

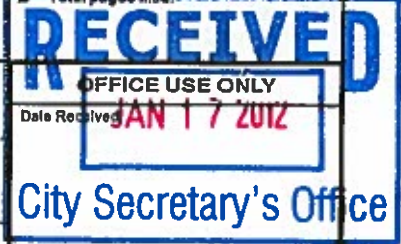
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Files)

2 Total pages filed



3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
MS. ELIZABETH A.
NICKNAME LAST SUFFIX
BETH VAN DUYN

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2123 SHUMARD OAK
IRVING, TX 75063

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 898-7500

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MS. JUDY
NICKNAME LAST SUFFIX
SAMUELS

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
713 Lynn. Dr. W. 75062

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER 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
07 / 15 / 11 THROUGH 01 / 01 / 12

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
/ / Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

MAYOR OF IRVING

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

old form but ok

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

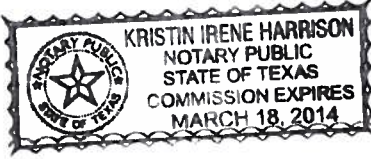
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,485.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,177.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,870.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,000.00

19 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.

Beth Van Dyne

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Beth Van Dyne, this the 17 day of January, 2012, to certify which, witness my hand and seal of office.

Kristin Irene Harrison Kristin Irene Harrison Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME

ELIZABETH VAN DUYNÉ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/11/11

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

Philip Baker

6 Contributor address; City; State; Zip Code

6305 Tulip Lane
Dallas, TX 75230

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Commercial Realty

10 Employer (See Instructions)

Magellan

Date

8/11/11

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

Tom Spink

Contributor address; City; State; Zip Code

2311 Texas Drive
Irving, TX 75062

Amount of contribution (\$)

\$435.00

In-kind contribution description (if applicable)

Sign Distribution and disposal

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/11

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

Ron Byland

Contributor address; City; State; Zip Code

500 Bent Tree Court
Irving, TX 75061

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/20/11

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

Jay Shipowitz

Contributor address; City; State; Zip Code

3036 Loah Meadow Court
Southlake, TX 76092

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)

CEO

Employer (See Instructions)

ACE CASH EXPRESS

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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.

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: 1	2 FILER NAME ELIZABETH VAN DUYN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/9/11	5 Payee name Upstream Communications
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6 Amount (\$) \$2.50	7 Payee address; City; State; Zip Code 1609 Shoal Creek, suite #203 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fund Raising Exp.	(b) Description (If travel outside of Texas, complete Schedule T) on-line contribution fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/14/11	Payee name Upstream Communications
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Amount (\$) \$957.57	Payee address; City; State; Zip Code 1609 Shoal Creek, Suite #203 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Web Site Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/14/11	Payee name Upstream Communications
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Amount (\$) \$2,051.00	Payee address; City; State; Zip Code 1609 Shoal Creek, Suite #203 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Web Site Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/20/11	Payee name Upstream Communications
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 1609 Shoal Creek, Suite #203 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fund Raising Exp.	Description (If travel outside of Texas, complete Schedule T) on-line Contribution Fees
Complete ONLY 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 PERSONAL FUNDS**

SCHEDULE G

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME ELIZABETH VAN DUYN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/15/11	5 Payee name (AT&T) ELIZABETH VAN DUYN	
6 Amount (\$) \$30.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2123 Shumard Oak IRVING, TX 75063	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Telecomm Expense	(b) Description (If travel outside of Texas, complete Schedule T) Long Distance
Date 7/15/11	Payee name Chris Wallach	
Amount (\$) \$127.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2123 Shumard Oak IRVING, TX 75063	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Toner Cartridge
Date 8/1/11	Payee name Beth Van Duyn	
Amount (\$) \$114.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2123 Shumard Oak IRVING, TX 75063	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Telecom Expense	Description (If travel outside of Texas, complete Schedule T) Cell phone
Date 9/8/11	Payee name Beth Van Duyn	
Amount (\$) \$114.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2123 Shumard Oak IRVING, TX 75063	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Telecom Expense	Description (If travel outside of Texas, complete Schedule T) Cell Phone

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2</i>	2 FILER NAME <i>Elizabeth Van Duyn</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/8/11</i>	5 Payee name <i>Beth Van Duyn</i>
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6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$114.76</i>	7 Payee address; City; State; Zip Code <i>2123 Shumard Oak Irving, TX 75063</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Telecom Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Cell Phone</i>
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Date <i>10/20/11</i>	Payee name <i>Chris Wallach / Beth Van Duyn</i>
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$409.21</i>	Payee address; City; State; Zip Code <i>2123 Shumard Oak Irving, TX 75063</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (If travel outside of Texas, complete Schedule T) <i>Meal R. malibor State Sec. Meet. Greed</i>
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Date <i>11/8/11</i>	Payee name <i>Beth Van Duyn</i>
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$114.75</i>	Payee address; City; State; Zip Code <i>2123 Shumard Oak Irving, TX 75063</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Telecom Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Cell Phone</i>
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Date <i>12/8/11</i>	Payee name <i>Beth Van Duyn</i>
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$114.75</i>	Payee address; City; State; Zip Code <i>2123 Shumard Oak Irving, TX 75063</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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