

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Linda	MI MI	OFFICE USE ONLY Date Received <div style="font-size: 1.2em; color: blue; font-weight: bold;">Received</div> <div style="font-size: 1.5em; color: blue; font-weight: bold;">OCT 11 2022</div> <div style="font-size: 1.2em; color: blue; font-weight: bold;">Elections Office</div> <div style="font-size: 1.5em; color: blue; font-weight: bold; margin-top: 10px;">BMK</div>
	NICKNAME	LAST Duran	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	P.O. Box 3336 San Marcos TX 78667			
<input checked="" type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 749-8057	EXTENSION	Date Hand-delivered or Date Postmarked
	Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Sylvia	MI MI	Date Processed
	NICKNAME	LAST DeLeon-Muzzy	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	125 William Moon Way San Marcos TX 78666			
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 738-2053	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	Month
	07	16	2022	9
THROUGH		29 2022		
11 ELECTION	ELECTION DATE			ELECTION TYPE
	Month 11	Day 08	Year 2022	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Hays County Clerk
14 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		
	<input checked="" type="checkbox"/> GENERAL	Hays County Republican Party		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
	<input type="checkbox"/> Additional Pages	6000 FM 150, Kyle, TX 78640		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Mary Pat Paul		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		310 Springwood Rd., Dripping Springs, Texas 78620		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Linda Duran		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 72.65
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,093.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,855.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

Linda Duran
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Linda Duran this the 11th day of Oct, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Jane May
Printed name of officer administering oath: JANE MAY
Title of officer administering oath: Notary Public, State of Texas
Comm. Expires 06-16-2024

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Linda Duran		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,800.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 922.17
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 2,171.18
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Linda Duran		3 Filer ID (Ethics Commission Filers)
4 Date 7/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Navar	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code P.O. Box 28286 San Antonio TX 78228		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 8/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esther Schneider	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. Box 76 Driftwood TX 78619		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 8/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeRoy Garza	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 510 Quail Run San Marcos TX 78666		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Mendez	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1011 Uhland Road East San Marcos TX 78666		
Principal occupation / Job title (See Instructions) Bondsman		Employer (See Instructions) Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Linda Duran		3 Filer ID (Ethics Commission Filers)
4 Date 8/14/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Della Sanchez	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3810 Pelham Mnr Arlington TX 76016		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 8/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peggy Sweeney	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2370 Bridlewood Ranches Dr San Marcos TX 78666		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/31/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikah Berlinger	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2370 Bridlewood Ranches Dr San Marcos TX 78666		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Riley McLean Land
Date 8/31/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Eakin	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1449 Bridlewood Ranches San Marcos TX 78666		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Linda Duran		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Jones <hr/> 6 Contributor address; City; State; Zip Code 2632 Rolling Oaks San Marcos TX 78666	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Real Estate Broker		9 Employer (See Instructions) Self Employed
Date 9/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivia Barnard <hr/> Contributor address; City; State; Zip Code _____	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self Employed
Date 9/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Pachecho <hr/> Contributor address; City; State; Zip Code 185 Barton Creek Cir Dripping Springs TX 78620	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/21/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Pata <hr/> Contributor address; City; State; Zip Code 1019 Hidden Hills Dr Dripping Springs TX 78620	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Chaparral Professional Land Surveying
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Linda Duran		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venus Wilder	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 300 Sycamore Valley Rd Dripping Springs TX 78620		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 9/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanna Rademachir	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 220 Fender Dr Kyle TX 78640		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 9/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melody Burns	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1704 Grassy Field Rd Austin TX 78737		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 9/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Morris	Amount of contribution (\$) \$750.00
Contributor address; City; State; Zip Code 1921 Corporate Dr., Ste 100 San Marcos TX 78666		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Linda Duran		3 Filer ID (Ethics Commission Filers)
4 Date 929/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerri Jaye	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1089 Arrowhead Ranch Blvd Dripping Springs TX 78620		
8 Principal occupation / Job title (See Instructions) Consulting		9 Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Linda Duran	3 Filer ID (Ethics Commission Filers)
4 Date 8/17/2022	5 Payee name KAP Print LLC	
6 Amount (\$) \$922.17	7 Payee address; City; State; Zip Code 220 Quinn Drive Dripping Springs TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Push Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Linda Duran	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 204.70
5 Date 7/23/2022	6 Payee name S&L Graphics	
7 Amount (\$) \$1,500.00	8 Payee address; 3559 Honey Meadow	City; State; Zip Code San Antonio TX 78222
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Large Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/5/2022	Payee name S&L Graphics	
Amount (\$) \$250.00	Payee address; 3559 Honey Meadow	City; State; Zip Code San Antonio TX 78222
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Double Sided Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Linda Duran	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 8/8/2022	6 Payee name Vistaprint	
7 Amount (\$) \$216.48	8 Payee address; 170 Data Drive	City; State; Zip Code Waltham MA 02451
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Business Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



Hays County Republican Party

TO: Linda Duran Campaign

FROM: Robert Parks, Chairman

DATE: September 29, 2022

RE: Notice of "Direct Campaign Expenditures" made by Hays County Republican Party

Per Sec 254.161, Election Code, this is notice that Hays County Republican Party has made "direct campaign expenditures" (i.e., independent expenditure) for your campaign during the period of July 1, 2022, through September 29, 2022, specifically related to the General Election.

This email is not notification of an "in-kind contribution." If we have made an "in-kind contribution" to benefit your campaign, we will notify you in a separate email.

On your TEC report you can report the fact that you received notice of our independent expenditures.

Under the "Notice from PACs" section on the Candidate/Officeholder Campaign Finance Report, you should enter the following information:

Committee Type: General

Committee Name: Hays County Republican Party

Physical Address: 6000 W. FM 150

Mailing Address: P.O. Box 1806

City: Kyle

State: Texas

Zip: 78640

Treasurer Name & Address:

Last Name: Paul
First Name: Mary Pat
Address: 310 Springwood Rd.
City: Dripping Springs
State: Texas
Zip: 78620

Our political advertising included:

- Individual Candidate Video's for Digital advertising in Hays County, Texas.
- Candidate Push Cards with picture and all Hays County Candidates Names
- HCGOP Push Cards with all Hays County Candidates Names
- Block Walkers, Texting and Phone Banking
- Two HCGOP Mailers with all Hays County Candidates Names on the Mailers

If you need more information, please contact me at Bob.Parks890@gmail.com or (713) 823-0699.

**Federal election independent expenditure paid for by Hays County Republican Party, and not authorized by any candidate or candidate's committee. State and local political advertisement paid for by the Hays County Republican Party. www.hayscountygop.org or (512) 268-9354.*