FORM C/OH

e	(as Ethics Commissio	n P.O. Box	12070	Austin, Texas	78711-2070	(512) 4
	CANDIDAT CAMPAIGI					
	The C/OH Instruction	Guide explains he	ow to comple	te this form.	1 ACCOUN (Ethics Commi	
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MY NICKNAME	FIRST LAST	oyd. Barker	Morf	MI SUFFIX
4	CANDIDATE	ADDRESS / PO BOX:	APT/SUITE#	CITY	STATE	ZIR CODE

OFFICE	USE ONLY
Date Received	2011
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COVER SHEET PG 1

2 Total pages filed:

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Date Hand-delivered or F	ostmarked
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5	CANDIDATE/ OFFICEHOLDER PHONE

CAMPAIGN

TREASURER NAME

(28/)
MS/MRS/MR

NICKNAME

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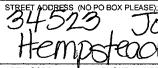
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7	CAMPAIGN
	TREASURER
	ADDRESS
	(residence or business)



January 15

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Exceeded \$500 limit

9	REPORTTYPE
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AREA CODE (936)

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15th day after campaign treasurer appointment (officeholder only)
Final report (Attach C/OH - FR)

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10	PERIOD
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THROUGH

8th day before election

6/30/201	Month	Da	y	Year
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General

11 ELECTION

12 OFFICE

	ELECTION DATE
Month	Day
	N/K

ELECTION TYPE Primary

Special

14 NOTICE OF DIRECT

13	OFFICE SOUGHT, (if known)
	X1/4.
	X// 4—,

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.

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Address / PO Box; Apt. / Suite #; City;

State;	Zip Cod

additional pages	

GO TO PAGE 2

CANDIDATE	/ OFFICEHOLDER	REPORT:
SUPPORT &	TOTALS	

FORM C/OH

SUPPORT	& IOIAL	5	OVER SHEET PG Z
15 C/OH NAME	Floyd	(Glenn) Bakemont 16 AC	COUNT # (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.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,650.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$		
	4. TOTAL POLITICAL EXPENDITURES \$ 4, 754.51		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SPECIAL STREET OF REPORTING PERIOD STREET OF THE LAST DAY SPECIAL STREET OF THE LAST DAY SPE		
OUTSTANDING LOAN TOTALS	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 perjui is true and correct and includes all inform me under Title 15, Election Code.	· · · · · · · · · · · · · · · · · · ·
		- hear Red 1	//
Motan	CINDY JONES y Public State of Texas mm. Exp. 02-11-2015	Signature of Candidate	or officeholder
AFFIX NOTARY STAM		me, by the said <u>GLENN</u> BECKENDORF	
day	ナ ノ	, 20, to certify which, witness my ha	
_ Centy	fanes	CINDY VONES N	POTARY YUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule Ar
2 FILER NAME	Floyd (Glenn) Beckendorff	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
01.19.11	Wm 3 Caro Eplen 6 Contributor address: City; State; Eip Code 37184 Brumlow	200.00
	Herristead, IX. 77415	(If travel outside of Texas, complete Schedule T)
'.) ~ [:	pation / Job title (See Instructions) 10 Employer (See	Instructions)
Date	Full name of contributor	Amount of In-kind contribution
01.19.11	Contributor address: City: State: Zip Code	contribution (\$) description (if applicable)
	14000 Penick (P.O Box 260)	200.00
	Nuller, IX. FFHOT	(If travel outside of Texas, complete Schedule T)
Principal occur	pation / 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)
01.19.11	Contributor address: Houston Builders Association of the Sam Houston Truy N. Sam Houston Truy N.	250.99
	4005ton, TX. 77064	(If travel outside of Texas, complete Schedule T)
Principal occur	palion / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	Amount of In-kind contribution
01.19.11	Mavis, P. Kelsey, Jr., Contributor address; City: State: Zip Code	contribution (\$) description (if applicable)
	Houston, Tx. 77002	
Principal occur	pation / Job title (See Instructions) Employer (See	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)
	Contributor address; City; State; Zip Code	
Principal occur	pation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
lf o	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	

P.O. Box 12070

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	ntract Labor	Loan Repayment/Rei	
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Event Expense	Polling Expense	Travel Out Of Distr	rict	Candidate/Officeh	older/Political Committee
Fees	Printing Expense	Office Overhead/Re	•		gory not listed above)
	The Instruction Guide	explains how to d	complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME	knn) Ba	Kendorf	3 ACCOUNT #	(Ethics Commission Filers)
4 Date 3.21.11	5 Payee name	TEFA	<i>xc.</i> 100, 10	<u> </u>	
6 Amount (\$)	7 Payee address City; Stat	le; Zip Code			
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8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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	The Instruction Guide	explains how to complete this	form.
1 Total pages Schedule F:	MV. Floud (Gb	enn) Beckenhorf	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5.6.11	5 Payee name PAVF		
6 Amount (\$)	7 Payee address: City: Star 2950 FM 359 POHISON CKOS	North 77466	
8 PURPOSE OF EXPENDITURE -	(a) Category (See categories listed at the top	of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ght Office held
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4 Date	5 Payee name	t .		
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6 Amount (\$)	7 Pavee address: City: S	tate: Zip Code .		
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P.O. Box 12070

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1 Total pages Schedule F:	2 FILER NAME OUD (Glan) Becker	3 ACCOUNT # (Ethics Commission Filers)	
5.31.61	5 Payee name Cheer Rader E	Boosler Club	
6 Amount (\$)	7 Payee address; City: State; Zip Code 20950 FIELD Store Rd Willer, TX. 77484	•	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			