CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST OFFICE USE ONLY **OFFICEHOLDER** Mrs. Linda NAME Date Received NICKNAME LAST Duran Received 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER** JUL 15 2022 1391 Morningwood Dr San Marcos TX 78666 MAILING **ADDRESS Elections Office** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date Postmarked OFFICEHOLDER (512) 749-8057 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Sylvia Mrs. Date Processed NAME LAST NICKNAME SUFFIX Date Imaged DeLeon-Muzzy STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE 7 CAMPAIGN TREASURER TX 78666 125 William Moon Way San Marcos **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE 738-2053 (512 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED 1 /01 2022 2022 15 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Description Month Day X General Special 8 2022 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Hays County Clerk 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME LINDA DUI	RAN		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTR	TEES OF LOANS, OR	\$ 0
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS		\$ 4,312.92
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL I	EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDIT	JRES	\$ 5,952.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAS	\$ 77.21
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F		\$ 750.00
	Diagram annuals		indidate or Officeholder
	Please comple	te either option below	/ :
(1) Affidavit			Notary Public, State of Texas My Comm. Exp. 10-11-1024 ID No. 12490557-6
NOTARY STAMP/SEA	before me by Linda Yburn	Dunn this the	5 day of July
20, to certify	which, witness my hand and seal of office.	2 AVATORIO	DALUPE Z ALVA ACTOR DE LA COMM. Expression of officer administering oath
	0	R	VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV
(2) Unsworn Declarati	on		
My name is		, and my date of birth is	•
My address is			
Forested !-	(street)	,	state) (zip code) (country)
Executed in	County, State of	on the day of(month	(year)
		Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME LINDA DURAN 20 Filer ID (Ethics Co		mmission Filers)	
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,312.92
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 4,314.22
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 1,783.24
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 5,952.84
9.	X	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 750.00
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Th	e Instruction Guide explains how to c	omplete this form.	1 Total pages Schedule A1:
2 FILER NAM	E Linda Duran		3 Filer ID (Ethics Commission Filers)
4 Date 1-11-2022	Linda Duran 6 Contributor address; 1391 Morningwood Dr		\$25
	cupation / Job title (See Instructions) Deputy Clerk III	9 Employer (See II Hays County	nstructions)
Date 1-12-2022	Sylvia Muzzy	out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; 125 William Moon Way	City; State; Zip Code San Marcos TX 78666	\$100
Principal occu	upation / Job title (See Instructions) Real Estate	Employer (See Ir Self Employe	
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
1-16-2022		City; State; Zip Code	\$250
Principal occu	upation / Job title (See Instructions) Retired	Employer (See In Retired	nstructions)
Date	Full name of contributor	out-of-state PAC (ID#:	
1-20-2022	Contributor address;	City; State; Zip Code San Marcos TX 78666	***************************************
	upation / Job title (See Instructions) uyer	Employer (See In	nstructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Linda Duran		3 Filer ID (Ethics Commission Filers)
Date -25-2022	5 Full name of contributor out-of-state PAC Gabriel Parsley 6 Contributor address; City; 1297 Harwell Loop Kyle	State; Zip Code TX 78640	7 Amount of contribution (\$) \$20
Principal occ	upation / Job title (See Instructions) retired	9 Employer (See Instruction retired	ons)
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$) \$10
Principal occu	pation / Job title (See Instructions) retired	Employer (See Instruction retired	ons)
Date 1-25-2022	Full name of contributor out-of-state PAC Melody Burns Contributor address; City; 1704 Grassy Field Rd Austin	(ID#:) State; Zip Code TX 78737	Amount of contribution (\$) \$250
Principal occur Retired	pation / Job title (See Instructions)	Employer (See Instruction Retired	ons)
Date -25-2022	Dean Miller Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$500
	pation / Job title (See Instructions) siness Owner	Employer (See Instruction	ons)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Th	e Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A1:
2 FILER NAMI	≣ da Duran	3 Filer ID (Ethics Commission Filers)
4 Date 1-25-2022	5 Full name of contributor out-of-state PAC (ID#: Nathan Kasper 6 Contributor address; City; S 1023 Grassy Field Rd San Marcos	7 Amount of contribution (\$) \$100 TX 78666
	supation / Job title (See Instructions) Onsultant	Employer (See Instructions) self-employed
Date 1-25-2022		\$20
	upation / Job title (See Instructions) etired	Employer (See Instructions) retired
Date 1-25-2022	Kelli McNair-Whigham Contributor address; City; Si	Amount of contribution (\$) \$100 TX 78666
Principal occ	upation / Job title (See Instructions) Attorney	Employer (See Instructions)
Date 1-25-2022	Full name of contributor	tate; Zlp Code \$100
	upation / Job title (See Instructions)	Employer (See Instructions)

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

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1:
FILER NAME Linda D				3 Filer ID (Ethics Commission Filers)
4 Date	Cassie Dyson		C (ID#:)	7 Amount of contribution (\$) \$100
1-25-2022	6 Contributor address;	City; Driftwood	State; Zip Code	7.00
Principal occi Reti	upation / Job title (See Instructions)	Dillwood	9 Employer (See Instructi Retired	ions)
Date	Full name of contributor Jason Rodriguez	out-of-state PA	C (ID#:)	Amount of contribution (\$)
1-25-2022	Contributor address;	City;	State; Zip Code	\$50
	124 Quail Ridge Dr	Kyle	TX 78640	
	pation / Job title (See Instructions) ad Construction		Employer (See Instructi	ons)
Date	Full name of contributor Fernando Coy	out-of-state PA	C (ID#:)	Amount of contribution (\$)
-25-2022	Contributor address; 316 Atlantis	City; Kyle	State; Zip Code TX 78640	\$50
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ons)
Tec	h Assistant IV		Applied Research	Labs
Date Full name of contributor out-of-state PAC (ID#: Craig Wilkinson		C (ID#:)	Amount of contribution (\$) \$100	
1-25-2022	Contributor address; 2460 Bridlewood Ranch Dr S	City;	State; Zip Code TX 78666	
		Jan Marcos		
	pation / Job title (See Instructions)		Employer (See Instructi	ons)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

4 Date 5	Ellen Ault		(ID#:)	Filer ID (Ethics Commission Filers) Amount of contribution (\$)
1-25-2022	Ellen Ault			7 Amount of contribution (\$)
6				
	316 Belvin St S	San Marcos	State; Zip Code TX 78666	\$200
8 Principal occupation Volunteer	n / Job title (See Instructions)		9 Employer (See Instructi	ions)
Date	Full name of contributor Princess Ybarra	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; 4023 Hunter Rd Sa	city; in Marcos	State; Zip Code TX 78666	\$70
Principal occupation Retired	/ Job title (See Instructions)		Employer (See Instructi	ons)
1-26-2022	andi Ellen	out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$) \$100
Principal occupation Sales and De	/ Job title (See Instructions)		Employer (See Instructi 180 Office Solution	
1-30-2022	David Puryear	out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$) \$100
Principal occupation Legal	/ Job title (See Instructions)		Employer (See Instructi	ons)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

1111	Instruction Guide explains how	v to complete this	TOTIII.	7
2 FILER NAME Linda	: a Duran			3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor Ben O'Kane		; (ID#:)	7 Amount of contribution (\$) \$100
2-6-2022	6 Contributor address;	City;	State; Zip Code	
Principal occi Landso	upation / Job title (See Instructions caping)	9 Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Crystal Morris			
2-8-2022	Contributor address;	City;	Stata; Zip Code	\$25.00
	904 Lee Lane	Lockhart	TX 78644	
	pation / Job title (See Instructions)		Employer (See Instructi Hays County	ons)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
1-28-2022 Elizabeth Quintanilla				¢4 202 02
	Contributor address;	City;	State; Zip Code	\$1,292.92
	1248 Titus Lane	Jacksonville	e NC 28540	
	pation / Job title (See Instructions) Data Entry Clerk		Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
4 04 0000	Dean Sanchez			¢000 00
4-21-2022	Contributor address;	City;	State; Zip Code	\$200.00
	7901 Westover Dr	Rowlett	TX 75089	
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	
	f Technology Infrastructure		Haynes and Boone	Page 1

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) -25-2022 6 Contributor address; City; State; Zip Code \$50.00		Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
George Clement TX 78737 Amount of contribution (\$) Contributor address; City; State; Zip Code Amount of contribution (\$)	FILER NAME	Linda Duran		3 Filer ID (Ethics Commission Filers)
Date Full name of contributor out-of-state PAC (ID#:	Date	George Clement 6 Contributor address; City;	State; Zip Code	
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:				ns)
Date Full name of contributor out-of-state PAC (ID#:	Date			Amount of contribution (\$)
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)	Date			Amount of contribution (\$)
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC	(iD#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Total pages Schedule F1:	2 FILER NAME Linda Duran		3 Filer ID (Ethi	ics Commission Filers	
6 Date	5 Payee name				
1-26-2022	Frost Bank				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$8.00	221 Wonder World Dr	San Marcos	TX	78666	
Anna and anna anna	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Service Char	rges		
	(c) Check if travel outside of Texas. Complete Schedule T.	ule T. Check If Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Linda Duran	Office sought Hays County C	lerk	Office held	
Date	Payee name				
2-7-2022	Chase				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,650.03	P.O. Box 6294	Carol Stream	IL	60197	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Credit Card Payment	UZ Marketing	3		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder livi	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH	Linda Duran	Hays County Cl	lerk		
Date	Payee name				
2-7-2022	Chase				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$191.76	P.O. Box 6294	Carol Stream	IL	60197	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Credit Card Payment	Wix.com			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers
6	Linda Duran			
Date 2-7-2022	5 Payee name Chase			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$73.60	P.O. Box 6294	Carol Stream	IL	60197
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Vista Print	**************************************	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Linda Duran	Office sought Hays County Cl	erk	Office held
Date	Payee name			
2-11-2022	Chase			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$20.89	P.O. Box 6294	Carol Stream	1L	60197
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Credit Card Payment	Office Depot		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Linda Duran	Office sought Hays County Cle	erk	Office held
Date	Payee name			, July - 1
2-11-2022	Chase			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$21.65	P.O. Box 6294	Carol Stream	IL	60197
	Category (See Cetegories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Credit Card Payment	Hill Country T	rophy	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Total pages Schedule F1:	2 FILER NAME Linda Duran		3 Filer ID (Ethic	s Commission Filers
Date	5 Payee name	F		
2-28-2022	Chase			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$339.64	P.O. Box 6294	Carol Stream	IL	60197
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Credit Card Payment	S & L Graphic	S	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oh	Linda Duran	Hays County Cle	erk	
Date	Payee name		,,.	
3-4-2022	Chase			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$339.63	P.O. Box 6294	Carol Stream	1L	60197
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Credit Card Payment	S & L Graphic	cs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Linda Duran	Office sought Hays County Cle	erk	Office held
Date	Payee name			
3-11-2022	Chase			
Amount (\$)	Payee address;	Cíty;	State;	Zip Code
\$15.00	P.O. Box 6294	Carol Stream	IL	60197
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Credit Card Payment	HCRW		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Of Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of District	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
6	Linda	Duran				
4 Date	5 Payee na	ame				
3-28-2022	Chase					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$100.00	P.O. B	ox 6294		Carol Stream	IL	60197
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Credi	t Card Payment		HCRW - Ea	aster	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name Duran		Office sought Hays County C	lerk	Office held
Date	Payee na	ame				
5-11-2022	Chase					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$17.40	P.O. B	ox 6294		Carol Stream	IL	60197
	Category	/ (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Credit	Card Payment		U.S. Postal	Service	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	Linda	Duran		Hays County	/ Clerk	
Date	Payee n	ame				
7-5-2022	Chase	9				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$1,400	P.O. Bo	ox 6294		Carol Stream	IL	60197
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	Linda	Duran		Hays County (Clerk	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Linda Duran 4 Date 5 Payee name 1-27-2022 Raisethemoney.com 6 Amount (\$) 7 Payee address; City; State: Zip Code P.O. Box 26466 Little Rock AR 72221 \$17.65 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Collection Fee Fees OF **EXPENDITURE** Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Hays County Clerk Linda Duran Payee name Date 2-1-2022 Raisethemoney.com City; State: Zip Code Amount (\$) Payee address; 72221 Little Rock AR P.O. Box 26466 \$5.15 Description Category (See Categories listed at the top of this schedule) Collection Fee Fees PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct Hays County Clerk Linda Duran expenditure to benefit C/OH Payee name Date 2-8-2022 Amount (\$) Payee address; City; State: Zip Code \$5.15 Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

•		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/M	kpense Vages/Contract Labor	Travel In District Travel Out Of District	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date 2-10-2022	5 Payee na Raiset	ame hemoney.com	-			
6 Amount (\$) \$1.47	7 Payee a	ddress; ox 26466		City; Little Rock	State;	Zip Code 72221
8 PURPOSE OF EXPENDITURE	Fees (c)	y (See Categories listed at the top of this Check if travel outside of Texas. Complete S		(b) Description Collection Fo	CC	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name Duran		Office sought Hays County Cle	erk	Office held
Date 4-21-2022	Payee na	hemoney.com				
Amount (\$) \$10.01	Payee a	ddress; ox 26466		City; Little Rock	State; AR	Zip Code 72221
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description Collection F	ee	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name Duran		Office sought Hays County Cle	erk	Office held
Date 4-26-2022	Payee n	ame				
Amount (\$) \$2.70	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this a	schedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGORIE	S FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Loan F Fees Office Food/Beverage Expense Polling by Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	ment & Related Expens
1 Total pages Schedule F2:			3 Filer ID (Ethics C	'ommission Eilem'
3	Linda Duran		O THE ID (Cuitos C	ommission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	ONS	\$	
5 Date 6-23-2022	6 Payee name Oriental Trading	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
\$69.24	4206 South 108th St	Omaha	NE	68137
TYPE OF EXPENDITURE	X Political Non	-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this achedule Event Expense (c) Check if travel outside of Texas. Complete Schedule T.	Parade	stin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office he	əld
Date	Payee name			
6-23-2022	S&L Graphics			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$100	3559 Honey Meadow	San Antor	nio TX	78222
\$100				
TYPE OF EXPENDITURE	x Political Non	-Political		
TYPE OF	X Political Non Category (See Categories listed at the top of this schedule) Description		
TYPE OF EXPENDITURE			s/ Deposit	
TYPE OF EXPENDITURE PURPOSE OF	Category (See Categories listed at the top of this schedule	Description Large Sign:	s/ Deposit	expense
TYPE OF EXPENDITURE PURPOSE OF	Category (See Categories listed at the top of this schedule Advertising Expense Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name	Description Large Sign:		*

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		EXPENDITURE CAT	EGORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	Eve Fee Foo By Gift ical Committee Leg	ent Expense s sd/Beverage Expense /Awards/Memorials Expense al Services	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense ages/Contract Labor	Travel In District Travel Out Of Dist	ipment & Related Expense
4 7 11 2 2 2 1 1 1 7		he Instruction Guide expl	ains now to c	omplete this form.		
1 Total pages Schedule F:	2: 2 FILER NAM Linda Dura				3 Filer ID (Ethica	Commission Filers)
4 TOTAL OF UNITE			LIGATION	S	\$	
5 Date	6 Payee name					
6-24-2022	www.4Pe					
7 Amount (\$)	8 Payee addr			City;	State;	Zip Code
					,	
\$108.00	3539 High	h Ridge Road		Boynton	FL	33426
9 TYPE OF EXPENDITURE	X Politic	cal	Non-Pol	itical		
10	(a) Category (Se	e Categories listed at the top of	this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertisin	ng Expense		Pens		
EXI ENDITORE	(c) Check	k if travel outside of Texas. Complet	to Schedule T	Check if Au	stin, TX, officeholder livi	ng expense
11 Complete ONLY if direct		te / Officeholder name		ffice sought	Office	
expenditure to benefit C/	Candidat					
expenditure to benefit C/	Candidat Payee name	9				
Date 7-2-2022	Candidat Payee name Sam's Clu	e b		ffice sought	Office	held
expenditure to benefit C/	Candidat Payee name	e b				
Date 7-2-2022	Candidat Payee name Sam's Clu	e b ess;		ffice sought	Office State;	held
Date 7-2-2022 Amount (\$)	Payee name Sam's Clu Payee addr	b ess; Ave		City; San Marcos	Office State;	held Zip Code
Date 7-2-2022 Amount (\$) \$32.17	Payee name Sam's Clu Payee addr 1350 Leah A	b ess; Ave	O Non-Pol	City; San Marcos	Office State;	held Zip Code
Date 7-2-2022 Amount (\$) \$32.17	Payee name Sam's Clu Payee addr 1350 Leah A	e b ess; Ave eal	O Non-Pol	City; San Marcos	Office State;	held Zip Code
Date 7-2-2022 Amount (\$) \$32.17 TYPE OF EXPENDITURE PURPOSE OF	Payee name Sam's Clu Payee addr 1350 Leah A X Politic Category (Se Event Ex	e b ess; Ave eal	Non-Pol	City; San Marcos itical Description Parade	Office State;	Zip Code 78666
Date 7-2-2022 Amount (\$) \$32.17 TYPE OF EXPENDITURE PURPOSE OF	Payee name Sam's Clu Payee addr 1350 Leah A X Politic Category (se Event Ex	b bess; Ave cal c Categories listed at the top of the pense	Non-Polithis schedule)	City; San Marcos itical Description Parade	Office State;	Zip Code 78666
Date 7-2-2022 Amount (\$) \$32.17 TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Sam's Clu Payee addr 1350 Leah A X Politic Category (se Event Ex	b ess; Ave cal e Categories listed at the top of topense ck if travel outside of Texas. Comple	Non-Polithis schedule)	City; San Marcos litical Description Parade Check if A	Office State; TX	Zip Code 78666

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 3 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7-4-2022 **UZ** Marketing 8 Payee address; State: 7 Amount (\$) City; Zip Code Houston TX 77092 \$1,473.83 5900 Bingle RD TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE Advertising Expense Yard Signs OF EXPENDITURE Check If Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. 11 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		xpense F orials Expense F	Office Overhea Polling Expens Printing Expen		Transporta Travel In I Travel Ou	ation Equipo District It Of District	ing Expense ment & Related Expense t rry not listed above)
	The Instruction	on Guide explains I	how to com	plete this form.			
1 Total pages Schedule F4:	2 FILER NAME Linda Duran				3 Filer ID	(Ethics (Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES	CHARGED TO	OACRE	DITCARD	\$		
5 Date 1-8-2022	6 Payee name UZ Marketing						
7 Amount (\$)	8 Payee address;			City;	S	State;	Zip Code
\$1,650.03	5900 Bingle Rd			Houston		TX	77092
9 TYPE OF EXPENDITURE	X Political		Non-Politic	al	12122 22		to the second se
PURPOSE OF EXPENDITURE	(a) Category (See Categories IIs Advertising Expen		edule) (I	b) Description Yard Signs			
	(c) Check if travel outside	e of Texas. Complete Sche	edule T.	Check if Aus	stin, TX, officel	nolder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho Linda Duran	older name		e sought ys County Clei	rk	Office he	eld
Date 1-8-2022	Payee name Wix.com LTD						
Amount (\$)	Payee address;			City;	S	State;	Zip Code
\$191.76	5001 Terry A Fran	ncois Blvd		San Franc	cisco	CA	94158
TYPE OF EXPENDITURE	X Political		Non-Politic	al			
	Category (See Categories lis	sted at the top of this sch	nedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expens	e		Website			
	Check if travel outside	e of Texas. Complete Scho	edule T.	Check If Au	stin, TX, officel	holder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	older name	Office	e sought		Office he	əld

SCHEDULE F4

	EXPENDITURE CATEG	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	/ment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Trans Trave	I In District	ment & Related Expense
1 Total pages Schedule F4:	2 FILER NAME Linda Duran			3 File	r ID (Ethics (Commission Filers)
	MIZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$		
5 Date	6 Payee name					
1-14-2022	Vista Print					
7 Amount (\$)	8 Payee address;		City;		State;	Zip Code
\$73.60	170 Data Drive		Waltham		MA	02451
9 TYPE OF EXPENDITURE	Political	Non-Pol	itical			
10	(a) Category (See Categories listed at the top of this s	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense		business	cards		
EXILITORIE	(c) Check if travel outside of Texas. Complete S	Schedule T.	Check if Au	stin, TX, c	fficeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought		Office he	eld
Date	Payee name					
1-18-2022						
Amount (\$)	Office Depot Payee address;		City;		State;	Zip Code
, (4)	, ayaa aaasaa,		0.01			ш,р ээсэ
\$20.89	201 Springtown Way		San Mar	cos	TX	78666
TYPE OF EXPENDITURE	X Political	Non-Po	litical			
	Category (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense		Push Ca	ards		
	Check if travel outside of Texas. Complete S	Schedule T.	Check if Au	ıstin, TX, d	officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought		Office h	eld
	ATTACH ADDITIONAL CODIES OF	E TUIC C	NEDIII E AC NE	EDED		
	ATTACH ADDITIONAL COPIES OF	r 1113 30	THEOULE AS NE	EDED		

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Event Expense	Leen Densum				
		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overho Polling Exper Printing Expe		Transp Travel Travel	ortation Equip In District Out Of Distric	sing Expense prinent & Related Expens ct ory not listed above)
		The Instruction Guide explain	ns how to con	nplete this form.			
1 Total pages Schedule F4:	2 FILER I	NAME Duran			3 Filer	ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHARGED	TOACRE	DITCARD	\$		
5 Date 1-31-2022	6 Payee r	Graphics					
7 Amount (\$)	8 Payee	address;		City;		State;	Zip Code
\$679.27	3559	Honey Meadow		San Anto	nio	TX	78222
9 TYPE OF EXPENDITURE	X F	Political	Non-Politi	ical			
10	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advert	ising Expense		T-Shir	rts		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, off	ficeholder livin	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Cano	didate / Officeholder name	Offi	ce sought		Office h	neld
Date	Payee Hill	Country Trophy					
Amount (\$)	Payee	address;		City;		State;	Zip Code
\$21.65	2100	Old Ranch Road 12		San Marc	cos	TX	78666
TYPE OF EXPENDITURE	X F	Political	Non-Polit	ical			
	Categor	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Othe	er		Badges			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, of	ficeholder livin	ng expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Cano	didate / Officeholder name	Offi	ce sought		Office h	neld

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Office Overl Polling Expense Printing Exp		Transport Travel In I Travel Ou	ation Equi District It Of Distri	sing Expense ipment & Related Expense ict gory not listed above)
	The Instruction Gui	de explains how to co	mplete this form.			
1 Total pages Schedule F4:	2 FILER NAME Linda Duran			3 Filer ID	(Ethics	Commission Filers)
4 TOTAL OF UNITER	MIZED EXPENDITURES CHA	ARGED TO A CRE	EDIT CARD	\$		
5 Date	6 Payee name					
3-11-2022	Hays County Repub	olican Women				
7 Amount (\$)	8 Payee address;		City;		State;	Zip Code
\$15.00	1450 W Hwy 290 #16	597	Dripping S	prings	TX	78620-9998
9 TYPE OF EXPENDITURE	X Political	Non-Poli	itical			
10	(a) Category (See Categories listed at the	he top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food		Meeting			
EXPENDITORE	(c) Check if travel outside of Texa	as. Complete Schedule T.	Check if Au	stin, TX, office	holder livir	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name Of	fice sought		Office	held
Date	Payee name					
3-26-2022	Hays County Republi	can Women				
Amount (\$)	Payee address;		City;	5	State;	Zip Code
\$100.00	1450 W Hwy 290 #16	597	Dripping S	prings	TX	78620-9998
TYPE OF EXPENDITURE	X Political	Non-Pol	itical			
	Category (See Categories listed at the	the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Donation made by Ca	andidate	Easter			
	Check if travel outside of Text	as. Complete Schedule T.	Check if A	ustin, TX, office	holder livi	ing expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name Of	fice sought		Office	held

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CATE	GORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wi	rment/Reimbursement head/Rental Expense ense pense agee/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out of Distric Other (enter a catego	oment & Related Expens
1 Total pages Schedule F4:	2 FILER				3 Filer ID (Ethics	Commission Filers)
7	Line	da Duran			,	
4 TOTAL OF UNITEM		ENDITURES CHARGED	TOACR	EDIT CARD	\$	
5 Date	6 Payee	name				
5-7-2022	U. S. P	ostal Service				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
\$17.40	900 E	Bugg Ln, Ste 110A		San Marco	os TX	78666
9 TYPE OF EXPENDITURE	x	Political	Non-Pol	litical		
10	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Adver	tising Expense		Stamps		
EXPENDITURE	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder livin	g expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	didate / Officeholder name	Of	fice sought	Office h	neld
Date	Payee	name				
6-23-2022	Orient	tal Trading				
Amount (\$)		address;		City;	State;	Zip Code
\$69.24	4206	South 108th St		Omaha	NE	68137
TYPE OF EXPENDITURE	x	Political [Non-Po	litical		
	Catego	ry (See Categories listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE	Event	Expense		Parade		
EXPENDITORE		Check if travel outside of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	O	ffice sought	Office I	neld
					Address State Stat	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

	EXPENDITURE CATEG	ORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repay Office Overi Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense bense ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
4 711 00-11-51	1			0 = 1 = 1 = 1	
1 Total pages Schedule F4:	2 FILER NAME Linda Duran			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$	
5 Date	6 Payee name				
6-23-2022	S & L Graphics				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
\$1,500.00	3559 Honey Meadow		San Anton	nio TX	78222
9 TYPE OF EXPENDITURE	X Political	Non-Pol	itical		
10	(a) Category (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense		Large Sign	ns/Deposit	
	(c) Check if travel outside of Texas. Complete S	Schedule T.	Check if Au	stin, TX, officeholder livi	ing expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office	held
	Payee name				
6-24-2022	WWW.4Pens.Com				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$108.00	3539 High Ridge Road		Boynton Beach	FL	33426
TYPE OF EXPENDITURE	X Political	Non-Po	litical		
	Category (See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense		Pens		
	Check if travel outside of Texas. Complete S	Schedule T.	Check if Au	stin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office	held
	ATTACH ADDITIONAL CORES OF	E TUIC C	NEDIII E AC NE	EDED	
	ATTACH ADDITIONAL COPIES OF	L 1112 20	THE PULLE AS NE	EUEU	

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatio

Event Expense Fees Food/Beverage Expense Cla/Awards/Memorials Ex

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District

1 Total pages Schedule F4:	2 FILER NAME Linda Duran		3 Filer ID (Ethics	Commission Filers
4 TOTAL OF UNITEN	MIZED EXPENDITURES CHARGED TO A CR	REDIT CARD	\$	
5 Date	6 Payee name			
7-2-2022	Sam's Club			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
\$32.17	1350 Leah Ave	San Marcos	TX	78666
9 TYPE OF EXPENDITURE	Non-Po	olitical		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Parade		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	dn, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name O	Office sought	Office h	neld .
expenditure to benefit C/OH Date	Payee name	Office sought	Office h	·
Complete ONLY if direct expenditure to benefit C/OH		Office sought City;	Office h	Zip Code
Complete ONLY if direct expenditure to benefit C/OH Date 7-4-2022	Payee name UZ Marketing			
Complete ONLY if direct expenditure to benefit C/OH Date 7-4-2022 Amount (\$)	Payee name UZ Marketing Payee address;	City; Houston	State;	Zip Code
Complete ONLY if direct expenditure to benefit C/OH Date 7-4-2022 Amount (\$) \$1473.83 TYPE OF	Payee name UZ Marketing Payee address; 5900 Bingle Rd	City; Houston	State;	Zip Code
Complete ONLY if direct expenditure to benefit C/OH Date 7-4-2022 Amount (\$) \$1473.83 TYPE OF EXPENDITURE PURPOSE OF	Payee name UZ Marketing Payee address; 5900 Bingle Rd Political Non-Po	City; Houston	State;	Zip Code
Complete ONLY if direct expenditure to benefit C/OH Date 7-4-2022 Amount (\$) \$1473.83 TYPE OF EXPENDITURE	Payee name UZ Marketing Payee address; 5900 Bingle Rd Political Non-Po	City; Houston olitical Description Yard Signs	State;	Zip Code 77092
Complete ONLY if direct expenditure to benefit C/OH Date 7-4-2022 Amount (\$) \$1473.83 TYPE OF EXPENDITURE PURPOSE OF	Payee name UZ Marketing Payee address; 5900 Bingle Rd X Political Non-Political Non-Political Non-Political Non-Political Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T.	City; Houston olitical Description Yard Signs	State;	Zip Code 77092
Complete ONLY if direct expenditure to benefit C/OH Date 7-4-2022 Amount (\$) \$1473.83 TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name UZ Marketing Payee address; 5900 Bingle Rd X Political Non-Political Non-Political Non-Political Non-Political Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T.	City; Houston olitical Description Yard Signs	State; TX tin, TX, officeholder livin	Zip Code 77092

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Total pages Schedule G:	2 FILER NAME		2 Files ID (Files	Samulania Fili
1 1	LINDA DURAN		3 Filer ID (Ethics (Commission Filers
12/03/2021	5 Payee name HAYS COUNTY REPUBLICAN PRIM	ARY		
Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	6000 FM 150 W	KYLE	TX	78640
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FEES	FILING FEES	3	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE		Charle if Austin	TX, officeholder living exp	ense
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check il Austili,	, int, emberiales, many any	