CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Texas Ethics Commission

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 /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Mr. Justin	SUFFIX	Date Received	
	Beckendorff			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; 3506 Pitts Rd. Kety	STATE; ZIPCODE TX 77493	Date Hand-delivered or Postmarked	
change of address	Katy TX 77493		Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	281) 382-2644	EXTENSION	Date Processed Date Processed TRAIL	
6 CAMPAIGN TREASURER NAME	Mr Charles	Ď	Date Imaged	
	NICKNAME LAST Wilson	SUFFIX	STIONS OF THE STIONS	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#,	Pettison TX	77466	
8 CAMPAIGN TREASURER PHONE	AREA CODE 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 THROUGH	Month Day	Year / 15	
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any) Weller County Commissionel Precinct 4	13 OFFICE SOUGHT (if known)		
	Precinct 4			
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	stin Be	ckendosff	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 OF 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 TYPE					
	COMMITTEE ADDRESS SPECIFIC					
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00			
EXPENDITURE TOTALS	3. TOTAL F	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	TOTAL POLITICAL EXPENDITURES \$8807, 38				
CONTRIBUTION BALANCE	5. TOTAL P OF REP	\$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 4100.00					
18 AFFIDAVIT	HILARY L AVE	is true and correct and includes all i me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by			
No. of the last of	My Commission Ex November 22, 20:	of Texas spires	idate or Officeholder			
Sworn to and sub-	scribed before	me, by the said <u>Justus Becken</u> My, 20 <u>15</u> , to certify which, witness m	y hand and seal of office.			
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 A:			
Justin Beckendost			3 ACCOUNT # (Ethics Commission Filers)			
4 Date	Robert D. or Ann F. Hodge	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
ا الديم ا	6 Contributor address; City; State; Zip Code P.o. Box \$\$2/ Kety, TX 7749/	250.00				
	Kety, TX 77491			of Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See				
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code					
				(7		
Principal occur	pation / Job title (See Instructions)	Employer (See	(If travel outside of Texas, complete Schedule T)			
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 occupation / Job title (See Instructions) Employer (See			Instructions)			
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 occu	pation / Job title (See Instructions)	Employer (See		or rozed, complete deficación ()		
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					
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

***************************************	EXPENDITURE	CATEGORIES	FOR BOX 8(a)			
Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement				ırsement	
Accounting/Banking	Legal Services	Solicitation/Fundra		Transportation Equipment & Related Expens		
Consulting Expense	Food/Beverage Expense	Travel In District	С	ontributions/Donations Made By		
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeholde	er/Political Committee	
Fees	Printing Expense	Office Overhead/R	Rental Expense O	THER (enter a category	y not listed above)	
	The Instruction Guide	e explains how to	complete this form			
1 Total pages Schedule F:	2 FILER_NAME	10		3 ACCOUNT # (Eth	nics Commission Filers)	
	Justin Becken	litt				
4 Date , /	5 Pavee name	0111				
2/24/11	5 Payee name	/				
2/25/19	Wactor Supply	somperg				
6 Amount (\$)	7 Payee address; Zity; Si	ate; Zip Code				
	YYY EM 11/17					
203,24	444 FM 1463					
203,21	Kety TX 77494					
8 PURPOSE	(a) Calegory (See categories listed at the to	p of this schedule)	(b) Description (If	travel outside of Texas, comp	plete Schedule T)	
OF		,	(
EXPENDITURE	Advertising					
O Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C			omoo oougin		011100 11010	
experience to benefit or o						
Date	Payee name					
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1919.	1 1					
7 11 7	Hustin TX 78	141				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)		1	
Advertising Expense	Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement					
Accounting/Banking	Legal Services	Solicitation/Fundrais	AND THE REPORT OF THE PROPERTY			
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donation		
Event Expense	Polling Expense	Travel Out Of Distr			der/Political Committee	
Fees	Printing Expense	Office Overhead/Re		OTHER (enter a categ	ony not listed above)	
1 663	1.52 1.10				ory not noted above)	
	The Instruction Guide	explains how to c	omplete this for	m.		
1 Total pages Schedule F:	2 FILER NAME	, (1		3 ACCOUNT # (Ethics Commission Filers)	
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6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code				
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