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** Linda Mrs. NAME Date Received LAST NICKNAME SUFFIX Duran Received 4 CANDIDATE / APT / SUITE #; ADDRESS / PO BOX; CITY; STATE; ZIP CODE OCT 3 1 2022 OFFICEHOLDER P.O. Box 3336 San Marcos TX 78667 MAILING Elections Office **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered **OFFICEHOLDER** (512)749-8057 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Sylvia Mrs. Date Processed NAME NICKNAME LAST Date Imaged DeLeon-Muzzy STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CITY; 7 CAMPAIGN TREASURER **ADDRESS** San Marcos TX 78666 125 William Moon Way (Residence or Business) PHONE NUMBER EXTENSION 8 CAMPAIGN AREA CODE TREASURER PHONE 738-2053 (512)9 REPORT TYPE 15th day after campaign

	January 15		Sour day before elec	, ion	Runon	treasure	er appointment older Only)
	July 15	X	8th day before electi	on	Exceeded Modified Reporting Limit		eport (Attach C/OH - FR)
0 PERIOD COVERED	Month 10	Day 01	Year / 2022	THROUGH	Month 10	Day 31 /	2022
II ELECTION	Month Day	Year	Primary X General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)				ys County Cler	k	4
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. TH	ESE EXPENDITURES N	AY HAVE BEEN MA	ADE WITHOUT THE CANDI	DATE'S OR OFFICE	COMMITTEES TO SUPPORT HOLDER'S KNOWLEDGE OR E OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE Hays	e NAME County Repu	ıblican Par	rty		
Additional Pages	X GENERAL		E ADDRESS FM 150, Kyl	le TX 7864	10		
	SPECIFIC		e campaign treas Pat Paul	SURER NAME			
			e campaign trea pringwood F		ing Springs, T	exas 7862	0
			GO TO P	AGE 2			
orms provided by Toyan I	this Commission		www ethics	state ty us			Pavisad 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	la Duran		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GU/ CONTRIBUTIONS MADE EL		\$	20.00
10-21-	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO	RIBUTIONS OANS, OR GUARANTEES OF LOANS	\$	300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPE	NDITURES	\$	2,026.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LA	AST DAY \$	385.96
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS (OF THE \$	0
			Candidate or C	menoleer
	Please com	plete either option belo	w:	
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed	before me by Linella De	ran this the	3/8+ d	ay of <u>OCtober</u> ,
(Anny Ans	which, witness my hand and seal of office	Avila		ofery
Signature of officer administe	ring oath Printed name of	officer administering oath	Title	e of officer administering oath
(2) Unsworn Declaration	on	OR		
My name is		, and my date of birth	is	
My address is	(street) -		(state) (zip	code) (country)
Executed in	County, State of	, on the day of	(3tate) (2lp	20 (country)
		Signature of Cano		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Linda Duran	Filer ID (Ethics Commission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 300.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	\$ 2,026.33			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COM	NTRIBUTIONS \$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 250.00			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	SINESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IS RETURNED \$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

			eport.	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
FILER NAME Linda D	uran		3 Filer ID (Ethics Commission Filers)	
Date 5 Full name of contributorout-of-state PAC (ID#:) Brenda Sowada 6 Contributor address; City; State; Zip Code 393 Pink Granite Blvd Dripping Springs TX 78620				
Retired	pation / Job title (See Instructions)	9 Employer (See Instructi Retired	ons)	
Date 10/10/2022	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$100.00	
	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
S	Self-employed	Self		
Date	Martha Barchfeld		Amount of contribution (\$) \$100.00	
10/16/2022	Contributor address; City; 550 Flite Acres Rd Wimberle	State; Zip Code by TX 78676	\$100.00	
Principal occup	ation / Job title (See Instructions) Retired	Employer (See Instructi Retired	ions)	
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	ions)	

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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1	2 FILER NAME Linda Duran	3 Filer ID (Ethics Commission Filer			
4 Date	5 Payee name				
10/4/2022	KAP Print LLC				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$258.04	220 Quinn Drive	Dripping Spring	s TX	78620	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Push Cards			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
10/11/2022	Chase				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1215.16	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 Expenditures - Reported				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
10/11/2022	Chase				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$308.58	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	Expenditure	es - Reporte	ed	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	DED		

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

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

Total pages Schedule F1:	2 FILER NAME Linda Duran	3 Filer ID (Ethics Commission Filers)			
Date	5 Payee name				
10/11/2022	MC				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$244.55	P.O. Box 960013	Orlando	FL	32896-0013	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE					
OF EXPENDITURE	Credit Card Payment	Expenditures - Reported			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	ng expense	
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		P (2-10)	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OF	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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Contributions/Officebooker/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)

Candidate/Officeholder/Politic	al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Linda Duran	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ O
5 Date	6 Payee name	(Application)
10/7/2022	S&L Graphics	
7 Amount (\$)	8 Payee address; City;	State; Zip Code
\$250.00	3559 Honey Meadows San Antoni	o TX 78222
9 TYPE OF EXPENDITURE	X Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense T-Shirts	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if I	Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
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 expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held



TO: Linda Duran Campaign

FROM: Robert Parks, Chairman

DATE: October 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 September 30, 2022, through October 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 Digital advertising in Hays County, Texas.
- HCGOP Push Cards with all Hays County Candidates Names
- Block Walkers, Texting and Phone Banking

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.