#### **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT

## FORM C/OH

OAMI AIG	THANGE REPORT		COVER SHE	EIPG	•
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE US	SE O THEY	E A
NAME	RIENNAME LAST  Blenn Beckendor	SUFFIX	Date Received	0CT 2	TECTIO
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	_	25 PR	NS DI
MAILING ADDRESS Change of Address	28423 Morton Rd. Katy, Tx 77493		Date Hand-delivered or 0		Y CLER
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 391-8640	EXTENSION	Receipt #	Amount	
6 CAMPAIGN TREASURER	MS/MRS/MR) FIRST Grary	$\overset{\cdot }{\mathcal{D}}$	Date Imaged	010 OCT	ELEC
NAME	NICKNAME LAST Smith	SUFFIX		25	R COU
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; 34523 Joseph Rd.	CITY; STATE;	ZIP CODE	PH 12: (	DISIAID NIA CTI
8 CAMPAIGN TREASURER PHONE	Hempstead, Tx 774  AREA CODE PHONE NUMBER  (936) 931-9111	extension		9	RRK
9 REPORTTYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campappointment (officer	nolder only)	г
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 10 / 23	Year		
11 ELECTION	Month Day Year  Il / 2 / 10 ELECTION TYPE  Primary	Runoff	General	Special	
12 OFFICE	County Commissioner Pct. 4	13 OFFICE SOUGHT (IF know		_	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES ARE REQUIRED TO DISCLOSE THIS INFORMATION Name	RES MADE BY OTHERS WITHOUT TH	E CANDIDATE'S PRIOR CONS	SENT OR APPE	
BY OTHER INDIVIDUALS	Address / PO Box; Apt. / Suite #; City; State; Zip Coo	de			
additional pages	. Oily, State, 2000				
-	GO TO PAC	GE 2			

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

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 A	CCOUNT # (Ethics Commission Filers)	
	Floyd G	alenn Beckendorff		
17 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY F HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY R	'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,150.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,599.81	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 2,599.81 \$ 16,610.39	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$	
19 AFFIDAVIT				
		I swear, or affirm, under penalty of perju is true and correct and includes all inform me under Title 15, Election Code.		
	-411.	Floyd Glem Be Signature of Candidate	chardo //	
green at	Marie Sugar	4.	-	
AFFIX NOTARY STAM Sworn to and sub	ر مرابع	me by the said Floyd Glenn Sec	kendaffnis the	
day	of Oct	$\frac{1}{2}$ , 20 10 , to certify which, witness my h	and and seal of office.	
Signature of officer adm.	nistering oath	Chery Peters Co	Title of officer administering oath	

#### SCHEDULE A

TI	ne Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAM	Floyd Glem Becker	ndorff	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Comanche Contractors,	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 10450 West Office Dr.		250.00	 
	Houston, Tx 77082		(If travel outside of	l of Texas, complete Schedule T)
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date 10/7	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>19</i> //	Contributor address; City; State; Zip Code 2606 E. South Blud.		<i>250.</i> 00	
	Montgomery, AL. 36116		(If travel outside o	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	Trocas, complete consider ty
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/7	FM 2920 Hopfe/Cypress Rosehill	, Ltd	contribution (\$)	description (if applicable)
, ,	Contributor address; City; State; Zip Code 10940 Sam Houston PKwy.	Stc. 300	250.00	
	Houston, Tx. 77064		(If travel outside	 of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 10/7	Full name of contributor out-of-state PAC (ID#_  Jon and Suzanne Strange		Amount of contribution (\$)	In-kind contribution description (if applicable)
10//	Contributor address: City; State; Zip Code 24823 Lakebriar Dr.		250.00	<u> </u> 
	Katy, Tx. 17494			l
Principal occ	cupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 10/7	Full name of contributor out-of-state PAC (ID#_  Terry and Carol Newell		Amount of contribution (\$)	In-kind contribution description (if applicable)
,	Contributor address; City; State; Zip Code 9402 God stone Ln.		250.00	  -  -
	Spring, Tx 77379		(If travel outside	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See I	nstructions)	

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#### SCHEDULE A

		·		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	Floyd Glenn Beckendo	rff	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
10/7	James and Cathy Mochim 6 Contributor address; City; State; Zip Code	ıan	contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 6211 N. Woods Ln.		125.00	
	Katy, Tx. 77494		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
10/7	Jeff Collins		contribution (\$)	description (if applicable)
• •	Contributor address; City; State; Zip Code 13510 Cahill Ln.		125.00	
	Cypress, Tx. 77429-514	18	(If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/7	James C. Brown		contribution (\$)	description (if applicable)
//	Contributor address; City; State; Zip Code 4703 Men lo Park Dr.		250.00	 
	Sugarland, Tx 77479-	3829	(If travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
10/2	Walter and Joyce Sass		contribution (\$)	description (if applicable)
10/1	Contributor address: City; State; Zip Code 2707 Autumn Lake Dr.		250.00	]
	Katy, Tx. 77450		(If travel outside	of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
10/7	James and Susan Thomp	rson	contribution (\$)	description (if applicable)
, ,	Contributor address; City State; Zip Code 5556 Doliver Dr.	. , . ,	250,00	 
	· · · · · · · · · · · · · · · · · · ·			
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	·	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	Instructions)	

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#### SCHEDULE A

The instruction Guide explains how to complete this form.	1 Total pages Schedule A:				
Floyd Glenn 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)				
6 Contributor address; City: State: Zip Code 14701 Saint Marys Ln. Stc 400 Houston, Tx. 77079	250.00				
mouston, 1x. 7:10:19	(If travel outside of Texas, complete Schedule T)				
9 Principal occupation / Job title (See Instructions) 10 Employer	(See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:	) Amount of In-kind contribution				
10/7 Fullbright and Jawarski, LLP, Tx.	contribution (\$)   description (if applicable)				
Contributor address; City: State; Zip Code 1301 McKinney Stc 5106	250.00				
Houston, Tx. 77010	(If travel outside of Texas, complete Schedule T)				
	(See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:	) Amount of In-kind contribution				
10/7 Perdue, Brandon, Fielder, Collins, M	Contribution (\$) description (if applicable)				
Contributor address; City; State; Zip Code	250.00				
1235 North Loop W, ste 600					
Houston, Tr. 17008	(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#:	Amount of In-kind contribution				
10/7 Richard Fields	contribution (\$) description (if applicable)				
Contributor address; City; State; Zip Code  32 Brad Ford Circle	250,00				
Sugarland, Tx 77479	(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#:	Amount of In-kind contribution contribution (\$) description (if applicable)				
10/7 Alan Sadeghpour					
10/7 Alan Sadeghpour Contributor address; City; State; Zip Code 701 Shepherd Dr.	250.00				
Houston, Tx 77007	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Employer	(See Instructions)				

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Floyd Glenn Beckendo  5 Full name of contributor out-of-state PAC (ID#:	rff	3 ACCOUNT# (E	thics Commission Filers)
4 Date 10/7	5 Full name of contributor out-of-state PAC(ID#:_ Michael and Karen McC		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 4/236 Kelly Rd.		250.06	   
	Hempstead, Tx. 77445	·	(If travel outside o	l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date 10/7	Full name of contributor out-of-state PAC(ID#_  Oliver Kitzman	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6562 Buller Rd.		250,00	
	Brookshiro, Tx 77423		(If travel outside o	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
10/7	Don and Ida Faye Elder Contributor address; City; State; Zip Code	•	contribution (\$)	description (if applicable)
	1615 Drexel Dr.		700.00	 
:	Katy, Tx 77493		(If travel outside o	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 10/7	Full name of contributor out-of-state PAC (ID#_ Samuel and Janice Kr	use. Jr	Amount of contribution (\$)	In-kind contribution description (if applicable)
10//	Contributor address; City; State; Zip Code 2902 Bright Trail		100.00	  -
	Sugarland, Tx. 77479		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor   out-of-state PAC (ID#_ Kathryn Mc Adams Will	'son	Amount of contribution (\$)	In-kind contribution description (if applicable)
~//	Contributor address; City; State; Zip Code  P.O. Box 92		100.00	 
	Pattison, Tx. 77466		/If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	

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#### SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Floyd Glean Beckende  5 Full name of contributor Out-of-state PAC(10#:	orff	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#:_Charles and Sill Rivett		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
·	6 Contributor address; City; State; Zip Code 2006 Plantation Dr.		100,00	
	Richmond, Tx 77406		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date 10/7	Full name of contributor out-of-state PAC (ID#_ Gary and Beverly Smit	ch	Amount of contribution (\$)	In-kind contribution description (if applicable)
677	Contributor address; City; State; Zip Code 34523 Joseph Ru.		200.00	
	Hempstead, Tx. 77445		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Total, complete concern 17
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/7	A. J. and Rosemary Gran	hino	contribution (\$)	description (if applicable)
10//	Contributor address; City; State; Zip Code		100.00	
	P.O. Box 235	:		
	Pattison, Tx 77466		(If travel outside	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor  uut-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/7	Doyle Callender  Contributor address; City; State; Zip Code		100.00	
	906 Carnation			
	Katy, Tx 77493			1
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		<u>.                                    </u>		
Date	Full name of contributor	)	Amount of	In-kind contribution
10/2	Tim and Kuren Phalan		contribution (\$)	description (if applicable)
~//	Contributor address; City; State; Zip Code		100,00	
	32804 Grove Park Dr.			
	Waller, Tx. 77484		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Floyd Glenn Beckundo	r FF	3 ACCOUNT# (E	thics Commission Filers)
4 Date 10/19	5 Full name of contributorout-of-state PAC(ID#:_ Brent and Rence -Paste	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 15918 Birchvicw Dr.		100,00	
	Tombally TX 77377		(If travel outside o	l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date 10/7	Full name of contributor Out-of-state PAC (ID#_ Douglas Weslow	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
• •	Contributor address: City: State: Zip Code 18010 Timber Crossing		100.00	
	Cypress, Te 17433		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date 10/7	Full name of contributor out-of-state PAC (ID#_  Kirk Laguarta  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	12626 Taylor Crest Dr. Houston, Tx. 77024		-	 
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
i ilitoipai ooou	patient, des tide (ess instablishe)			
Date 10/7	Full name of contributor out-of-state PAC (ID# _ bronge and Ramona Pur	vis	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6315 Caryon Rock way		100.00	
	Katy Tx 77450		(16 trayed outside s	of Toyon, complete Schodule T
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	In-kind contribution
10/2	Roger and Kathy Lieder		contribution (\$)	description (if applicable)
/ <b>/</b>	Contributor address; City; State; Zip Code 33300 FM 2979		500,00	l 
	Waller, Tx. 77484	•	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
		<u> </u>		

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#### SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Floyd Glenn Beckendor	. FF	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
10/7	Truman Edminster, III		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 1124 Banks St.		500.00	   
	Houston, TK 77006		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	1	Amount of	In-kind contribution
10/7	Dan Boggio		contribution (\$)	description (if applicable)
, ,	Contributor address; City; State; Zip Code 11 Grenway Plaza, 225	Floor	500.00	
	Houston, Tx 77046		<del></del>	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor   Out-of-state PAC (ID#:_  Patc PAC	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/7	Contributor address; City; State; Zip Code 13333 Northwest Fruy.		500.00	
	Houston, Tx. 77040-60	014	(If travel outside	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution
10/7	Halff Associates State	PAC	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 1201 North Bowser R4		500,00	<u> </u>
	Richardson, Tx. 75081		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	1	Amount of	In-kind contribution
10/7	Jacob and Belinda Mar	CISZ	contribution (\$)	description (if applicable)
• •	Contributor address; City; State; Zip Code 29159 Joseph Ru.		500,00	
	Hockley, Tx. 77447		(If traval autoida	of Texas, complete Schedule T)
Principal accus	pation / Job title (See Instructions)	Employer (See	<u> </u>	or rough complete conceder 17
- micipal occup	Paulott / Sob title (See Histactions)	2		

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME	Flord Glenn Beckender	CF	3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution	
10/7	Louis and Joyce Tucker		contribution (\$)	description (if applicable)	
	6 Contributor address; City; State; Zip Code P.O. Box 2822		500.00		
	Houston, TK 77252-282			of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of	In-kind contribution	
10/7	Ventana Development Bra	izos LLC	contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code 142 CR 422		500.00		
:	Bay City, Tx. 77414		(If travel outside o	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	
10/7	Jim and Stephanie Russ		contribution (\$)	description (if applicable)	
,	Contributor address; City; State; Zip Code 10555 West Office Dr.		500.00		
	Houston, Tx 77042		(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	
10/1	Rundy and Brandye Ran	dermann	contribution (\$)	description (if applicable)	
•	Contributor address; City; State; Zip Code 1510 Winding Canyon Ct.		500.00		
!	Katy, Tx 77493		ere a construction de la de	-f Taura - complete Cabadula T)	
Dringing age:	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Principal occup	Salion / Job like (See instructions)	Employor (Coo )			
Date	Full name of contributor		Amount of	In-kind contribution description (if applicable)	
10/7	Allen, Boone, Humphrier, Robin	rson, LLP	contribution (\$)	description (if applicable)	
•	Allen, Boone, Humphries, Robin Contributor address: City: State: Zip Code 3206 Southwest Frwy,	Ste. 2600	500.00	 	
	Houston, Tk. 77027		(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		

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#### SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Floyd Glenn Beckens	lorff	3 ACCOUNT # (E	thics Commission Filers)
4 Date 10/7	5 Full name of contributor □ out-of-state PAC (ID#:_  Costello, Inc. PAC	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
ŕ	6 Contributor address; City; State; Zip Code 9990 Richmond Avc. Sta		500.00	
	Houston, Tx. 77042-4	566	(If travel outside o	f Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date 10/7	Full name of contributor ut-of-state PAC (ID#_Mr. amd Mrs. Larry Bar	field	Amount of contribution (\$)	In-kind contribution description (if applicable)
,	Contributor address; City; State; Zip Code 15611 Stable Park Dr.		250.00	
	Cypress, TV, 77429		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/7	James and Robin Bink Contributor address; City; State; Zip Code 9209 Stage coach Dr.	ley	250,00	description (ii applicable)
	Houston, Tx. 72041		(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
10/7	John S. Moody		contribution (\$)	description (if applicable)
19//	Contributor address; City: State; Zip Code 3263 Reha Dr.		500.00	 
	Houston, Tx. 72019		115 harried - 114 de	Cohadula T
Prìncipal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of	In-kind contribution
10/7	Terracon PAC Contributor address; City; State; Zip Code 18001 W. 1064 St.		500,00	description (if applicable)
	Olathe, Kansas 66061		(If traval autoida	of Texas, complete Schedule T\
Principal occup	pation / Job title (See Instructions)	Employer (See	<u> </u>	of Texas, complete Schedule T)

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	Floyd Glenn Beckena	los EL	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	<u> </u>	7 Amount of	8 In-kind contribution
10/7	James and Shirley Dans	nenbaum	contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		500.00	1
	3100 W. Alahama St.			<u> </u>
	Houston, Tx. 77098		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
10/7	Cobb Fendley PAC		contribution (\$)	description (if applicable)
' '	Contributor address; City; State; Zip Code		500.00	
	13430 Northwest Fruy	Ste 100	0	
	<u> </u>			
	Houston, Tx 77040		(If travel outside of	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/7	Paul Bury Contributor address; City; State; Zip Code		,	 
	221 W, -6th St. Ste 6	00	100.00	<u></u>
	Austin, Tx 78701		(If travel outside	 of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor	,	Amount of	In-kind contribution
10/7	Ravi Raj Yanamandala		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 2703 Sumy side Lh.		250.00	
	Pearland, Tx 77584		/If traval outside	of Toyon, complete Schodule T\
Principal occur	pation / Job title (See Instructions)	Employer (See I		of lexas, complete Schedule 1)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
/	Woody Mann Jr		contribution (\$)	description (if applicable)
10/7	Contributor address: City State: 7in Code		250.00	
	Woody Mann, Jr.  Contributor address; City; State; Zip Code  1117 Eldridge Pkwy.		0.00.00	I
	Houston, Tx. 77077			
		- · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	instructions)	

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Floyd Glenn Beckendor	PL	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_  Steven Hauck	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
·	6 Contributor address; City; State; Zip Code 2653 Avc. D.		500,00	 
	Katy, Tx. 77493		(If travel outside of	 of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date 10/7	Full name of contributor out-of-state PAC (ID#_ Don M. Garrett	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 28432 Hegar Ru.		250,00	
	Hockley, Tx. 77447.64	23	(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occur	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	,			11.
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	,	i	 
			(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)
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		pan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundra	ising Expense Tr	ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District		ontributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dist		Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/R	ental Expense O	THER (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)
4	Floyd Glem Beckendo	of Life	
4 Date	5 Pavee name		<u> </u>
10/4	17 1/2 1/2 1/2		
1017	Brook shire Kares Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
50.00	P.O. Box 1104		
50.0	Road 12 - 7 771/23		
	Brookshire, Tx 77423		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If t	ravel outside of Texas, complete Schedule T)
OF	Donation made by candidate		
EXPENDITURE	ponarion mane by continue		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0	ЭН	-	
Date /	Payee name		
10/4	News Citizen		
Amount (\$)	Payee address; City; State; Zip Code		
_	705 12th St.		
300.00	100 12- 37,		
	Hempstead, Tx 77445		
		B	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if the	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		
	<u> </u>		065 1 11
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C			
Date ,	Payee name		- · · · · · · · · · · · · · · · · · · ·
10/10	e 111 mb Phone		
7-7	Sacred Heart Church		
Amount (\$)	Payee address; City; State; Zip Code		
All 3	4445 FM 359		
\$385.00		,	
	Pattison, Tx. 7746	0	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Ift	ravel outside of Texas, complete Schedule T)
OF			
EXPENDITURE	Donution by candidate		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0		<b>3</b> ·-	
-			
Date /	Payee name		
10/11	Times Tribune		
	Payee address; City; State; Zip Code		
Amount (\$)			
215 14	P. O. Box 1549		
215.64	Brookshire Tx. 77423		
····	<del></del>		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF	Advertising Expense		•
EXPENDITURE	Advertising Expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/	ОН		
	4774 OH 4 PRITIONAL GODING CT TO 10		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	:EDED

	<b>EXPENDITURE CATEGORIES</b>	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fundral		Transportation Equipment & Related Expens	se
Consulting Expense	Food/Beverage Expense Travel In District	- •	Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dist		Candidate/Officeholder/Political Committ	tee
Fees	Printing Expense Office Overhead/R		OTHER (enter a category not listed above)	
	The Instruction Guide explains how to			
1 Total pages Schedule F:	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (Ethics Commission File	ore)
1. Star pages considered.	Elasto Class Radio das	LL	S ACCOUNT # (Etnics Commission File	ers)
<u> </u>	Floyd Glenn Beckendor	y v .		
4 Date	5 Pavee name			
10-11	The Waller Times 7 Payee address; City; State; Zip Code			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
o ranoum (o)	2323 Main St.			
255.00	dos Main st.			
203,00	Waller, TX 77484			
6 BURDOS	(a) Category (See categories listed at the top of this schedule)	(h) Description (	Iff traval outside of Toyas, complete Cahadute T	
8 PURPOSE OF		(b) Description (	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Advertising Expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	t Office held	
expenditure to benefit C/C		Office sought	omee neid	
pondition to bonoit Ore				
Date	Payee name	ĩ	Picture donated to	
10-13	Katy Art and Frame	7	clock tower Fund Rai	
			lock tower rund Kan	iser
Amount (\$)			-	
53.04	5604 lst. st.			
33.07	1/ 1/ =			
	Katy, Texas 77493			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	(If travel outside of Texas, complete Schedule T)	
OF	Donation made by candidate			
EXPENDITURE	Vonation made by cunatame			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	t Office held	
expenditure to benefit C/C	)H			
Date	Payee name			
10-15	Waller Co. Go Texas	n		
Amount (\$)	Payee address; City; State; Zip Code			
(*/	P.O. Box 20070			
100.00		000		
100100	Houston, Tx 77225	00 <i>10</i>		
	170001019 11	<del>- ,</del>	(If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (	(ii ii avei outside or Texas, complete ocheddie t.)	
EXPENDITURE	Donation made by candidate			
	l	Office	Office held	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	t Office held	
expenditure to benefit C/C	カ			
Date	Payee name	<u> </u>		
10-15	11 1/ /////			
(0-13	New Hope UMC	<u></u>		
Amount (\$)	Payee address; City; State; Zip Code			
	Pield Store Community	•		
100.00	Cana To annal			
	Lunroe, 1x 1/30/			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	(If travel outside of Texas, complete Schedule T)	
OF		, ,	,	
EXPENDITURE	Donation made by candidate			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	t Office held	
expenditure to benefit C/	ОН	•		
	· · · · · · · · · · · · · · · · · · ·			
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	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages Legal Services Solicitation/Fun Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	/Contract Labor draising Expense ct District	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explains how	to complete this for	m.
1 Total pages Schedule F:	Ployd Glenn Becker	ndor ff	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
10-16	Pattison UMC		
6 Amount (\$)	7 Payee address: City; State; Zip Code 3711 Ave H, Highway Pattison, Tx, 7746	1 359 b	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation made By Candidate		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	t Office held
Date /0-16	St. Katharine Drexel Pa	rrish	
Amount (\$)	Payee address; City; State; Zip Code		
300.00	800 Fm 1488 Hempstead, Tx 77445	_	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation made by candidate		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	t Office held
Date	Payee name		·
10 -19	Kuty Volunteer Fire	Dept.	
Amount (\$)	Payee address; City; State; Zip Code P. O. Box 698 Kuby, Tv 77492		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation made by candidate		
Complete <u>CNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	t Office held
Date	Payee name		
10-22	The Times Tribune		
Amount (\$)	Payee address; City; State; Zip Code P.O. Box 1549		
181.13	Brookshire, Tx 77423		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	t Office held
· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS I	NEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D Printing Expense Office Overhead	Contract Labor Loan Repayment/Reimbursement  Transportation Equipment & Related Expent Contributions/Donations Made By	ttee
	The Instruction Guide explains how to	o complete this form.	
1 Total pages Schedule F:	2 FILER NAME Floyd Glenn Beckena 5 Payee name Holleman Elementary 7 Payee address; City, State, Zip Code	3 ACCOUNT # (Ethics Commission F	ilers)
4 Date	5 Payee name		
10-23	Holleman Elementary		
6 Amount (\$) 400.00	2200 Brazeal St		
8 PURPOSE	Waller, Tx, 77484  (a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF	Donation made by candidate		
EXPENDITURE	<u>'</u>	<u></u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
:			
Date	Payee name		ĺ
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>CNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	,
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held	
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