48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL
Beth Van Duyne for Congress

ADDRESS (number and street) PO BOX 630167

CITY	STATE	ZIP CODE
IRVING	TX	75063

2. NAME OF CANDIDATE
VAN DUYNE, ELIZABETH, ANN, ,

3. OFFICE SOUGHT (State and District)
House TX 24

4. FEC IDENTIFICATION NUMBER
C00714865

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME KIMBELL, JEFFREY, , , **MAILING ADDRESS** 950 AERIE DRIVE **CITY** PARK CITY **STATE** UT **ZIP CODE** 84060-	Name of Employer SELF **Transaction ID : TX87942** Occupation HEALTH CARE CONSULTANT	Date (month, day, year) 02/21/2022	Amount 1500.00
B. FULL NAME PICKERING, ELISE, , , **MAILING ADDRESS** 3721 TAFT AVENUE **CITY** ALEXANDRIA **STATE** VA **ZIP CODE** 22304-2617	Name of Employer MEHLMAN CASTAGNETTI ROSE. THOMAS **Transaction ID : TX87943** Occupation LOBBYIST	Date (month, day, year) 02/21/2022	Amount 1500.00
C. FULL NAME THORNTON, DAVID, F., MR., **MAILING ADDRESS** 3550 HULEN ST #110 **CITY** FORT WORTH **STATE** TX **ZIP CODE** 76107-6808	Name of Employer BRIDGE RESIDENTIAL PROPERTY SERVICES, **Transaction ID : TX87941** Occupation REAL ESTATE BROKER	Date (month, day, year) 02/21/2022	Amount 1000.00
D. FULL NAME **MAILING ADDRESS** **CITY** **STATE** **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME **MAILING ADDRESS** **CITY** **STATE** **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional)
HOBBS, CABELL, , ,
[Electronically Filed]

DATE
02/21/2022

For further information contact:
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530, Local 202-694-1100

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FEC FORM 6
(Revised 03/2016)