

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. NICKNAME
FIRST: Justin LAST
MI: Glenn SUFFIX

Beckendorf

OFFICE USE ONLY

| | | |
|---|-----------------|------------------|
| Date Received | AT 9:40 | FILED FOR RECORD |
| Date Hand- led or Postmarked | February 3 2014 | O'CLOCK |
| Receipt # | Amount | A |
| Date Processed | | M |
| Date Imaged | | |

BY: *Debbie Hollan*
COUNTY CLERK, WALLER COUNTY TEXAS
DEBBIE HOLLAN
WALLER COUNTY CLERK
WALLER COUNTY, TX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 3506 Pitts Road
APT / SUITE #: Katy, TX 77493
CITY: STATE: ZIP CODE

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (281) PHONE NUMBER: 382-2644 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. NICKNAME
FIRST: Charles LAST
MI: D SUFFIX

Wilson

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 3408 Ave. J
APT / SUITE #: Pattison TX 77466
CITY: STATE: ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE: (281) PHONE NUMBER: 375-7894 EXTENSION:

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: 1 / 1 / 2014 THROUGH Month / Day / Year: 1 / 23 / 2014

11 ELECTION

ELECTION DATE: Month / Day / Year: 3 / 4 / 2014
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Waller County Commissioner
Precinct 4

GO TO PAGE 2

*Date Stamp was not set to the correct date. See

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>Justin Beckendorf</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>1/23/14</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Russ</i> 6 Contributor address; City; State; Zip Code <i>13523 Taylor Crest Houston TX 77079</i> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) <i>100.68</i> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <i>1/23/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randy Rodermann</i> Contributor address; City; State; Zip Code <i>10777 Westheimer Suite 400 Houston TX 77042</i> | Amount of contribution (\$) | In-kind contribution description (if applicable) <i>100.68</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>1/23/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pam Puckett</i> Contributor address; City; State; Zip Code <i>9990 Richmond Suite 450 N. Houston TX 77079</i> | Amount of contribution (\$) | In-kind contribution description (if applicable) <i>100.68</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>1/23/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Tinney</i> Contributor address; City; State; Zip Code <i>2929 Baypark Suite 600 Houston TX 77042</i> | Amount of contribution (\$) | In-kind contribution description (if applicable) <i>100.68</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>1/23/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Robinson</i> Contributor address; City; State; Zip Code <i>3200 Southwest Frwy Suite 2600 Houston TX 77027</i> | Amount of contribution (\$) | In-kind contribution description (if applicable) <i>100.68</i> |
| 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>Justin Beckendorf</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>1/23/14</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Stroch</i> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) <i>100.68</i> |
| 6 Contributor address; City; State; Zip Code <i>6335 Gulfport Suite 100 Houston TX 77081</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <i>1/23/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rich Petrick</i> | Amount of contribution (\$) | In-kind contribution description (if applicable) <i>100.68</i> |
| Contributor address; City; State; Zip Code | | (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#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (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#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (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#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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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>Justin Beckendorff</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>1/19/14</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Allen Vana</i> | 7 Amount of contribution (\$) <i>100.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>907 Carnation Street Katy, TX 77493</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <i>1/14/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J.R. Dellins</i> | Amount of contribution (\$) <i>300.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>P.O. Box 900 Katy, TX 77492</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>1/21/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian Weggoner</i> | Amount of contribution (\$) <i>200.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>35518 Pontiac Drive Brookshire, TX 77423</i> | | (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#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (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#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME <i>Justin Beckendorf</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>1/17/14</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perdue, Brandon, Fielder, Collins, + Mott LLP</i> | 7 Amount of contribution (\$) <i>500.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>1235 North Loop W. Suite 600 Houston, TX 77008</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <i>1/20/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas M. Stroh + Amy B Stroh</i> | Amount of contribution (\$) <i>500.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>5840 Auden St. Houston, TX 77005</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>1/20/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Renny W. McDonough + Linda McDonough</i> | Amount of contribution (\$) <i>250.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>3 Pin Oak Esteter Dr. Bellaire, TX 77401</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>1/20/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aguirre + Fields LP PCL</i> | Amount of contribution (\$) <i>500.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>12999 Jess Pirtle Blvd. Sugar Land, TX 77478</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>1/21/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David R. Tierney</i> | Amount of contribution (\$) <i>500.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>17319 Fairgrove Park Dr. Houston, TX 77095</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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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

Justin Beckendorf

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/10/14

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

Walter E. Smith + Toyce F. Smith

6 Contributor address; City; State; Zip Code

35578 FM 1488
Hempstead TX 77445

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/13/14

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

Jon N. Strange

Contributor address; City; State; Zip Code

24823 Lakebriar Dr
Katy, TX 77494

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/13/14

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

Allen Boone Humphries Robinson LLP

Contributor address; City; State; Zip Code

3200 SW Freeway Suite 2600
Houston, TX 77027

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/14

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

Randy N. Randermann + Brandegee A. Randermann

Contributor address; City; State; Zip Code

903 Windsor Woods Lane
Katy, TX 77494

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/16/14

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

Hemachandra P. Kolluru + Annapurna Kolluru

Contributor address; City; State; Zip Code

94 Heathrow Lane
Sugar Land TX 77479

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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>Justin Beckendorf</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>1/22/14</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Walter P. or Joyce L. Sass</i> | 7 Amount of contribution (\$) <i>500.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>2707 Autumn Lake Dr Katy, TX 77450</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <i>1/22/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Doyle G. Callender</i> | Amount of contribution (\$) <i>100.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>906 Carnation Katy, TX 77493</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>1/23/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Costello, Inc. PAC</i> | Amount of contribution (\$) <i>500.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>9990 Richmond Ave. Suite 450 Houston, TX 77042</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>1/23/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Glenn Beckendorf + Melinda Beckendorf</i> | Amount of contribution (\$) <i>200.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>28423 Morton Road Katy, TX 77493</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>1/23/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David + Carol Minze</i> | Amount of contribution (\$) <i>100.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>6205 Franze Rd. Katy, TX 77492</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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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 Justin Beckendorf 3 ACCOUNT # (Ethics Commission Filers)

| | | | |
|---|--|---|--|
| 4 Date <u>1/23/14</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Harish Nayanappa + Herma H Nayan</u> | 7 Amount of contribution (\$) <u>500.00</u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <u>5207 Fountain Brook Ln Sugar Land TX 77479</u> | | (If travel outside of Texas, complete Schedule T) | |

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

| | | | |
|---|---|---|--|
| Date <u>1/23/14</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>I.L. Rose</u> | Amount of contribution (\$) <u>200.00</u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <u>1707 Sturm Rd. Brookshire TX 77423</u> | | (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#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (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#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (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#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (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.

LOANS

SCHEDULE E

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: |
| 2 FILER NAME <i>Justin Beckendorf</i> | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ | | \$ |
| 5 Date of loan <i>1/6/14</i> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Justin Beckendorf</i> | 9 Loan Amount (\$) <i>2000.00</i> |
| 6 Is lender a financial Institution? Y N | 8 Lender address; City; State; Zip Code <i>3506 Pitts Rd Katy TX 77493</i> | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor 18 Guarantor address; City; State; Zip Code | 19 Amount Guaranteed (\$) |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account <input type="checkbox"/> |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

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>Justin Beckendorf</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>1-6-14</i> | | 5 Payee name <i>Times Tribune</i> | | | |
| 6 Amount (\$) <i>201.90</i> | | 7 Payee address; City; State; Zip Code <i>921 Cooper St. Brookshire TX 77423</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <i>Advertising</i> | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>1-13-14</i> | | Payee name <i>Tractor Supply</i> | | | |
| Amount (\$) <i>304.86</i> | | Payee address; City; State; Zip Code <i>444 FM 1463 Katy TX 77494</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Advertising</i> | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>1-20-14</i> | | Payee name <i>Friends of Ray/ FFA</i> | | | |
| Amount (\$) <i>50.00</i> | | Payee address; City; State; Zip Code <i>P.O. Box 669 Brookshire TX 77423</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Advertising</i> | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>1-15-14</i> | | Payee name <i>Todd Smith & Associates</i> | | | |
| Amount (\$) <i>2500.00</i> | | Payee address; City; State; Zip Code <i>2204 Hazel Key Austin TX 78747</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Advertising</i> | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Justin Beckendorff 15 ACCOUNT # (Ethics Commission Filers)

16 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 |

| | | |
|-------------------------|---|------------|
| 17 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) | \$ 7254.76 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3056.76 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 5493.24 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 4100.00 |

18 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.

CINDY JONES
Notary Public State of Texas
My Comm. Exp. 02-11-2015

Justin Beckendorff
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JUSTIN BECKENDORFF, this the 3rd day of FEBRUARY, 20 14, to certify which, witness my hand and seal of office.

Cindy Jones
Signature of officer administering oath

CINDY JONES
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath