

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

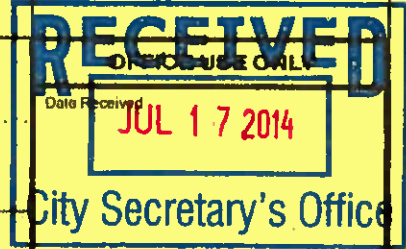
The C/OH Instruction Guide explains how to complete this form.

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 VANDUYNE



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / POBOX APT / SUITE # CITY STATE ZIP CODE  
 2123 SHUMARD OAK / RING, TX 75063

Date Hand-delivered or Postmarked  
 Rec'd 7/17/14 10am KH

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (972) 899-7500

Date Processed  
 Annd by JA 7/17/14

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  
 ( )

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  
 05 / 01 / 14 THROUGH 07 / 01 / 14

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  
 05 / 10 / 14  
 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

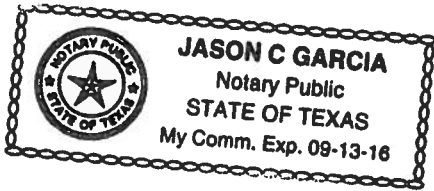
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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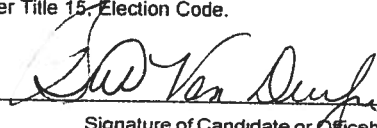
16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR 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
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS  EXPENDITURE TOTALS  CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,431.89
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 49,926.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20,568.87
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,000.00

18 AFFIDAVIT

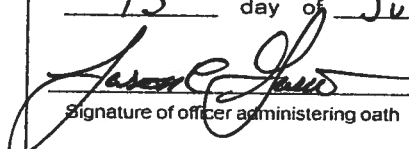


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 \_\_\_\_\_  
 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 14, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Jason C Garcia

 Printed name of officer administering oath

Notary Public

 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:

2 FILER NAME

BETH VAN DYNE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/4/14

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

NORMAN & PATRICIA MOTTER

6 Contributor address: City: State: Zip Code

3349 UNIV. PARK LN. IRVING 75062

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

5/4/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

DHARMESH PATEL

Contributor address: City: State: Zip Code

7622 SWEETGUM DR. IRVING 75063

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

5/4/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

BHARAT PATEL

Contributor address: City: State: Zip Code

7622 SWEETGUM DR. IRVING 75063

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

5/4/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

MEHUL & VAISHALI PATEL

Contributor address: City: State: Zip Code

308 WRIGHT AVE. ROCKWALL 75082

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

5/4/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

MIKE CHAFFIN

Contributor address: City: State: Zip Code

2500 CLEARSPRING IRVING 75063

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

BETH VAN DUYNÉ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/14/14

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

JAMES FALSTROM

7 Amount of contribution (\$)

250.<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

503 COX DR. IRVING 75062

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/14/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

ROGER HENSON

Amount of contribution (\$)

250.<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2108 CREEKSIDE CIR. SOUTH 75043

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

SHAWN WIDORA

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

4617 REDWOOD CT, IRVING 75038

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

THOMAS BOY

Amount of contribution (\$)

100.<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

PO BOX 165477 IRVING 75016

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

MARIANNE JETT

Amount of contribution (\$)

100.<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

4520 REDWOOD CT. IRVING 75038

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A.

2 FILER NAME

BETH VAN DUYNÉ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/4/14

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

DOES BOOTH

7 Amount of contribution (\$)

100.<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

103 GUADALUPE DR. IRVING 75039

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/4/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

DALE WALSH

Amount of contribution (\$)

500.<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1711 SUNNY BROOK IRVING 75061

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

SUZANNE & THOMAS KEEFE

Amount of contribution (\$)

200.<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4240 CEDARBRUSH DR. DALLAS 75229

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

JAMES & BETTY KILLINGSWORTH

Amount of contribution (\$)

100.<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1617 COTTONWOOD VALLEY 75038

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

DEBORAH BRYANT

Amount of contribution (\$)

3.<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7386 PARKRIDGE BLVD. 75063

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

BETH VAN DUYNÉ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/14/14

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

HOBART + PEGGY LYTAL

6 Contributor address; City; State; Zip Code

5334 BOND ST. #121 75038

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/14/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

GUS TRAMP

Contributor address; City; State; Zip Code

1412 MOSSWOOD LANE 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

5/14/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

GARY + DAWN GOSDIN

Contributor address; City; State; Zip Code

1605 CROCKETT CIR. 75038

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

LANA LAMBERT

Contributor address; City; State; Zip Code

1905 GLENVIEW LN. 75060

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

MAURICE + LINDA KORIKMAS

Contributor address; City; State; Zip Code

305 GUADALAJARA CIRCLE 75062

Amount of contribution (\$)

100.00

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: \_\_\_\_\_

2 FILER NAME

BETH VAN DYKE

3 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

4 Date

5/4/14

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

MRS. B.H. BUCHANAN

6 Contributor address: City: State; Zip Code

3805 FOX GLEN DR. 75062

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/4/14

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

RICHARD DEERMAN

Contributor address: City: State; Zip Code

1316 GLENBROOK DR. 75061

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/14

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

JAMES & DENISE MARCHESANO

Contributor address: City: State; Zip Code

1701 RIVER RUN STE 304 FT. WORTH 76017

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/14

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

MR. & MRS. LYLE NOVINSKI

Contributor address: City: State; Zip Code

1101 OAKWOOD DR. 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

5/5/14

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

CELESTINE GONZALES

Contributor address: City: State; Zip Code

819 FREEMAN DR. SAN ANTONIO 78228

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

BETH VAN DUYNÉ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/7/14

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

WALTER & KAREN LEWY

6 Contributor address: City: State: Zip Code

5315 ROCK CLIFF PL 75209

7 Amount of contribution (\$)

3,000.<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/7/14

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

GARY BLAKE

Contributor address: City: State: Zip Code

1701 RIVER RUN FORT WORTH 76017

Amount of contribution (\$)

1,000.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/7/14

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

BRYN RYAN

Contributor address: City: State: Zip Code

13155 NOEL RD. STE 100 DALLAS 75240

Amount of contribution (\$)

10,000.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BUSINESS OWNER

RYAN INC.

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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS** **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME **BETH VAN DUYNÉ**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**6/11/14**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**ERNEST RICHARDS**

6 Contributor address; City; State; Zip Code  
**8660 DRAYTON DR. IRVING 75063**

7 Amount of contribution (\$) **150.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**6/15/14**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**BOB DODSON**

Contributor address; City; State; Zip Code  
**804 MCCOY IRVING 75062**

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**6/16/14**

Full name of contributor  out-of-state PAC (ID# **CO0142711**)  
**BOEING COMPANY PAC**

Contributor address; City; State; Zip Code  
**1200 WILSON BLVD. ARLINGTON VA 22209**

Amount of contribution (\$) **1,000**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**6/24/14**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**IRVING REPUBLICAN WOMEN'S CLUB**

Contributor address; City; State; Zip Code  
**IRVING, TX**

Amount of contribution (\$) **75.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5/15/14**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**IRVING VOICES**

Contributor address; City; State; Zip Code  
**408 W. 6TH ST. IRVING, 75060**

Amount of contribution (\$) **1,478.59**

In-kind contribution description (if applicable)

**ADVERTISING**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <b>BETH VANDUYNE</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--------------------------------------	--

4 Date <b>5/1/14</b>	5 Payee name <b>VOTER HISTORY.COM</b>
-------------------------	--

6 Amount (\$) <b>\$3,000</b>	7 Payee address; City; State; Zip Code <b>15915 OAK MOUNTAIN DR. HOUSTON, TX 77095</b>
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>POLLING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>DATA</b>
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>5/2/14</b>	Payee name <b>TRAVIS REYNOLDS</b>
-----------------------	--------------------------------------

Amount (\$) <b>3,000</b>	Payee address; City; State; Zip Code <b>2585 HALL JOHNSON GRAPEVINE 76051</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONSULTING EXPENSES</b>	Description (If travel outside of Texas, complete Schedule T) <b>STRATEGY (MONTHLY)</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>5/13/14</b>	Payee name <b>NUMANTIA</b>
------------------------	-------------------------------

Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>2900 GATEWAY DR. SUITE 620 IRVING 75063</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>RENT</b>	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 <b>5/13/14</b>	Payee name <b>MARATHON STRATEGIC COMMUNICATIONS</b>
------------------------	--

Amount (\$) <b>2,500</b>	Payee address; City; State; Zip Code <b>3771 VINECREST DR. DALLAS 75229</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONSULTING</b>	Description (If travel outside of Texas, complete Schedule T) <b>STRATEGY</b>
------------------------	---	--

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**

**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  
Polling 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.

1 Total pages Schedule F:	2 FILER NAME <b>BETH VANDUYNE</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>5/14/14</b>	5 Payee name <b>JAMESTOWN ASSOC.</b>
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6 Amount (\$) <b>8,255.00</b>	7 Payee address; City; State; Zip Code <b>5 MAPLETON RD. #300 PRINCETON NJ 08540</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADV.</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>BROCHURES / POSTAGE</b>
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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 <b>5/14/14</b>	Payee name <b>JAMESTOWN ASSOC.</b>
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Amount (\$) <b>3,153.00</b>	Payee address; City; State; Zip Code <b>(SEE ABOVE)</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADV.</b>	Description (If travel outside of Texas, complete Schedule T) <b>BROCHURES</b>
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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 <b>5/19/14</b>	Payee name <b>JAMESTOWN ASSOC.</b>
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Amount (\$) <b>6,501.55</b>	Payee address; City; State; Zip Code <b>(SEE ABOVE)</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADV.</b>	Description (If travel outside of Texas, complete Schedule T) <b>BROCHURES / POSTAGE</b>
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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 <b>5/19/14</b>	Payee name <b>JAMESTOWN ASSOC.</b>
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Amount (\$) <b>7,683.65</b>	Payee address; City; State; Zip Code <b>(SEE ABOVE)</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADV.</b>	Description (If travel outside of Texas, complete Schedule T) <b>BROCHURES, POSTAGE</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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 FILER NAME <b>BETH VAN DYKE</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>5/16/14</b>	5 Payee name <b>TRAVIS REYNOLDS</b>
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6 Amount (\$) <b>\$ 1,500.00</b>	7 Payee address; City; State; Zip Code <b>2525 Hall Johnson Grapevine 76051</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>CONSULTING EXP.</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>STRATEGY (MONTHLY)</b>
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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 <b>5/16/14</b>	Payee name <b>TRAVIS REYNOLDS</b>
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Amount (\$) <b>\$ 3,500</b>	Payee address; City; State; Zip Code <b>(SEE ABOVE)</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONSULTING EXP.</b>	Description (If travel outside of Texas, complete Schedule T)
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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 <b>5/20/14</b>	Payee name <b>TRAVIS REYNOLDS</b>
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Amount (\$) <b>300.00</b>	Payee address; City; State; Zip Code <b>(SEE ABOVE)</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <del>CONSULTING</del> <b>ADV.</b>	Description (If travel outside of Texas, complete Schedule T) <b>EQUIP. RENTAL</b>
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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 <b>5/21/14</b>	Payee name <b>MARATHON STRATEGIC COMMUNICATIONS</b>
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Amount (\$) <b>5,000.00</b>	Payee address; City; State; Zip Code <b>3771 VINECREST DR DALLAS 75229</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONSULTING EXP.</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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 FILER NAME <b>BETH VAN DUYNÉ</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>5/28/14</b>	5 Payee name <b>UPSTREAM COMMUNICATIONS</b>
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6 Amount (\$) <b>1,756.85</b>	7 Payee address; City; State; Zip Code <b>1609 SHOAL CREEK BLVD. AUSTIN 78701</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADV.</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>WEBSITE</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6/2/14</b>	Payee name <b>KAP STRATEGIES</b>
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Amount (\$) <b>3,275.95</b>	Payee address; City; State; Zip Code <b>229 EVANS LN. ALEXANDRIA VA 22900</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADV.</b>	Description (If travel outside of Texas, complete Schedule T) <b>TELE TOWN HALL</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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