

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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <u>MR</u> FIRST LAST MI SUFFIX <i>Floyd</i>		OFFICE USE ONLY RECEIVED WALKER COUNTY CLERK ELECTIONS DIVISION 2010 JUL 15 AM 10:49				
	NICKNAME LAST SUFFIX <i>Glenn Beckendorf</i>						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>28423 Morton Rd. Katy, TX 77443</i>		Date Received	Date Hand-delivered or Date Postmarked			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #			
	<i>(281)</i>	<i>391-8640</i>		Amount			
6 CAMPAIGN TREASURER NAME	MS / MRS <u>MR</u> FIRST LAST MI SUFFIX <i>Gary</i>		Date Processed				
	NICKNAME LAST SUFFIX <i>Smith</i>		Date Imaged				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>34523 Joseph Rd. Hempstead, TX 77445</i>						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(936)</i>	<i>931-9111</i>					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	<i>2</i>	<i>22</i>	<i>10</i>	THROUGH	<i>7</i>	<i>15</i>	<i>10</i>
11 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE				
	<i>/ /</i>		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)				
	<i>County Commissioner Dist. 4</i>		<i>Walker County, Judge</i>				
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	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						

GO TO PAGE 2

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

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

15 C/OH NAME Floyd Glenn Beckendorf Pt **16 ACCOUNT # (Ethics Commission Filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

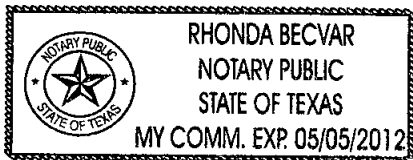
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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	\$
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,450.00
3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4.	TOTAL POLITICAL EXPENDITURES	\$ 8,289.70
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 456.42
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 Beckendorf Pt
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Floyd Glenn Beckendorf Pt, this the 15th day of July, 20 10, to certify which, witness my hand and seal of office.

Rhonda Becvar
Signature of officer administering oath

Rhonda Becvar
Printed name of officer administering oath

Notary Public
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

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/1

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

John Lane

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*5715 Morton Rd
Katy, Tx 77493*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/1

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

John Marshall

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3330 Willowfork Pl.
Katy, Tx 77494*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/5

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

Dorothea & Duwain Dumas

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*P.O. Box 1046
Brookshire, Tx 77423*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10

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

Brent Lapsley

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2501 Central Pkwy
Houston, Tx 77092*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10

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

BK Watson

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2665 Westhollow Dr.
Houston, Tx 77082*

(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 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>3/5</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael & Janet Montgomery</i>	7 Amount of contribution (\$): <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 1485 Brookshire, Tx. 77423</i>		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(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 FILER NAME <i>Floyd Glenn Beckendorf</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/23/10</i>		5 Payee name <i>Katy Printers</i>			
6 Amount (\$) <i>\$3,519.54</i>		7 Payee address; City; State; Zip Code <i>5807 Hwy Blvd. Katy, Tx 77494</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>advertising expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>mailers</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2/24/10</i>		Payee name <i>The Times Tribune</i>			
Amount (\$) <i>\$281.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 1549 Brookshire, Tx. 77423</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>advertising expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>pol. adv. in paper</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2/24/10</i>		Payee name <i>The Waller Times</i>			
Amount (\$) <i>\$139.24</i>		Payee address; City; State; Zip Code <i>2323 Main St. Waller, Tx 77484</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>advertising expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>pol. adv. in paper</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2/26/10</i>		Payee name <i>Hempstead FFA</i>			
Amount (\$) <i>\$200.00</i>		Payee address; City; State; Zip Code <i>801 Donoho Hempstead, Tx. 77445</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>donation by candidate</i>		Description (If travel outside of Texas, complete Schedule T) <i>donation to sale proceeds</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Floyd Glenn Beckendorf</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3/5/10</i>	5 Payee name <i>The Waller Times</i>	
6 Amount (\$) <input checked="" type="checkbox"/> <i>\$35.55</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2323 Main St. Waller, Tx 77484</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>pol. adv. in paper</i>
Date <i>3/5/10</i>	Payee name <i>Hotline Press</i>	
Amount (\$) <input checked="" type="checkbox"/> <i>\$27.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1116 Austin St. Hempstead, Tx 77445</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>advertising expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>pol. adv. in paper</i>
Date <i>3/5/10</i>	Payee name <i>Instrux LLC</i>	
Amount (\$) <input checked="" type="checkbox"/> <i>\$1,547.98</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>P.O. Box 1462 Waller, Tx 77484</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>advertising expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>set up and operate pol. website.</i>
Date <i>3/6/10</i>	Payee name <i>Royal FFA</i>	
Amount (\$) <input checked="" type="checkbox"/> <i>\$300.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>34499 Royal Rd. Brookshire, Tx 77423</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>donation by candidate</i>	Description (If travel outside of Texas, complete Schedule T) <i>donation to sales proceeds</i>
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 |
| 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.

4 Date 3/8/10		5 Business name The Times Tribune	
6 Amount (\$) 47.25		7 Business address; City; State; Zip Code P.O. Box 1549 Brookshire, TX 77423	
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) advertising expense	(b) Description (If travel outside of Texas, complete Schedule T) pol. adv. in paper
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought Office held
4 Date 3/10/10		5 Business name Rosemary Gambino	
6 Amount (\$) 192.69		7 Business address; City; State; Zip Code 6018 Fm 359 Brookshire, TX 77423	
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) event expense	(b) Description (If travel outside of Texas, complete Schedule T) after election appreciation
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought Office held
4 Date 3/10/10		5 Business name Michael Franks Printing	
6 Amount (\$) \$ 994.00		7 Business address; City; State; Zip Code 404 IH-45 Huntsville, TX 77488	
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) advertising expense	(b) Description (If travel outside of Texas, complete Schedule T) printed signs.
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought Office held
4 Date 3/15/10		5 Business name National M.S. Society	
6 Amount (\$) \$ 50.00		7 Business address; City; State; Zip Code 733 3rd Ave 3rd Floor NY, NY, 10017	
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) don. to M.S. 150
9 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 |
| 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 FILER NAME <i>Floyd Glenn Beckendorff</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/27/10</i>		5 Payee name <i>Waller FFA</i>			
6 Amount (\$) <i>\$ 200.00</i>		7 Payee address; City; State; Zip Code <i>20950 Fields Store Rd. Waller, Tx 77484</i>			
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>don. to sales proceeds</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/4/10</i>		Payee name <i>Brookshire Masonic Lodge</i>			
Amount (\$) <i>\$ 100.00</i>		Payee address; City; State; Zip Code <i>819 Purdy St. Brookshire, Tx 77423</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>donation by candidate</i>		Description (If travel outside of Texas, complete Schedule T) <i>donation to fundraiser</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/18/10</i>		Payee name <i>Waller Co. 4-H</i>			
Amount (\$) <i>100.00</i>		Payee address; City; State; Zip Code <i>846 6th St. Hempstead Tx 77445</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>donation to candidate</i>		Description (If travel outside of Texas, complete Schedule T) <i>donation to fundraiser</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/26/10</i>		Payee name <i>Times Tribune</i>			
Amount (\$) <i>60.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 1549 Brookshire, Tx. 77493</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>advertising expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>pol. adv. in paper</i>	
Complete <u>ONLY</u> 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
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 FILER NAME <i>Floyd Glenna Beckendorf Pt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/1/10</i>	5 Payee name <i>Pattison Christ Lutheran Church</i>
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6 Amount (\$) <i>\$ 50.00</i>	7 Payee address; City; State; Zip Code <i>35912 Royal Rd Brookshire, Tx 77423</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 <i>5/6/10</i>	Payee name <i>Midway BBQ</i>
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Amount (\$) <i>\$ 445.45</i>	Payee address; City; State; Zip Code <i>5901 Hwy Blvd. Katy, Tx 77494</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>event expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>appreciation dinner</i>
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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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME	2 ACCOUNT # (Ethics Commission Filers)
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3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

 Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.


 Signature of Officeholder