Ţ	exas Ethics Comr	Additif, Texas 78/11-2070 (512) 463-580	00 1-800-325-850			
	CANDIDA	ATE / OFFICEHOLDER GN FINANCE REPORT COVER	FORM C/OH SHEET PG 1			
	The C/OH Instruction	tion Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers) 2 Total page 1 (Ethics Commission Filers)	ges filed:			
3	CANDIDATE/ OFFICEHOLDER NAME	R FIEYD MI OFF	FICE USE ONLY			
		Glenn Beckendorff	POIN SE			
4	OFFICEHOLDER MAILING ADDRESS	ADDRESS IPO BOX: APTISUTE # CITY: STATE ZIP CODE 28423 Morton Rd.	ivered or Cale ragmarker ~			
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EVIENCION ROCKINI #	2: CLE 13			
6	CAMPAIGN TREASURER NAME	MI Date Imaged NICKNAME LAST Smith	d			
7	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO POBOX PLEASE): APT / SUITE /. CITY: STATE: 212 CODE 34523 Joseph Road				
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 931-9111				
9	REPORTTYPE	July 15 Silh ray before election To a suppointment	fler campaign treasurer nt (officeho:der only) 1 (Attact: C/OH - FR)			
	PERIOD COVERED	Month Day Year 7 / 16 / 10 THROUGH 10 / 4 / 10				
1	ELECTION	ELECTION DATE Month Day Year II / 2_ / IO Primary General	Special			
	OFFICE NOTICE	County Commissioner Pcf4 Walter County J	udge			
OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDEVIDUALS		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. Naite				
	additional pages	Address / PO Box: Apt. / Surte at: 1 sty; Strite: Zip Code				
		GO TO PAGE 2				
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Pexas Ethics Commi	ission P.O. B	ox 12070 Austin, Texas 78711-2070	(512) 463-5800 1-800-325-85	
CANDIDA SUPPORT	TE / OFFI & TOTAL	CEHOLDER REPORT:	FORM C/OH	
15 C/OH NAME	lova G	lenn Beckendorff	16 ACCOUNT # (Ethics Commission Filer	
TOTICE FROM POLITICAL COMMITTEERS	THIS BOX IS FOR NO CANDIDATE / OFFICE	THE CHARLES MAY HAVE BEEN MADE WITHOUT THE CASES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY		
	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE NODRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS JREE NAME	-	
additional pages		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 (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,250.00	
EXPENDITURE TOTALS	3. TOTAL PO	DLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM		
CONTRIBUTION	4. TOTAL POLITICAL EXPENDITURES		\$ 645.72	
BALANCE	5. TOTAL PO OF REPO	LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DERING PERIOD	\$ 4,060.70	
LOANTOTALS	6. TOTAL PE	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T OF THE REPORTING PERIOD	**************************************	
9 AFFIDAVIT		I swear, or affirm, under penalty of is true and correct and includes all me under Title 15. Election Code. Joyd Blens Warden Signature of Cand	perjury, that the accompanying report information required to be reported by	
Sworn to and subst			eckendo Affis the	
posione	Wills	L. 20 IV., to certify which, witness m	y nand and seal of office.	
Algnature of officer adminis	ĮES	Printed name starticer administering path ISICA BARTELS	Title of officer administering cath	

Revised 04/21/2010

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULF A The Instruction Guide explains how to complete this form. Total pages Schedule A 2 FILER NAME Floyd Glenn Beckendorff

Full name of contributor Duk-of-state PAC(IDA)

Richard Falkenhagen, Jr. ACCOUNT # (Ethics Commission Filers) 7 Amount of 8 In-kind contribution 9/17 contribution (\$) description (if applicable) 6 Contributor address; City: State; Zip Code 15993 FM 1887 Rd 500.00 Hempstead, Tr. 77445 (if travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution James & Brenda Vaughn
Contributor address; City; State; Zip Code 9/17 contribution (\$) description (if applicable) 908 Victoria Lakes Dr 500.00 Rafy, Tx. 77493-2267
Principal occupation / Job title (See Instructions) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Connard & Sherry Barker
Contributor address: City: State: Zip Code
94 Lake Estates Amount of In-kind contribution 9/17 contribution (\$) description (if applicable) 250.00 Montgomery, Tx 7730Z
Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Ron Henriksen In-kind contribution 9/17 ∞ntribution (\$) description (if applicable) Contributor address; City; State; Zip Code 8831 Stable Lane 1,000.00 Houston, TX. Principal occupation / Job title (See Instructions) (if travel outside of Texas, complete Schedule T) Employer (See Instructions) Date Contributor address; City; State; Zip Code

P.O. Box 649 Amount of In-kind contribution 9/17 contribution (\$) description (if applicable) 1.000.00 Simenten, TV 77476
Principal occupation: / Job title (See Instructions) (If travel one de of Texas, complete Schedule T) Employer (See inchructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLIT	Commission P.O. Box 12070 Austin, FICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	Texas 78711-207	0 (512) 463	3-5800 1-800-325-85 SCHEDULE A
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<u> </u>	he instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A:	
2 FILER NAM	Floyd Glenn Becken	tos ff	3 ACCOUNT # (5	Ethics Commission Filers)
9/17	5 Full name of contributor Dout-of-state PACIDITY Sim & Chery! Gonzale 6 Contributor address; City; State; Zip Code 1803 Huisache Dr.		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Richmond, Tx 77469-	4823	1,000.02	
9 Principal occ	supation / Job title (See Instructions)	10 Employer (See	(If travel outside i	of Texas, complete Schedule T)
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9/30	Republican Party of Way	ller County	contribution (\$)	In-kind contribution description (if applicable)
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	Pattison, Tx 72466		Of travel outside of	f Texas, complete Schedule T)
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lf c	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instruc	THIS SCHEDULEA	S NEEDED	quirements.

P.O. Box 12070

Texas Ethics Commission

(512) 463-5800

Austin, Texas 78711-2070

1-800-325-8506 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 Expanse Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District 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 3 ACCOUNT # (Ethics Commission Filers) Glenn Beckendorff 4 Date 10/2 6 Amount (\$) 50.00 PURPOSE (b) Description (If travel outside of Texas, complete Schedule T) donation by candidate donation to fundraiser EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name 9/20 Payee address; City; State; Zip Code 705 121 St. Amount (\$) 100.00 Hemp-Stead, Tx 77445
Category (See categories listed at the top of this schedule) **PURPOSE** Description (iff travel outside of Texas, complete Schedule T) OF EXPENDITURE advertisement expense poli adv. in paper Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Рауее пате 9/20 Waller County Fair assoc.
Payee address; City; State; Zip Code
FM 359 South Amount (\$) 40.00 Hempstead, Tx. 77445

Category (See categories listed a: the top of this schedule) **PURPOSE** Description (If trave: outside of Texas, complete Schedule T) donation by candidate denation to queens contest EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 9/24 Amount (\$) Home Depot Solve address; City: State; Zip Code 45.72 Katy Tx 77450
Category (See Category is schedule) PURPOSE Description (If travel outside of Texas, people is Schedule T) advertising expense EXPENDITURE supplies for road signs Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE	ATEGORIES FOR BOX 8(a)	
Advertising Expense			
Accounting/Banking		Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	Loan Repayment/Reimbursement
Consulting Expense	Food/Beverage Expense	Fravel in District	Transportation Equipment & Related Expens
Event Expense	Polling Expense	ravel Out Of District	Contributions/Conations Made By Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)
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1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission File
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	DA D	; zip Code	
100.00	P.O. Box 235		
<u> </u>	Pattison Tx 77	466	
8 PURPOSE	(a) Category (Sea categories listed at the top of		
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expenditure to benefit C/(H .	Since adagne	Office held
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8/21	Payee name		
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	<u> </u>		Office held
Date			Office held
	Payee name		
9/18	Republican Wom		
	Payee name Republican Wom Payee address; City: State	en of Waller	
9/18 Amount (\$)	Payee name Republican Wom Payee address; City: State	en of Waller	
9/18	Payee name Republican Wom Payee address; City; State; P.O. Box 697	en of Waller Zip Code	
9/18 Amount (\$) 60.00	Payee name Republican Wom Payee address; City; State; P.O. Box 697 Portfison, Tx. 774	en of Waller Zip Code	County
9/18 Amount (\$)	Payee name Republican Wom Payee address; City; State; P.O. Box 697 Portfison, Tx. 774 Category (See categories listed at the top of the	en of Waller Zip Code (6) s schedure) Description (if	trave outside of Texas, complete Schedule T)
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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 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 Fcod/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 3 ACCOUNT # (Ethics Commission Filers) Floyd Glenn Beckendurff 4 Date Eastern 6 Amount (\$) Payee address; 720 Purdy City; State; Zip Code 50.00 Brookshire, Tx. 77423-0000 (a) Category (See categories listed at the top of this schedule) PURPOSE (b) Description (If travel outside of Texas, complete Schedule T) OF donation by condidate donation to fundiaiser EXPENDITURE 9 Complete ONLY it direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code PURPOSE Category (See categories listed at the top of this schedule) Description (If trave) outside of Texas, complete Schedule T) OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code PURPOSE Category (See categories listed at the top of this schedule) Description (If travel cutside of Texas, complete Schedule T) OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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