

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 / AP

MR.

FIRST

Floyd

MI

Glenn

NICKNAME

LAST

Beckendorf ff

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

28423

APT / SUITE #

Morton Rd

CITY

Katy

STATE

Tx

ZIP CODE

77493

Change of Address

Date Hand-delivered or Date Postmarked

1.17.06

lfb

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

(281)

PHONE NUMBER

391-8640

EXTENSION

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / AP

MRS

FIRST

SHEILA

MI

Joseph

NICKNAME

LAST

Joseph

SUFFIX

Date Processed

Date Images

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

6458 Sweetgum

APT / SUITE #

CITY

Katy, Tex.

STATE

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

09 / 15 / 05

THROUGH

Month

Day

Year

01 / 17 / 2006

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 07 / 2006

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Waller County Commissioner Pct. 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

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

COMMITTEE NAME

GENERAL

SPECIFIC

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)

\$ 1,500.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 896.10

CONTRIBUTION BALANCE

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

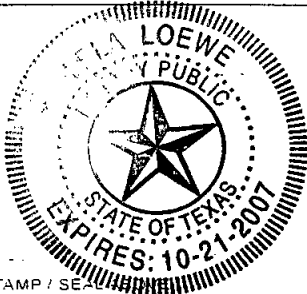
\$ 603.90

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL

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 or Officeholder

Sworn to and subscribed before me, by the said GLENN BECKENDORFF this the 17th day of January, 2006, to certify which, witness my hand and seal of office.

Lela Loewe
Signature of officer administering oath

LELA LOEWE
Printed name of officer administering oath

ELECTIONS ADMIN
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:

2 FILER NAME

Floyd Glenn Beckendorf

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-7-05

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

F. Glenn Beckendorf

7 Amount of contribution (\$) *250.00*

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
28423 Morton Rd. Katy, Tx 77493

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12-2-05

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

F. Glenn Beckendorf

Amount of contribution (\$) *750.00*

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
28423 Morton Rd. Katy, Tx 77493

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-14-06

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

Jon M. Strange

Amount of contribution (\$) *500.00*

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
17171 Park Row Houston, Tx 77084

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)

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)

Principal occupation / Job title (See Instructions)

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Floyd Glenn Beckendorf Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-7-05

5 Payee name

Katy Printers

7 Amount (S)

\$ 133.15

6 Payee address: City: State: Zip Code

5607 Hwy. Blvd, Katy, Texas 77494

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

Printed hand out material

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12-15-06

Payee name

Republican Party of Waller County

Amount (S)

\$ 750.00

Payee address: City: State: Zip Code

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

Candidate filing fee

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

Candidate / Officeholder name Office sought Office held

Date

11-22-05

Payee name

Traditions Bank

Amount (S)

\$ 12.95

Payee address: City: State: Zip Code

550 Pin Oak Rd. Katy, Tx 77494

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

Campaign fund checks

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (S)

Payee address: City: State: Zip Code

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

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED