# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH COVER SHEET PG 1

•						
The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics C	commission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Justin		MI Glenn	OFFICE	USE ONLY
NAME	NICKNAME	LAST Beckendorff		SUFFIX	Date Received	Co. Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 3506 Pitts Road	APT / SUITE #;	CITY; STATE; Katy TX	ZIP CODE 77493	JU	L 17 2025 ECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE  ( 281 )	PHONE NUMBER 382-2644	EXTENSI	ON		or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Charlie LAST Wilson		SUFFIX	Date Processed  Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	NO PO BOX PLEASE); APT / S	UITE #; CITY;		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 375-7894	EXTENS	ON		
9 REPORT TYPE	January 15	30th day before e			15th day af treasurer a (Officeholde	
	x July 15	8th day before ele	30001	eeded Modified orting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year 2025	THROUGH	Month 7	Day Year	25
11 ELECTION	ELECTION DA	Year Primary General	Runoff [	Other Description		
12 OFFICE	OFFICE HELD (if any) Walter County Co	ommissioner Pct. 4	13 OFFICE S	SOUGHT (if known	)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE I	VITHOUT THE CANU	NDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS	EASURER NAME			
	_	COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
	,	GO TO	PAGE 2	<del> </del>		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

45.0/01111115	THE TOP IN			1 -		<del></del>
15 C/OH NAME	Justin Beckendorff			16 File	r ID (Ethics (	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED P PLEDGES, LOANS, OR CONTRIBUTIONS MAD	GUARANTEES OF LO	DANS, OR	AN	\$	
	2. TOTAL POLITICAL C		ANTEES OF LOAN	S)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	OLITICAL EXPENDITU	RE.		\$	
	4. TOTAL POLITICAL EX	XPENDITURES			\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF REPORTING PERIO		INED AS OF THE L	AST DAY	\$ \$1	22,537.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REF		NDING LOANS AS	OF THE	\$	0
	wear, or affirm, under penalty of pe		panying report is t	rue and co	rrect and in	cludes all informati
rec	quired to be reported by me under Tit			11		
		1 -1	My			
		Chen	701/			
		•	Signature of (	Candidate	or Officehol	der
			2			
	Places	omplote cithe	n ontion hale			
	Flease C	complete eithe	option beio	ow:		
(1) Affidavit	DEBORAH GAYLE TINER Notary Public, State of Texas My Commission Expires October 23, 2025 NOTARY ID 13132586-8					
NOTABY OTAMB (OF A)						
NOTARY STAMP/SEA	_	2				
Sworn to and subscribed	before me by Deborah 6	ayle Tine	this the	e /5	day of	July
	which, witness my hand and seal of o					
		orah Gaul	e Tiner		Mate	2-14
Signature of officer administe			<del></del>	<del></del>	Tilla et effe	ery
	Printed half	ne of officer admin sterin	g oath		Title of office	er administering oatl
	<u>.</u>	OR ————————————————————————————————————				
2) Unsworn Declaration	on					
A						
			d my date of birth	is		
ny address is		1			·	<del></del>
	(street)			, ,	(zip code)	(country)
xecuted in	County, State of	, on the	day of(mon	vth)	_, 20	_
			(mon	101)	(year)	
			Signature of Cano	didate/Offic	eholder (Ded	clarant)

#### 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

**Event Expense** Fees Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District

Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5/26/2025 5 Payee name 6 Amount (\$) 7 Payee address; City; Zip Code State: \$1050.00 Hempstead Comm. & Civic Association 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) City; Pavee address: State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX. officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Contract and Island shown

Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Expense		Travel Out Of Distri	
Credit Card Payment		•	Salaries/Wages/Contra		Other (enter a categ	ory not listed above)
		The Instruction Guide explain	s how to complete th	is form.		
1 Total pages Schedule F1;	2 FILER N	AME			3 Filer ID (Ethio	s Commission Filers)
4 Date	5 Payee na	ime			<u> </u>	
5/2/2025		SD Education Fondation				
6 Amount (\$)	7 Payee ad	dress;	(	City;	State;	Zip Code
\$1150.00						
8	(a) Categor	y (See Categories listed at the top of this	schedule) (b) Desc	cription		
PURPOSE						
OF EXPENDITURE						
	(c)	Check if travel outside of Texas, Complete So	chedule T,	Check if Austin,	TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	Office	sought		Office held
Date	Payee na	me	<del>_</del>	<del></del>		
5/10/2025	Pattis	son VFD				
Amount (\$)	Payee ad	dress;	C	City;	State;	Zip Code
\$300.00						
	Category	(See Categories listed at the top of this so	chedule) Desc	ription		
PURPOSE						
OF						
EXPENDITURE			_			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office	sought		Office held
Date	Payee na	me	····			
Amount (\$)	Payee ad	dress;	C	ity;	State;	Zip Code
	Category	(See Categories listed at the top of this so	hedule) Desc	ription		
PURPOSE			!			
OF EXPENDITURE						
		Check if travel outside of Texas, Complete Sci	nedule T.	Check if Austin.	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder name	Office	sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS SCHEDUL	E AS NEED	ED	· · · · · · · · · · · · · · · · · · ·

#### 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 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

Credit Card Payment	Legal Services Salaries  The instruction Guide explains how to	Nages/Contract Labor Other (enter a category)  complete this form.	not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics C	ommission Filers)
4 Date 4/23/2025	5 Payee name Katy FFA	I	
6 Amount (\$) \$4,325.00	7 Payee address;	City; State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Of	fice 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	
	Check if Iravel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Off	ice 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	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Off	ice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	<del></del>

#### 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

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 2/25/2025	5 Payee name Little Steves Catering			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$5160.00			tx	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•	
PURPOSE OF EXPENDITURE		fundraiser		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 2/25/2025	Payee name			
	Mindy Cernosek			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,349.30				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE		fundraise	er	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			. <u> </u>
3/29/2025	Royal FFA			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$5,000.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

### 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V  The Instruction Guide explains how to c	/ages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1;	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/6/2025	5 Payee name  Beckendorff Farms	,	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$2,000.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		Fundraiser	
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chack if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	1		
Date	Payee name		
2/25/2025	LD Robinson Scholarship		
Amount (\$)	Payee address;	City;	State, Zip Code
\$1,600.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/12/2025	Friends of Royal FFA		
Amount (\$)	Payee address;	City;	State; Zip Code
\$500.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

### 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			3 Filer ID (Ethics Commission Filers)	
	Commissioner Justin Beckendorff			
4 Date	5 Full name of contributor out-of-stat	te PAC (ID#	7 Amount of contribution (\$)	
12.28.2024	AIA Engineers PAC		\$1,000	
	6 Contributor address: City; 15310 Park Row Housto	State; Zip Code on TX 77084		
8 Principal occu Engineering	pation / Job title (See Instructions)	ctions)		
Date	Full name of contributor gut-of-sta	te PAC (ID#)	Amount of contribution (\$)	
01.17.2025	Allen Boone Humphries Robinson LLF		\$1,500	
Contributor address; City; State; Zip Code 3200 Southwest Frwy, Suite 2500 Houston TX 77027				
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruc ABHR	ctions)	
Date	Full name of contributor out-of-sta	te PAC (ID#)	Amount of contribution (\$)	
02.04.2025	David C. Balmos		\$500	
	Contributor address, City,			
	13623 Waverly Crest Ct. Cypress	TX 77429-6830		
Principal occup Engineer	Dation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-sta	te PAC (ID#:)	Amount of contribution (\$)	
02.05.2025	Larry Barfield		\$500	
02.00.2020		Obstant To Oak	4500	
	Contributor address; City; 10827 Painted Crescent Ct. Cypress	State; Zip Code S TX 77433		
	10027 Fainted Grescent Ot. Cypres.	3 17 11-00		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Engineer	,			
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS I		

## SCHEDULE A1

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

		· · · · · · · · · · · · · · · · · · ·	1.81.1
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Commissioner Justin Beckendorff		
4 Date	5 Full name of contributor out of state PAC (ID#		7 Amount of contribution (\$)
02.05.2025	Ostrol-Bible Find (IDW	)	
02.05.2025	Raj Basavaraju		\$500
	6 Contributor address; City, Stat 20918 Velvet Wing Dr. Cypress TX	te, Zip Code C 77433	
8 Principal occu Engineering	pation / Job title (See Instructions)  9 E	mployer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of contribution (\$)
02.06.2025	James Brett Binkley		\$500
	Contributor address, City; Sta 9209 Stagecoach Dr. Houston TX	te; Zip Code	
Principal occup Engineering	pation / Job title (See Instructions)	mployer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC ( D#:_		Amount of contribution (\$)
01.10.2025	Matthew Chastain		\$500
	Contributor address, City, Stat	te; Zip Code	
	8235 Galler Rd. Richmond TX		
Principal occu	pation / Job title (See Instructions)	mployer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:	,	Amount of contribution (\$)
01.23.2025			
01.23.2020	Cobb Fendley PAC		\$1,000
		te; Zip Code	
	4424 W. Sam Houston Pkwy N. Houston TX	77041	
2.00.			
	pation / Job title (See Instructions)	mployer (See Instruct	tions)
Engineer			
•			
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	EEDED

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

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					3 Filer ID (Ethics Commission Filers)
	Commissioner Justin Beckende	orff			
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#		7 Amount of contribution (\$)
02.06.2025	Michael Cox				\$500
		- 67	_		
	6 Contributor address; 5005 Riverway Dr, Ste 500	City; Houston	State; TX	Zip Code 77056	
8 Principal occupation / Job title (See Instructions) Engineering  9 Employer (See Instructions)					tions)
Date	Full name of contributor	out-of-state PAC	(ID#	)	Amount of contribution (\$)
02.06.2025	Mark C. Dessens				\$2,500
	Contributor address; 14019 Barryknoll Lane	City; Houston	State; TX	Zip Code 77079	
Principal occup Engineering	Dation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:	)	Amount of contribution (\$)
12.26.2024	David Eastwood				\$500
	Contributor address;	City;	Ctata	Zip Code	
	17407 Highway 59 N.	Humble		77396	
Principal occup Engineer	pation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:	y .	Amount of contribution (\$)
02.04.2025	EHRA Engineering PAC			2,000,4,40,00,00	\$5,000
	Contributor address;	City;	State,	Zip Code	
	1011 Meadowglen Lane	Houston	TX	77042	
Principal occur Engineer	pation / Job title (See Instructions)	·	Empl	loyer (See Instruc	tions)
	ATTACH ADDITION If contributor is out-of-state PAC,				

Revised 1/1/2025

### SCHEDULE A1

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			<u> </u>
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 Arnold England	7 Amount of contribution (\$) \$100	
	6 Contributor address: City: PO Box 292 Brookshire	State: Zip Code	
8 Principal occu Engineering	pation / Job title (See Instructions)	tions)	
Date 01.28.2025	Freese and Nichols PAC	State; Zip Code TX 76102	Amount of contribution (\$) \$500
Principal occup Engineering	ation / Job title (See Instructions)	ions)	
Date 01.13.2025	Mark A. Gehringer	State, Zip Code	Amount of contribution (\$) \$1,000
Principal occup Engineer	ation / Job title (See Instructions)	Employer (See Instruc	iions)
Date 01.20.2025	Full name of contributor  Halff Associates—State PAC  Contributor address; City; 1201 N. Bowser Road Richardson	((D#:)  State; Zip Code  TX 75081	Amount of contribution (\$) \$2,000
Principal occup Engineer	pation / Job title (See Instructions)	Employer (See Instruc	ions)

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

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

			·	
The	Instruction Guide explains how to complete this	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 out-of-state PAC David A. Hamilton	7 Amount of contribution (\$) \$500		
	6 Contributor address City, 12315 Woodthorpe Ln. Houston	State; Zip Code TX 77024		
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Engineering				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
01.27.2025	Home-PAC Greater Houston Buildings Asset	oc.	\$1,000	
	Contributor address; City; 9511 W. Sam Houston Pkwy N. Houston	State; Zip Code TX 77064		
Principal occup Home Building	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC	(£D#)	Amount of contribution (\$)	
01.16.2025	Husch Blackwell LLP		\$1,000	
	Contributor address; City; 8001 Forsyth Blvd, Suite 1500 St. Louis	State; Zip Code MO 63105		
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
01.23.2025	IEA Inc. Employee Stock Ownership Trust		\$2,500	
	Contributor address; City;	State; Zip Code		
	18383 Preston Road, #500 Dallas	TX 75252		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
			,	

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

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

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 6 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: Larry F. Janak		7 Amount of contribution (\$) \$1,000
	6 Contributor address; City;	State; Zip Code TX 77094	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (IDe	#·	Amount of contribution (\$)
01.27.2025	Telfryn L. John		\$1,000
		State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)
Date	Full name of contributor out-of-state PAC (IDI	ř:)	Amount of contribution (\$)
01.13.2025	KCI Texas PAC		\$2,500
		State, Zîp Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID)	i:	Amount of contribution (\$)
12.30.2024	Paul P. Kwan	9	\$500
	Contributor address; City;	State, Zip Code	
	13423 Amber Queen Lane Houston	TX 77041	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)

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## SCHEDULE A1

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

The	Instruction Guide explains how t	o complete this	form.		1 Total pages Schedule A1: 7 of 11
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
	Commissioner Justin Beckend	lorff			98C3C ACC - ACC - CC
4 Date	5 Full name of contributor	out-of-state PAC	(ID#	)	7 Amount of contribution (\$)
02.06.2025	Youssef A. Laham		131.12		\$500
	6 Contributor address; 23230 Sumners Creek Ct.	City: <b>Katy</b>	State; TX	Zip Code 77494	
8 Principal occi	upation / Job title (See Instructions)		9 Emp	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#	j	Amount of contribution (\$)
02.05.2025	Kevin Mineo	59 45 H			\$500
	Contributor address;	City;			
	870 W. 41st	Houston		77018	
Principal occu	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
01.29.2025	Jules M. Morris		A		\$2,500
	Contributor address;	City;		Zip Code	
	16210 Rolling View Trail	Cypress	TX	77433	
Principal occu	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
Date	Full name of contributor		400		Amount of contribution (\$)
	VII 225500 131	out-of-state PAC (ID#:)			N *
01.28.2025	The Muller Law Group, PLLC				\$1,000
	Contributor address;	City:	State;	Zip Code	
	202 Century Square Blvd.	Sugar Land	TX	77478	
Principal occupation / Job title (See Instructions)		Emp	loyer (See Instruc	ctions)	
		1.1.19	<u> </u>		
	ATTACH ADDITI	ONAL COPIES	OF THIS	SCHEDULEASI	NEEDED
	If contributor is out-of-state PAC,				

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1; 8 of 11		
2 FILER NAME	Commissioner Justin Beckendorff	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PA	.C (ID#:)	7 Amount of contribution (\$)		
01.30.2025	Pape Dawson Engineers PAC	77.	\$1,500		
		State; Zip Code			
	6 Contributor address; City; 2000 NW Loop 410 San Anton	State; Zip Code io TX 78213			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
01.23.2025	Richard L. Patrick		\$1,000		
	Official and described the Charles	10.000	. ,		
	Contributor address; City; 2310 Lochmere Lane Katy	State; Zip Code TX 77450			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
		<u> </u>			
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
12.24.2024	Perdue, Brandon, Fielder, Collins & Mott,	LLP	\$500		
,	Contributor address: City;	State, Zip Code			
	1235 North Loop W., Ste. 600 Houston	_			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)		
01.10.2025	Raba Kistner PAC, Inc.				
	Contributor address, City;	State, Zip Code	5,000		
	PO Box 690287 San Antonio	· ·			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED		

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

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: 9 of 11
2 FILER NAME Commissioner Justin Beckendorff				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state PAG	: dD#: ==	- K	7 Amount of contribution (\$)
01.07.2025	Randy N. Randermann			\$1,000	
	6 Contributor address; 4860 James Lane				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					ions)
Date	Full name of contributor	out-of-state PAG	C (ID#	)	Amount of contribution (\$)
01.09.2025	Responsible Government PA				\$5,000
	Contributor address; 5005 Riverwawy, Suite 500	City; Houston	State;	Zip Code 77056	
Principal occupation / Job title (See Instructions) Employer (See Instruc			oyer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PA	C (ID#'	)	Amount of contribution (\$)
02.05.2025	Oliver Salgado			1977/100-2021	\$1,000
		City, Katy	State,		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					ions)
Date	Full name of contributor	oul-of-state PAG	(ID#:	į.	Amount of contribution (\$)
02.06.2025	Walter P. Sass				\$2,500
	Contributor address;	City,	State	Zip Code	42,000
	2707 Autumn Lake Dr.	Katy	TX	77450	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)
			1		
	ATTACH ADDITIO	NAL COPIES	OF THIS S	CHEDULE AS N	EEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

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The	Instruction Guide explains how to complete this	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 PA  Juan Serra	7 Amount of contribution (\$) \$500		
	6 Contributor address; City; 2107 Harbor Breeze Ln. Katy	State; Zip Code TX 77493		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date 02.06.2025	Full name of contributor out-of-state PA Eric C. Smith	C (ID#:)	Amount of contribution (\$) \$2,500	
	Contributor address City; 17311 Pinecreek Hollow Ln. Houston	State; Zip Code TX 77095-4960		
Principal occupation / Job title (See Instructions)  Employer (See Instruc			tions)	
Date 02.06.2025	Full name of contributor out-of-state PA Jay Sunderwala	C (1D#)	Amount of contribution (\$) \$500	
	Contributor address: 16602 Arbor Oak Leaf Ct. Cypress	State: Zin Çade TX: 77433		
Principal occup	pation / Job title (See Instructions)	tions)		
Date 01.13.2025	Full name of contributor out-of-state PAC (ID#:)  TNP Political Action Committee  Contributor address; City; State; Zip Code 5237 N. Riverside Dr., Suite 100 Fort Worth TX 76137		Amount of contribution (\$) \$2,500	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

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## SCHEDULE A1

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The	Instruction Guide explains how to complete this	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 TSVC, Inc. Political Action Committee	7 Amount of contribution (\$) \$500	
	6 Contributor address; City; 10841 S. Ridgeview Road Olathe	State; Zip Code KS 66061-6456	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)
Date 02.05.2025	Full name of contributor out-of-state PAC Ahmed K. Valdez	(ID#:)	Amount of contribution (\$) \$500
	15310 Skyhill Dr. Cypress	State: 7ip Code TX 77433-4073	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 01.15.2025	Full name of contributor out-of-state PAG Westwood Political Action Committee	Amount of contribution (\$) \$1,000	
	Contributor address: City; 2805 Dallas Parkway, Suite 1000 Plano	State; Zip Code TX 75093	
Principal occup	L pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instr		

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