

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 Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

Ms. ELIZABETH A.

NICKNAME LAST SUFFIX

BETH VAN DOYNE

OFFICE USE ONLY

RECEIVED

JAN 15 2015

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

2123 SHUMARD OAK TRUNGS, TX 75063

change of address

City Secretary's Office

Date Hand-Delivered or Postmarked

By [Signature] @ 8:50 pm

Receipt #

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 898-7500

Date Processed

1/16/15 by [Signature]

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Ms. JUDY

NICKNAME LAST SUFFIX

SAMUELS

Date Imaged

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

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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 MONTH DAY YEAR

07 / 01 / 2014 THROUGH 12 / 31 / 2014

11 ELECTION

ELECTION DATE Year

Month Day Year

05 / 10 / 2014

ELECTION TYPE

Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

MAYOR

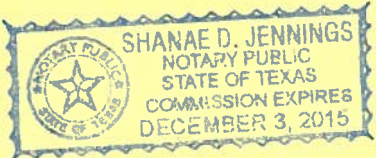
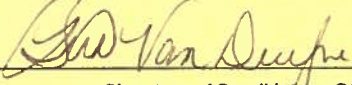
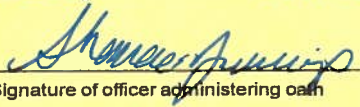
13 OFFICE SOUGHT (if known)

MAYOR

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME		15 ACCOUNT # (Ethics Commission Filers)
16 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 <hr/>
	COMMITTEE ADDRESS <hr/>	
	COMMITTEE CAMPAIGN TREASURER NAME <hr/>	
	COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,741.02
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 13,681.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,887.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING 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 Title 15, Election Code.
AFFIX NOTARY STAMP / SEAL ABOVE		 _____ Signature of Candidate or Officeholder
Sworn to and subscribed before me, by the said <u>Beth Van Duyn</u> , this the <u>15th</u> day of <u>January</u> , 20 <u>15</u> , to certify which, witness my hand and seal of office.		
 _____ Signature of officer administering oath	<u>Shanae Jennings</u> _____ Printed name of officer administering oath	<u>City Secretary</u> _____ 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 BETH VAN DUYNÉ

3 ACCOUNT # (Ethics Commission Filers)

4 Date 7/10/14 5 Full name of contributor out-of-state PAC (ID# _____)
KAREN ELLIS

7 Amount of contribution (\$) 5,000.00 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
2805 S. HAYDEN AMARILLO, TX 79109

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
SELF EMPLOYED

10 Employer (See Instructions)

Date 7/2/14 Full name of contributor out-of-state PAC (ID# _____)
J. RALPH ELLIS, SR.
Contributor address; City; State; Zip Code
545 E. JOHN CARPENTER, SUITE 1530 IRVING TX 75062

Amount of contribution (\$) \$ 741.02 In-kind contribution description (if applicable)
MAIL PIECE POSTAGE

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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)

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: 2	2 FILER NAME BETH VAN DUYN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/7/14	5 Payee name RAPID EYE PRODUCTIONS
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6 Amount (\$) 1,781. ⁷⁰	7 Payee address; City; State; Zip Code 2911 YUKON DR. CORINTH 76210
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) VIDEO
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/10/14	Payee name JAMESTOWN ASSOC.
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Amount (\$) 195. ⁰⁰	Payee address; City; State; Zip Code 5 MAPLETON RD., PRINCETON, NJ 08540
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) MEDIA
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/19/14	Payee name UPSTREAM COMMUNICATIONS
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Amount (\$) \$2,359. ³⁷	Payee address; City; State; Zip Code 1009 SHOAL CREEK BLVD. AUSTIN 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING / EMAIL	Description (If travel outside of Texas, complete Schedule T) DIGITAL
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/4/14	Payee name JAMESTOWN ASSOC.
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Amount (\$) 195. ⁰⁰	Payee address; City; State; Zip Code 5 MAPLETON RD. PRINCETON, NJ 08540
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) MEDIA
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 2	2 FILER NAME BETH VAN DUYN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/8/14	5 Payee name MARATHON STRATEGIC COMMUNICATIONS
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6 Amount (\$) 3,500.00	7 Payee address; City; State; Zip Code 3771 VINECREST DR. DALLAS 75229
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING	(b) Description (If travel outside of Texas, complete Schedule T) STRATEGY <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/18/14	Payee name INTERNATIONAL WOMEN'S FORUM
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Amount (\$) 650.00	Payee address; City; State; Zip Code PO BOX 671194 DALLAS 75367
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) MEMBERSHIP DUES	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/30/14	Payee name MARATHON STRATEGIC COMMUNICATIONS
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Amount (\$) 2,500.00	Payee address; City; State; Zip Code (SEE ABOVE)
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T) STRATEGY <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/14	Payee name MARATHON STRATEGIC COMMUNICATIONS
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Amount (\$) 2,500.00	Payee address; City; State; Zip Code (SEE ABOVE)
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T) STRATEGY <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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