

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

Beckendorff

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

Date Hand-delivered or Date Postmarked

2.27.06 lgl

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 391-8640

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 391-8495

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 MONTH DAY YEAR
2 / 6 / 06 THROUGH 2 / 27 / 06

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
3 / 7 / 06

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Waller County Commissioner Act. 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

Floyd Glenn Beckendorf

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

1,675.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

409.00

CONTRIBUTION BALANCE

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

\$

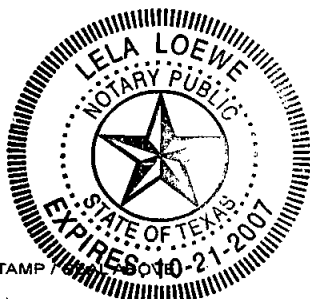
1,266.00

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

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 *27th* day of *February*, 20 *06*, 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

2/7/06

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

David or Carol Minze

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

6205 Franz Rd. Katy, Tx 77492

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/7/06

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

Danielle M. Vana

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

907 Carnation Katy, Tx. 77493

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/06

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

Luanne L. Zacek

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6521 Patricia Katy, Tx 77493

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/06

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

Allen Boone Humphries Robinson LLP

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3200 SW. Frwy Houston, Tx 77027
Ste 2600

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/06

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

Tonkawa Farms LP

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 1308 Houston, Tx 77251

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 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 <i>Floyd Glenn Beckendorf</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/17/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John J. or Rita C. Laino</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5715 Morton Rd. Katy, Tx 77493</i>			
9 Principal occupation / Job title (See Instructions)		10 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 (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		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 (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		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 (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		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 (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Floyd Glenna Beckendorf</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/18/06</i>	5 Payee name <i>Midway Grocery</i>	7 Amount (\$) <i>94.00</i>
6 Payee address; City; State; Zip Code <i>5901 Hwy Blvd Katy, Tx 77444</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>BBQ at Sunnyside</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/21/06</i>	Payee name <i>The Katy Times</i>	Amount (\$) <i>157.50</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 678 Katy, Tx 77449</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>political advertisement.</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/27/06</i>	Payee name <i>The Times</i>	Amount (\$) <i>157.50</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 678 Katy, Tx 77449</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>political advertisement</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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