

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Justin	MI Glenn
	NICKNAME	LAST Beckendorff	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3506 Pitts Road Katy TX 77493		
	5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE ( 281 ) PHONE NUMBER 382-2644 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Charlie	MI
	NICKNAME	LAST Wilson	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 218 ) PHONE NUMBER 375-7894 EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 1 / 1 / 2025 THROUGH Month Day Year 7 / 15 / 2025		
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Waller County Commissioner Pct. 4		13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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 TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

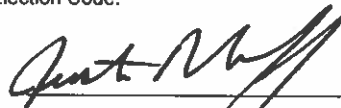
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

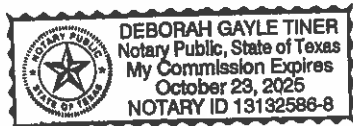
<b>15 C/OH NAME</b> Justin Beckendorff		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 122,537.75
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**18 SIGNATURE** 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.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Deborah Gayle Tiner this the 15 day of July

2025, to certify which, witness my hand and seal of office.

Deborah Gayle Tiner  
Signature of officer administering oath

Deborah Gayle Tiner  
Printed name of officer administering oath

Notary  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 5/26/2025		<b>5</b> Payee name			
<b>6</b> Amount (\$) \$1050.00		<b>7</b> Payee address; Hempstead Comm. & Civic Association		<b>City:</b>	<b>State:</b> <b>Zip Code</b>
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		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		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		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		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		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		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense

Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 5/2/2025		<b>5</b> Payee name Royal ISD Education Fondation			
<b>6</b> Amount (\$) \$1150.00		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b>  PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description	
		<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/10/2025		Payee name Pattison VFD			
Amount (\$) \$300.00		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/23/2025	<b>5</b> Payee name Katy FFA	
<b>6</b> Amount (\$) \$4,325.00	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/23/2025	Payee name Hempstead FFA	
Amount (\$) \$3,717.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/30/2025	Payee name Katy Royal 4-H	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/25/2025	<b>5</b> Payee name Little Steves Catering	
<b>6</b> Amount (\$)  \$5160.00	<b>7</b> Payee address; City; State; Zip Code  tx	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	
	<b>(b)</b> Description  fundraiser	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 2/25/2025	Payee name Mindy Cernosek	
Amount (\$) \$1,349.30	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description fundraiser	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3/29/2025	Payee name Royal FFA	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/6/2025		<b>5</b> Payee name Beckendorff Farms			
<b>6</b> Amount (\$) \$2,000.00		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description Fundraiser		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> 2/25/2025		<b>Payee name</b> LD Robinson Scholarship			
<b>Amount (\$)</b> \$1,600.00		<b>Payee address;</b> City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> 4/12/2025		<b>Payee name</b> Friends of Royal FFA			
<b>Amount (\$)</b> \$500.00		<b>Payee address;</b> City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 11
2 FILER NAME Commissioner Justin Beckendorff		3 Filer ID (Ethics Commission Filers)
4 Date 12.28.2024	5 Full name of contributor out-of-state PAC (ID# _____) AIA Engineers PAC 6 Contributor address: City: State: Zip Code 15310 Park Row Houston TX 77084	7 Amount of contribution (\$) \$1,000
8 Principal occupation / Job title (See Instructions) Engineering		9 Employer (See Instructions) AIA Engineers
Date 01.17.2025	Full name of contributor out-of-state PAC (ID# _____) Allen Boone Humphries Robinson LLP Contributor address: City: State: Zip Code 3200 Southwest Frwy, Suite 2500 Houston TX 77027	Amount of contribution (\$) \$1,500
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) ABHR
Date 02.04.2025	Full name of contributor out-of-state PAC (ID# _____) David C. Balmos Contributor address: City: State: Zip Code 13623 Waverly Crest Ct. Cypress TX 77429-6830	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 02.05.2025	Full name of contributor out-of-state PAC (ID# _____) Larry Barfield Contributor address: City: State: Zip Code 10827 Painted Crescent Ct. Cypress TX 77433	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Engineer		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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 2 of 11	
2 FILER NAME Commissioner Justin Beckendorff				3 Filer ID (Ethics Commission Filers)	
4 Date 02.05.2025		5 Full name of contributor out-of-state PAC (ID# _____) Raj Basavaraju		7 Amount of contribution (\$) \$500	
		6 Contributor address, City, State, Zip Code 20918 Velvet Wing Dr. Cypress TX 77433			
8 Principal occupation / Job title (See Instructions) Engineering			9 Employer (See Instructions)		
Date 02.06.2025		Full name of contributor out-of-state PAC (ID# _____) James Brett Binkley		Amount of contribution (\$) \$500	
		Contributor address, City, State, Zip Code 9209 Stagecoach Dr. Houston TX 77041			
Principal occupation / Job title (See Instructions) Engineering			Employer (See Instructions)		
Date 01.10.2025		Full name of contributor out-of-state PAC (ID# _____) Matthew Chastain		Amount of contribution (\$) \$500	
		Contributor address, City, State, Zip Code 8235 Galler Rd. Richmond TX 77469			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 01.23.2025		Full name of contributor out-of-state PAC (ID# _____) Cobb Fendley PAC		Amount of contribution (\$) \$1,000	
		Contributor address, City, State, Zip Code 4424 W. Sam Houston Pkwy N. Houston TX 77041			
Principal occupation / Job title (See Instructions) Engineer			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.					

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 11
2 FILER NAME Commissioner Justin Beckendorff		3 Filer ID (Ethics Commission Filers)
4 Date 02.06.2025	5 Full name of contributor out-of-state PAC (ID# _____) Michael Cox  6 Contributor address: City: State: Zip Code 5005 Riverway Dr, Ste 500 Houston TX 77056	7 Amount of contribution (\$) \$500
8 Principal occupation / Job title (See Instructions) Engineering		9 Employer (See Instructions)
Date 02.06.2025	Full name of contributor out-of-state PAC (ID# _____) Mark C. Dessens  Contributor address: City: State: Zip Code 14019 Barryknoll Lane Houston TX 77079	Amount of contribution (\$) \$2,500
Principal occupation / Job title (See Instructions) Engineering		Employer (See Instructions)
Date 12.26.2024	Full name of contributor out-of-state PAC (ID# _____) David Eastwood  Contributor address: City: State: Zip Code 17407 Highway 59 N. Humble TX 77396	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 02.04.2025	Full name of contributor out-of-state PAC (ID# _____) EHRA Engineering PAC  Contributor address: City: State: Zip Code 1011 Meadowglen Lane Houston TX 77042	Amount of contribution (\$) \$5,000
Principal occupation / Job title (See Instructions) Engineer		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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 11
2 FILER NAME Commissioner Justin Beckendorff		3 Filer ID (Ethics Commission Filers)
4 Date 02.06.2025	5 Full name of contributor out-of-state PAC (ID# _____) Arnold England	7 Amount of contribution (\$) \$100
6 Contributor address: City: State: Zip Code PO Box 292 Brookshire TX 77423		
8 Principal occupation / Job title (See Instructions) Engineering		9 Employer (See Instructions)
Date 01.28.2025	Full name of contributor out-of-state PAC (ID# _____) Freese and Nichols PAC	Amount of contribution (\$) \$500
Contributor address: City: State: Zip Code 801 Cherry Street, Suite 2800 Fort Worth TX 76102		
Principal occupation / Job title (See Instructions) Engineering		Employer (See Instructions)
Date 01.13.2025	Full name of contributor out-of-state PAC (ID# _____) Mark A. Gehringer	Amount of contribution (\$) \$1,000
Contributor address: City: State: Zip Code 5714 Ashley Spring Ct. Katy TX 77494		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 01.20.2025	Full name of contributor out-of-state PAC (ID# _____) Halff Associates—State PAC	Amount of contribution (\$) \$2,000
Contributor address: City: State: Zip Code 1201 N. Bowser Road Richardson TX 75081		
Principal occupation / Job title (See Instructions) Engineer		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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 5 of 11	
2 FILER NAME Commissioner Justin Beckendorff				3 Filer ID (Ethics Commission Filers)	
4 Date 02.04.2025		5 Full name of contributor David A. Hamilton out-of-state PAC (ID# _____)		7 Amount of contribution (\$) \$500	
		6 Contributor address: 12315 Woodthorpe Ln. City: Houston State: TX Zip Code: 77024			
8 Principal occupation / Job title (See Instructions) Engineering			9 Employer (See Instructions)		
Date 01.27.2025		Full name of contributor Home-PAC Greater Houston Buildings Assoc. out-of-state PAC (ID# _____)		Amount of contribution (\$) \$1,000	
		Contributor address: 9511 W. Sam Houston Pkwy N. Houston TX 77064 City: Houston State: TX Zip Code: 77064			
Principal occupation / Job title (See Instructions) Home Building			Employer (See Instructions)		
Date 01.16.2025		Full name of contributor Husch Blackwell LLP out-of-state PAC (ID# _____)		Amount of contribution (\$) \$1,000	
		Contributor address: 8001 Forsyth Blvd, Suite 1500 St. Louis MO 63105 City: St. Louis State: MO Zip Code: 63105			
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions)		
Date 01.23.2025		Full name of contributor IEA Inc. Employee Stock Ownership Trust out-of-state PAC (ID# _____)		Amount of contribution (\$) \$2,500	
		Contributor address: 18383 Preston Road, #500 Dallas TX 75252 City: Dallas State: TX Zip Code: 75252			
Principal occupation / Job title (See Instructions) Engineer			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.					

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

3 Filer ID (Ethics Commission Filers)

9 Employer (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

Revised 1/1/2025

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 7 of 11	
2 FILER NAME Commissioner Justin Beckendorff				3 Filer ID (Ethics Commission Filers)	
4 Date 02.06.2025		5 Full name of contributor out-of-state PAC (ID# _____) Youssef A. Laham		7 Amount of contribution (\$) \$500	
		6 Contributor address; City; State; Zip Code 23230 Sumners Creek Ct. Katy TX 77494			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 02.05.2025		Full name of contributor out-of-state PAC (ID# _____) Kevin Mineo		Amount of contribution (\$) \$500	
		Contributor address; City; State; Zip Code 870 W. 41st Houston TX 77018			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 01.29.2025		Full name of contributor out-of-state PAC (ID# _____) Jules M. Morris		Amount of contribution (\$) \$2,500	
		Contributor address; City; State; Zip Code 16210 Rolling View Trail Cypress TX 77433			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 01.28.2025		Full name of contributor out-of-state PAC (ID# _____) The Muller Law Group, PLLC		Amount of contribution (\$) \$1,000	
		Contributor address; City; State; Zip Code 202 Century Square Blvd. Sugar Land TX 77478			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

3 Filer ID (Ethics Commission Filers)

**9 Employer (See Instructions)**

Employer (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

Revised 1/1/2025

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 9 of 11	
2 FILER NAME Commissioner Justin Beckendorff				3 Filer ID (Ethics Commission Filers)	
4 Date 01.07.2025		5 Full name of contributor out-of-state PAC (ID# _____) Randy N. Randermann		7 Amount of contribution (\$) \$1,000	
		6 Contributor address; City; State; Zip Code 4860 James Lane Fulshear TX 77441-3016			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 01.09.2025		Full name of contributor out-of-state PAC (ID# _____) Responsible Government PAC		Amount of contribution (\$) \$5,000	
		Contributor address; City; State; Zip Code 5005 Riverwawy, Suite 500 Houston TX 77056			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02.05.2025		Full name of contributor out-of-state PAC (ID# _____) Oliver Salgado		Amount of contribution (\$) \$1,000	
		Contributor address; City; State; Zip Code 3103 Lakes of Katy Ln. Katy TX 77493-2549			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02.06.2025		Full name of contributor out-of-state PAC (ID# _____) Walter P. Sass		Amount of contribution (\$) \$2,500	
		Contributor address; City; State; Zip Code 2707 Autumn Lake Dr. Katy TX 77450			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 11
2 FILER NAME Commissioner Justin Beckendorff		3 Filer ID (Ethics Commission Filers)
4 Date 02.06.2025	5 Full name of contributor out-of-state PAC (ID#: Juan Serra	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 2107 Harbor Breeze Ln. Katy TX 77493		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02.06.2025	Full name of contributor out-of-state PAC (ID#: Eric C. Smith	Amount of contribution (\$) \$2,500
Contributor address; City; State; Zip Code 17311 Pinecreek Hollow Ln. Houston TX 77095-4960		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02.06.2025	Full name of contributor out-of-state PAC (ID#: Jay Sunderwala	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 16602 Arbor Oak Leaf Ct. Cypress TX 77433		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01.13.2025	Full name of contributor out-of-state PAC (ID#: TNP Political Action Committee	Amount of contribution (\$) \$2,500
Contributor address; City; State; Zip Code 5237 N. Riverside Dr., Suite 100 Fort Worth TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 11
2 FILER NAME Commissioner Justin Beckendorff		3 Filer ID (Ethics Commission Filers)
4 Date 01.09.2025	5 Full name of contributor out-of-state PAC (ID#: C00457853) TSVC, Inc. Political Action Committee	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 10841 S. Ridgeview Road Olathe KS 66061-6456		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02.05.2025	Full name of contributor out-of-state PAC (ID#: Ahmed K. Valdez	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 15310 Skyhill Dr. Cypress TX 77433-4073		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01.15.2025	Full name of contributor out-of-state PAC (ID#: Westwood Political Action Committee	Amount of contribution (\$) \$1,000
Contributor address; City; State; Zip Code 2805 Dallas Parkway, Suite 1000 Plano TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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