

# 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 DUYNÉ	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">                     OFFICE USE ONLY  <span style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</span>  <span style="font-size: 1.5em; color: red; font-weight: bold;">DEC 09 2019</span>                      City Secretary's Office  <small>Date filed, delivered or deposited</small>                      HD129-19 CC # 12-30pm                      Receipt #      Amount                      Date Processed <i>Final</i>                      12-10-19 by <i>[Signature]</i>                      Date Imaged                 </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX      APT / SUITE #      CITY      STATE      ZIP CODE 2123 SHUMARD OAK IRVING, TX 75063		
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		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (      )		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 01 / 01 / 12      06 / 30 / 12		
11 ELECTION	ELECTION DATE Month      Day      Year /      /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) MAYOR OF IRVING	13 OFFICE SOUGHT (if known)	
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)

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 0.00

EXPENDITURE  
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,222.90

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

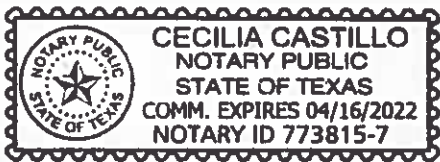
\$ 9,334.36

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 50,000

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.

*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 9th day of December, 20 19, to certify which, witness my hand and seal of office.

*Cecilia Castillo*

Signature of officer administering oath

Cecilia Castillo

Printed name of officer administering oath

Notary

Title of officer administering oath

**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       | 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 F: <b>1</b>	2 FILER NAME <b>ELIZABETH VAN DUYN</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>01/18/12</b>	5 Payee name <b>UPSTREAM Communications</b>	
6 Amount (\$) <b>Refund (\$686.60)</b>	7 Payee address; City; State; Zip Code <b>1609 Shoal Creek, Suite # 203 AUSTIN, TX 78701</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Refund-Overcharged</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>On-line Contribution Fees</b>
9 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

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

**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       | 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 Dwyne</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>01/06/12</b>		5 Payee name <b>(AT&amp;T) Elizabeth Van Dwyne</b>			
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <b>\$347.10</b>		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>02/08/12</b>		Payee name <b>Elizabeth Van Dwyne (AT&amp;T)</b>			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <b>\$115.88</b>		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>3/8/12</b>		Payee name <b>Elizabeth Van Dwyne (AT&amp;T)</b>			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <b>\$115.88</b>		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>4/8/12</b>		Payee name <b>Elizabeth Van Dwyne (AT&amp;T)</b>			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <b>\$115.88</b>		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>	

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       | 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 Duyne</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/8/12</b>		5 Payee name <b>Elizabeth Van Duyne (ATST)</b>			
6 Amount (\$) <b>\$115.76</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>5/25/12</b>		Payee name <b>(Embassy Suites) Elizabeth Van Duyne</b>			
Amount (\$) <b>\$198.56</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>AUSTIN, TX</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>Conference HOTEL</b>	
Date <b>6/8/12</b>		Payee name <b>Elizabeth Van Duyne (ATST)</b>			
Amount (\$) <b>\$147.03</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>7/8/12</b>		Payee name <b>Elizabeth Van Duyne (ATST)</b>			
Amount (\$) <b>\$66.78</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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