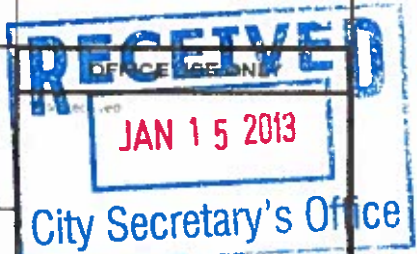


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission File #)	2 T.L.
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST LAST	II	III
	NICKNAME LAST	IV	V
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (PO BOX) APT / SUITE # CITY STATE ZIP CODE		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST LAST	II	III
	NICKNAME LAST	IV	V
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 PHONE NUMBER EXT		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 70th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 60th day before election <input type="checkbox"/> Exceeded <input type="checkbox"/>		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other	
12 OFFICE	OFFICE HELD (party)	13 OFFICE SOUGHT (party)	



Date Hand-delivered or Postmarked  
11/15/13 HD 4:50pm.  
Date Processed  
Printed by 1/15/13  
Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

15 ACCOUNT # (Ethics Com)

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTION OF \$ \_\_\_\_\_ (INCLUDE PLEDGES, LOANS, OR GUARANTEES FOR THE REPORTING PERIOD) **\$ 0.00**

2. TOTAL POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES **\$ 20,000.00**

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED **\$ 0.00**

4. TOTAL POLITICAL EXPENDITURES **\$ 24,486.98**

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTION MINUS TOTAL POLITICAL EXPENDITURES OF REPORTING PERIOD **\$ 4,847.39**

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL UNPAID LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 30,000.00**

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 the 15 Election Code.



*Beth Van Duyne*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Beth Van Duyne this the 15 day of January, 20 13, to certify which, witness my hand and seal of office

*Kristin Irene Harrison*  
Signature of officer administering oath

Kristin Irene Harrison  
Printed name of officer administering oath

Notary  
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 Duyne** 3 ACCOUNT # (Ethics Commission File)

4 Date <b>10/19/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>J. Ralph Ellis</b>	7 Amount of contribution (\$) <b>\$20,000</b>	8 In-kind contribution description (if applicable)
	6 Contributor address City State Zip Code <b>Texas Commerce Tower suite 1530 545E. John Carpenter Freeway Irving, TX 75062</b>	(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **Private Investor** 10 Employer (See Instructions) **J. Ralph Ellis**

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)

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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Event Expense
- Fees
- Gift Awards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- Office Overhead/Rental Expense
- Loan Repayment/Reimbursement
- Transportation Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages / Schedule F 1	<b>2</b> FILER NAME Elizabeth Van Dugne	<b>3</b> ACCOUNT # (Ethics Commission Filer)
<b>4</b> Date 10/19/12	<b>5</b> Payee name International Women's Forum - Dallas	
<b>6</b> Amount (\$) \$800.00	<b>7</b> Payee address, City, State, Zip Code Dallas, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees (membership)	<b>(b)</b> Description (If "OTHER" is selected, describe the expenditure) Membership Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
<b>4</b> Date 11/05/12	<b>5</b> Payee name Nesbitt, Vassar & McCown, L.L.P.	
<b>6</b> Amount (\$) \$3,070.69	<b>7</b> Payee address, City, State, Zip Code 15851 Dallas Parkway, Suite 800 Addison, TX 75001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description (If "OTHER" is selected, describe the expenditure) Lawsuit Defense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
<b>4</b> Date 11/21/12	<b>5</b> Payee name Upstream Communications	
<b>6</b> Amount (\$) \$119.08	<b>7</b> Payee address, City, State, Zip Code 1609 Shoal Creek Blvd., Suite 203 Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) OTHER	<b>(b)</b> Description (If "OTHER" is selected, describe the expenditure) Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
<b>4</b> Date 12/13/12	<b>5</b> Payee name J. Ralph Ellis	
<b>6</b> Amount (\$) \$20,000.00	<b>7</b> Payee address, City, State, Zip Code Texas Commerce Tower Suite 1530 545 E. John Carpenter Freeway Irving, TX 75062	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Loan Repayment	<b>(b)</b> Description (If "OTHER" is selected, describe the expenditure) Loan Repayment
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 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 Candidate/Officeholder/Political Committee
Event Expense	Printing Expense	Travel Out Of District	
Fees		Office/Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G <b>2</b>	<b>2</b> FILER NAME <b>Elizabeth Van Duyne</b>	<b>3</b> ACCOUNT # (Ethics Commission Filer)
<b>4</b> Date <b>8/8/12</b>	<b>5</b> Payee name <b>Elizabeth Van Duyne (AT&amp;T)</b>	
<b>6</b> Amount (\$) <b>\$80.19</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address, City, State, Zip Code <b>2123 Shumard Oak Irving, TX 75063</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Telecom Expense</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Cell Phone</b>
Date <b>9/8/12</b>	Payee name <b>Elizabeth Van Duyne (AT&amp;T)</b>	
Amount (\$) <b>\$80.19</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code <b>2123 Shumard Oak Irving, TX 75063</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Telecom Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Cell Phone</b>
Date <b>10/8/12</b>	Payee name <b>Elizabeth Van Duyne (AT&amp;T)</b>	
Amount (\$) <b>\$98.46</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code <b>2123 Shumard Oak Irving, TX 75063</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Telecom Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Cell Phone</b>
Date <b>11/8/12</b>	Payee name <b>Elizabeth Van Duyne (AT&amp;T)</b>	
Amount (\$) <b>76.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code <b>2123 Shumard Oak Irving, TX 75063</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Telecom Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Cell Phone</b>

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# 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       | 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.

<b>1</b> Total pages Schedule G: <p style="text-align:center">2</p>	<b>2</b> FILER NAME <p style="text-align:center"><i>Elizabeth Van Duyn</i></p>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <p style="text-align:center">9/8/12</p>	<b>5</b> Payee name <p style="text-align:center"><i>Elizabeth Van Duyn (AT&amp;T)</i></p>	
<b>6</b> Amount (\$) <p style="text-align:center">\$162.37</p> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <p style="text-align:center"><i>2123 Shumard Oak Irving, TX 75063</i></p>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <p style="text-align:center"><i>Telecom Expense</i></p>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center"><i>Cell Phone</i></p>
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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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