



**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

14 C/OH NAME ELIZABETH VAN DUYNÉ 15 ACCOUNT # (Ethics Commission Filers)

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.

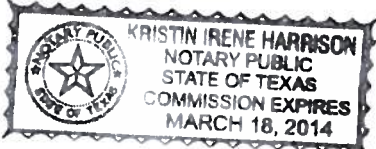
additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)	\$ 20,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,137.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21,710.13
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.



Elizabeth Van Duyné  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Beth Van Duyné, this the 15 day of July, 20 13, 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 DUAYNE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/12/13

5 Full name of contributor  out-of-state PAC ID# \_\_\_\_\_  
J. Ralph Ellis

6 Contributor address: City, State, Zip Code  
Texas Commerce Tower, Suite 1530  
545 E. John Carpenter Freeway  
Irving, TX 75062

7 Amount of contribution (\$) \$20,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Roadside Investor

10 Employer (See Instructions)

J. Ralph Ellis

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)

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 DUYNÉ	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01/15/13	5 Payee name Nesbitt, Vassar & McClain, L.L.P.	
6 Amount (\$) \$816.00	7 Payee address City, State, Zip Code 15851 Dallas Parkway, Suite 800 Addison, TX 75001	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Legal Services	(b) Description (if travel outside of Texas, complete Schedule T) Lawsuit Defense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 06/18/13	Payee name International Women's Forum - Dallas	
Amount (\$) \$600.00	Payee address, City, State, Zip Code PO Box 671194 Dallas, TX 75367	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees (membership)	Description (if travel outside of Texas, complete Schedule T) membership fees
Complete ONLY 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 (if travel outside of Texas, complete Schedule T)
Complete ONLY 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 (if travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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.

1 Total pages Schedule G: <b>2</b>		2 FILER NAME <b>ELIZABETH VAN DUYNÉ</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>01/15/13</b>		5 Payee name <b>Elizabeth Van Duyné (AT&amp;T)</b>			
6 Amount (\$) <b>\$152.47</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address, City, State, Zip Code <b>2123 Shumard Oak Irving, TX 75063</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule): <b>Telecom Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T): <b>Cell phone</b>	
Date <b>03/12/13</b>		Payee name <b>Elizabeth Van Duyné (AT&amp;T)</b>			
Amount (\$) <b>\$151.76</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>04/11/13</b>		Payee name <b>Elizabeth Van Duyné (AT&amp;T)</b>			
Amount (\$) <b>\$75.88</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>05/24/13</b>		Payee name <b>Elizabeth Van Duyné (AT&amp;T)</b>			
Amount (\$) <b>\$75.88</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.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>ELIZABETH VAN DUYN</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>06/07/13</b>	5 Payee name <b>Elizabeth Van Duyn (AT&amp;T)</b>	
6 Amount (\$) <b>#76.17</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code <b>2123 Shumard Oak Irving, TX 75063</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Telecom Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Cell phone</b>
Date <b>06/21/13</b>	Payee name <b>Elizabeth Van Duyn (STAPLES)</b>	
Amount (\$) <b>\$515.08</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>Office Overhead</b>	Description (If travel outside of Texas, complete Schedule T) <b>Printer/monitor/Prod. Cartridge</b>
Date <b>06/21/13</b>	Payee name <b>Elizabeth Van Duyn (Apple Store)</b>	
Amount (\$) <b>\$89.79</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>Office Overhead</b>	Description (If travel outside of Texas, complete Schedule T) <b>Printer Cable/Adapter</b>
Date <b>06/21/13</b>	Payee name <b>Elizabeth Van Duyn (US AIR)</b>	
Amount (\$) <b>#584.23</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>TRAVEL OUT OF DISTRICT</b>	Description (If travel outside of Texas, complete Schedule T) <b>BALDINGER AWARD EVENT</b>

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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T <b>1</b>
2 FILER NAME <b>ELIZABETH VAN DUYNÉ</b>	3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  
**ELIZABETH VAN DUYNÉ**

5 Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel <b>04/07/13</b>	7 Name of person(s) traveling <b>ELIZABETH VAN DUYNÉ</b>
	8 Departure city or name of departure location <b>DFW AIRPORT (IRVING, TX)</b>
	9 Destination city or name of destination location <b>BALTIMORE, MD</b>

10 Means of transportation <b>AIR TRAVEL</b>	11 Purpose of travel (including name of conference, seminar, or other event) <b>ATTEND BALDINGER AWARD EVENT</b>
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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