suite	MoH, LLP	contribution (\$)	description (if applicable)
1/2 /	1235 North Loop West Suite	600	500.00	
	Houston TX 77008		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor uut-of-state PAC (ID#:_		Amount of	In-kind contribution
· lu lu	Jim Russ		contribution (\$)	description (if applicable)
1/16/15	Contributor address; City; State; Zip Code 10555 West office Pr.		500.00	
	Houston TX 77042			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
- Timoipai Good	patient, our time (eac mendensite)	Employer (ede 1		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
. / /	IDS Engineering Group PAC	_	contribution (\$)	description (if applicable)
1/12/15	IDS Engineering Group PAC Contributor address; City; State; Zip Code 13333 North West Freeway So	uite 300	500.00	
	Houston, TX 77040		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete derieddic 1)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/29/15	Glenn Beckendort		contribution (#)	description (ii applicable)
1/29/13	Contributor address; City; State; Zip Code		- 01	
	28423 Morton Rd.		300.00	
	Katy, TX 77493		(If the val enteids	of Toyon, complete Schodule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Keith Datton		Contribution (4)	description (ii approacts)
1/20/1e	Contributor address; City; State; Zip Code		250,00	
1/27/13	1011 Kingsacte Circle		250	
	Kety TV 77494		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
			1 - 14	
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE	AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	in Beckendorff		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/15/15	6 Contributor address; City; State; Zip Code 1201 N. Bowser Rd. Richardson		500.00	
	1201 N. Bowser Rd. Nichardson	17 11-01	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		
Date 1/29/15	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/02//13	Contributor address; City; State; Zip Code 147015t. Mary's Ln. Surte 40	10	50.00	
	Houston, TX 77079		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 2/2/15	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/0/13	S201 Fountain Isrook Ln		250.00	
	Sugar Land TX 77479		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation 7Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#: Randy RanderMann)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/ 1/15	Contributor address; City; State; Zip Code 903 Windsor Woods Ln		500.00	
	Katu TX 77494		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 1/00 / Je	Full name of contributor out-of-state PAC (ID#: Tack Miller		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/28/15	Contributor address; City; State; Zip Code 13703 Barryknoll		500.00	
	Houston, TX 77079		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	as t
				4
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	٠

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) Texas Ethics Commission P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 8 In-kind contribution 7 Amount of description (if applicable) contribution (\$) David Minze 6 Contributor address; City; State; Zip Code 6205 Franze Rd. (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) In-kind contribution Full name of contributor Amount of 1/29/15 Todd Hlavin Ka Contributor address; City; State; Zip Code 5858 Westheimer Suite 150 description (if applicable) contribution (\$) Houston, TX 77057 (If travel of Employer (See Instructions) (If travel outside of Texas, complete Schedule T) Amount of In-kind contribution description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) In-kind contribution Amount of Full name of contributor Out-of-state PAC (ID#: Date description (if applicable) contribution (\$) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T)

Employer (See Instructions) Principal occupation / Job title (See Instructions)

Out-of-state PAC (ID#:

Full name of contributor

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

In-kind contribution

description (if applicable)

Amount of

contribution (\$)

Date

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Sch	nedule A:	
2 FILER NAME	Justin Beckendorff		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution
1/26/15	David Tinney 6 Contributor address; City; State; Zip Code 17319 Fairs rove Park Dr		125.00	description (if applicable)
	Houston, TX 77095		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Marke	Anthony Francis		CONTRIBUTION (\$)	description (ii applicable)
1/21/15	Contributor address; City; State; Zip Code 4431 Waver+ree Dr		125.00	
	Missouri City, TX 7745	9	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
. ,	Son Strange		contribution (\$)	description (if applicable)
1/29/15	Jon Strange Contributor address; City; State; Zip Code 24823 Lake briar Dr.		250.00	
	Katy, TX 77494		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
1/28/15	Contributor address; City; State; Zip Code	ша в киза в ком я	contribution (\$)	description (if applicable)
.,	3 Pin Oak Estates Dr.		250.00	
	Bellaire, TX 77401		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
Market	Walter Sass		contribution (\$)	description (if applicable)
1/29/15	Walter Sass Contributor address; City; State; Zip Code 2707 Autumn Lake		250.00	
	Katu TX 77460		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		rioxas, complete schedule 1)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Austin, Texas 78711-2070 (TDD 1-800-735-2989)

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Justin Beckendoff		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/29/15	10555 Westoffice Pr			190.89
	Houston TX 77042			of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID# Pam Puckett		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/29/15	Pam Puckett Contributor address; City; State; Zip Code 9990 Richmond Ave. Suite 9	BO N.		190.00
Principal occur	Houston TX 77042 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	,		•	
Date	Full name of contributor out-of-state PAC (ID#:_ Richard Patrick		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/29/15	Contributor address; City, State; Zip Code 6420 Richmond Ave. Suite 6	75		193.64
	Houston, TX 11051		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/29/15	Contributor address; City; State; Zip Code 903 WindSor Woods Ln			195.00
Principal occup	bation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/29/15	Contributor address; City; State; Zip Code 17319 Fairgrove Park Dr.			198.65
Houston, TX 77095 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)				of Texas, complete Schedule T)
Employer (See instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

(512) 463-5800

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 JUSTIA Reckendous			3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Steve Robinson 6 Contributor address; City; State; Zip Code 3200 SW Freeway Suite 2600 Howston TX 77027		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	,	or rozad, complete conceans 17
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See	,	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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)
Principal occu	pation / Job title (See Instructions)	Employer (See		 of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement				
Accounting/Banking			ansportation Equipment & Related Expense	
Consulting Expense			ontributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of Distr		Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R	AND THE RESERVE AND THE PARTY OF THE PARTY O	THER (enter a category not listed above)
\$2.50 miles	The Instruction Guide			
4 Tabel 0 to 1 to -	<u> </u>			
1 Total pages Schedule F:	2 FILER NAME	17 1	1 11	3 ACCOUNT # (Ethics Commission Filers)
	\uStin	Beckend	014	
4 Date	5 Pavee name	1 11		
	Tale Rocks	1.14		
	JUSTIN DECKE	MOIOITT		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code		
4.100.00	2100 011 111	, 1 -	77/107	
4,100	3506 Pitts Rd A	Catu IX	77493	
	(5) October (0)	/		
8 PURPOSE	(a) Category (See categories listed at the to	o of this schedule)	(b) Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	1 10 1/0.	h. 112		
EXPENDITURE	loan repayment / Reim	our sement	Check if Aust	in, TX, officeholder living expense
	' / '			
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C	/ П			
Dete	Payeo name			
Date	Payee name	/ /	~/	
7/10/15	Ketu ISD Li	Vestock ?	Show	
Amount (\$)	Payee address: City: St	ate: Zip Code		
. unount (ψ)	ayou apadroso, Only, Ol			
C00.00	17010 11 01	1 .	41 -	1 12./
300	6301 South Stea	lium Ln	Katy, TX	77499
PURPOSE	Category (See categories listed at the to			ravel outside of Texas, complete Schedule T)
OF	Category (See Categories listed at the to	or this scriedule)	Description (in	raver outside or rexas, complete scriedule 1)
EXPENDITURE	1/ /.		_	
	Advertising		Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O			g.	35
over the consecutive of the consecutive that				
Date, /	Payee name			
4/11/16	Re L.L. M.	/ /		
7/11/17	prooksnile Mason	IIC Lodge		
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
175.00	DIAPICIA	1.1. 71	771/27	
1 10	811 Turdy St. Droo	KSNITE IX	77423	
DI IDDO	Category (See categories listed at the top	o of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
PURPOSE				
EXPENDITURE	Advirtising		Chook if A	in, TX, officeholder living expense
	71317		Check if Aust	in, 1A, oncender living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O	H			
Date /	Payee name		,	
3/28/16	Kon / FFA	100 11.1	5	
Amount (E)	Payee address; City; Sta	TO CIUL		
Amount (\$)	Payee address; City; St	ate; Zip Code		
100.00	74490 D. IDI	2. 1.1.	T. 77.10	
100	34499 Royal Rd. 1.	StookShill	11 1142	<u>'</u> S
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF	111			l
EXPENDITURE	HONETHISIAL		Check if Aust	in, TX, officeholder living expense
Complete Chilly if all	Candidate / Officeholder name			
Complete ONLY if direct	(1) 1 (1) 1 (1) (1) (1) (1) (1) (1) (1)		Office sought	Office held
expenditure to benefit C/C	7 11			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Justin Beckery	3 Filer	D (Ethics Commission Filers)
3/28/15	5 Payee name Roya FFA		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
250.00	34499 Royal Rd. Brookshire	TX 77423	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Te	NAME OF A STATE OF STATE OF THE
OF EXPENDITURE	Advertising	Check if Austin, TX, officeh	older living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Te	. M M.
EXPENDITURE		Check if Additi, 1A, Officers	nuel living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Te	exas, complete Schedule T
OF EXPENDITURE		Check if Austin, TX, officeho	older living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	00 000 maga mg = 000	
*	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Justin Beckendorff 15 ACCOUNT # (Ethics Commission Filers)					
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	N S		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$8,411.82		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	POLITICAL EXPENDITURES	\$5125.00		
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$5125.00 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$3286.82				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD			
18 AFFIDAVIT			·		
500 5750 500 500 5000		Swear or affirm under penalty of	perjury, that the accompanying report		
******		is true and correct and includes all	information required to be reported by		
	CINDY JONES	me under Title 15 Election Code	memater required to be reported by		
Notary Public, State of Texas My Commission Expires					
F OF TU	February 11, 2019	Just Rheff			
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
——————————————————————————————————————					
Sworn to and subscribed before me, by the said <u>JUSTIN BECKENDORFF</u> , this the					
day	of July	, 20 15 , to certify which, witness m	ny hand and seal of office.		
(', ', (', ', ', ', ', ', ', ', ', ', ', ', ', '					
Circle Jones (INDI VOIVES NOTARY PUBLIC					
Signature of officer admir	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
U					