

# 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                                                                                                                                                                                       | 2 Total pages filed:<br>10                                                       |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                              | MS / MRS / MR FIRST MI<br>Maria Vilma                                                                                                                                                                                                                                                                                                                                                                                 | OFFICE USE ONLY<br>Date Received<br><b>PASADENA ISD</b><br><b>APR - 6 2017</b>                                                                                                                   |                                                                                  |
|                                                                                              | NICKNAME LAST SUFFIX<br>Duran                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                  |                                                                                  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>1423 N. Circle Park<br>Pasadena, TX 77504                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                  | Date Hand-Delivered or Date Postmarked<br><b>ACCOUNTABILITY &amp; COMPLIANCE</b> |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  | Receipt # Amount                                                                 |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  | Date Processed                                                                   |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  | Date Imaged                                                                      |
| 5 CAMPAIGN TREASURER NAME                                                                    | MS / MRS / MR FIRST MI<br>Ms. Vilma E.                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                  |                                                                                  |
|                                                                                              | NICKNAME LAST SUFFIX<br>Valencia                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                  |                                                                                  |
| 6 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1423 N. Circle Park Pasadena, Texas 77504                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                                                  |
| 7 CAMPAIGN TREASURER PHONE                                                                   | AREA CODE PHONE NUMBER EXTENSION<br>832 - 455-2589                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                  |                                                                                  |
| 8 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)<br><input 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) |                                                                                                                                                                                                  |                                                                                  |
| 9 PERIOD COVERED                                                                             | Month Day Year    Month Day Year<br>02/17/2017    THROUGH    03/27/2017                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |                                                                                  |
| 10 ELECTION                                                                                  | ELECTION DATE<br>Month Day Year<br>05/06/2017                                                                                                                                                                                                                                                                                                                                                                         | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                                                                                  |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                                                  |
| 11 OFFICE                                                                                    | OFFICE HELD (if any)<br>None                                                                                                                                                                                                                                                                                                                                                                                          | 12 OFFICE SOUGHT (if known)<br>Pasadena Independent School District Board of Trustees, Position 2                                                                                                |                                                                                  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

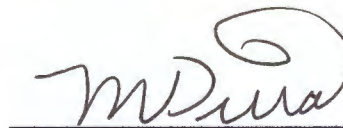
FORM C/OH  
COVER SHEET PG 2

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|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |           |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------|
| 13 C / OH NAME<br>Duran, Maria                                                         |                                                                                                                                                                                                                                                                                                                                                                                                | 14 Filer ID                                                                                                        |           |
| 15 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                                                                                                    |           |
|                                                                                        | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                | COMMITTEE NAME                                                                                                     |           |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                | COMMITTEE ADDRESS                                                                                                  |           |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                | COMMITTEE CAMPAIGN TREASURER NAME                                                                                  |           |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                | COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                               |           |
| 16 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)                                  | \$ 670.00 |
| EXPENDITURE TOTALS                                                                     | 3.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED                                                     | \$ 12.00  |
|                                                                                        | 4.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL POLITICAL EXPENDITURES                                                                                       | \$ 307.06 |
| CONTRIBUTION BALANCE                                                                   | 5.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 100.00 |
| OUTSTANDING LOAN TOTALS                                                                | 6.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 140.00 |

## 17 AFFADAVIT

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARIA Vilma Duran, this the 4 day of April, 20 17, to certify which, witness my hand and seal of office.

  
Signature of officer administering

Cynthia Ann Wilson  
Printed name of officer administering

Notary  
Title of officer administering oath



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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**18 FILER NAME**

Duran, Maria

**19 Filer ID****20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE

SUBTOTAL AMOUNT

- |     |                                                                                                             |           |
|-----|-------------------------------------------------------------------------------------------------------------|-----------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 570.00 |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 100.00 |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$        |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                                                       | \$ 140.00 |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 63.50  |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$        |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$        |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 243.56 |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$        |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$        |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$        |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                    |                                                                                                                                                                                                                               |                                                          |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                   |                                                                                                                                                                                                                               | <b>1</b> Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/10  |
| <b>2</b> FILER NAME<br>Duran, Maria                                                |                                                                                                                                                                                                                               | <b>3</b> Filer ID                                        |
| <b>4</b> Date<br>03/27/2017                                                        | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Aguirre, Yolitzma<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>904 French St. N.W.<br><br>Washington, DC 20001 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Owner / Co-Founder |                                                                                                                                                                                                                               | <b>9</b> Employer (See Instructions)<br>Nobleza Magazine |
| Date<br>03/23/2017                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Alejo, Sylvia<br><hr/> Contributor address; City; State; Zip Code<br>16430 Kettlebrook Lane<br><br>Houston, TX 77049                       | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Homemaker                   |                                                                                                                                                                                                                               | Employer (See Instructions)<br>None                      |
| Date<br>03/20/2017                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Flores, Lauren<br><hr/> Contributor address; City; State; Zip Code<br>226 Grove St.<br><br>Houston, TX 77020                               | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Program Coordinator         |                                                                                                                                                                                                                               | Employer (See Instructions)<br>MD Anderson Cancer Center |
| Date<br>03/22/2017                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gayon, Ana<br><hr/> Contributor address; City; State; Zip Code<br>2802 Briarhurst Park<br><br>Houston, TX 77057                            | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Cost Manager                |                                                                                                                                                                                                                               | Employer (See Instructions)<br>Turner & Townsend         |
| Date<br>03/20/2017                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gayon, Pablo<br><hr/> Contributor address; City; State; Zip Code<br>825 Usener St.<br>Apt. 732<br>Houston, TX 77009                        | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Engineer                    |                                                                                                                                                                                                                               | Employer (See Instructions)<br>EM Engineering Group      |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:  
Sch: 2/2 Rpt: 5/10

**2** FILER NAME  
Duran, Maria

**3** Filer ID

**4** Date  
03/20/2017

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Hernandez, Pamela

**7** Amount of Contribution (\$) \$100.00

**6** Contributor address; City; State; Zip Code  
2303 Willow Point Dr.  
  
Kingwood, TX 77339

**8** Principal occupation / Job title (See Instructions)  
Director of Education

**9** Employer (See Instructions)  
Project GRAD Houston

Date  
03/26/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mercado, Martha

Amount of Contribution (\$) \$40.00

Contributor address; City; State; Zip Code  
3304 Red River St.  
Apt. 107  
Austin, TX 78705

Principal occupation / Job title (See Instructions)  
Americorps Member

Employer (See Instructions)  
Communities in School

Date  
03/23/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Overland, Luisa

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code  
4002 Rustling Woods Ct.  
  
Houston, TX 77059

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date  
03/27/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Ronquillo, Shirley

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code  
3309 Kowis  
  
Houston, TX 77093

Principal occupation / Job title (See Instructions)  
Community Marketing Specialist

Employer (See Instructions)  
Texas Children's Health Plan

Date  
03/25/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Thomas, Sudin

Amount of Contribution (\$) \$150.00

Contributor address; City; State; Zip Code  
10830 Timber Line Lane  
  
Ellicott City, MD 21042

Principal occupation / Job title (See Instructions)  
Student

Employer (See Instructions)  
None

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
Sch: 1/1 Rpt: 6/10

2 FILER NAME  
Duran, Maria

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
02/28/2017

6 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Montes, Ricardo

7 Contributor address; City; State; Zip Code  
6911 Thrush Dr.

Houston, TX 77087

8 Amount of contribution (\$) \$100.00  
9 In-kind contribution description  
Graphic design services

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  
Graphic Designer

11 Employer (FOR NON-JUDICIAL) (See instructions)  
Houstonia Magazine

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)



# LOANS

## SCHEDULE E

|                                                                                                           |                                                                                                            |                                                                                                                                   |                                       |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                          |                                                                                                            | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 7/10                                                                            |                                       |
| <b>2</b> FILER NAME<br>Duran, Maria                                                                       |                                                                                                            | <b>3</b> Filer ID                                                                                                                 |                                       |
| <b>4</b> TOTAL OF UNITEMIZED LOANS                                                                        |                                                                                                            |                                                                                                                                   | \$                                    |
| <b>5</b> Date of loan<br>02/27/2017                                                                       | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Duran, Maria Vilma (Ms.) |                                                                                                                                   | <b>9</b> Loan Amount (\$)<br>\$100.00 |
| <b>6</b> Is lender a financial institution?<br>No                                                         | <b>8</b> Lender address; City; State; Zip Code<br>1423 N. Circle Park<br><br>Pasadena, TX 77504            |                                                                                                                                   | <b>10</b> Interest Rate               |
|                                                                                                           |                                                                                                            |                                                                                                                                   | <b>11</b> Maturity Date               |
| <b>12</b> Principal occupation / Job title (See Instructions)<br>Sports Marketing Specialist/Entrepreneur |                                                                                                            | <b>13</b> Employer (See Instructions)<br>Duran Concepts                                                                           |                                       |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> None                           |                                                                                                            | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/> |                                       |
| <b>16</b> GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable                 | <b>17</b> Name of guarantor                                                                                |                                                                                                                                   | <b>19</b> Amount Guaranteed (\$)      |
|                                                                                                           | <b>18</b> Guarantor address; City; State; Zip Code                                                         |                                                                                                                                   |                                       |
| <b>20</b> Principal occupation                                                                            |                                                                                                            | <b>21</b> Employer (See Instructions)                                                                                             |                                       |
| Date of loan<br>03/22/2017                                                                                | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Duran, Maria Vilma (Ms.)          |                                                                                                                                   | Loan Amount (\$)<br>\$40.00           |
| Is lender a financial institution?<br>No                                                                  | Lender address; City; State; Zip Code<br>1423 N. Circle Park<br><br>Pasadena, TX 77504                     |                                                                                                                                   | Interest Rate                         |
|                                                                                                           |                                                                                                            |                                                                                                                                   | Maturity Date                         |
| Principal occupation / Job title (See Instructions)<br>Sports Marketing Specialist/Entrepreneur           |                                                                                                            | Employer (See Instructions)<br>Duran Concepts                                                                                     |                                       |
| Description of Collateral<br><input checked="" type="checkbox"/> None                                     |                                                                                                            | Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/>           |                                       |
| GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable                           | Name of guarantor                                                                                          |                                                                                                                                   | Amount Guaranteed (\$)                |
|                                                                                                           | Guarantor address; City; State; Zip Code                                                                   |                                                                                                                                   |                                       |
| Principal occupation                                                                                      |                                                                                                            | Employer (See Instructions)                                                                                                       |                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

|                                                                     |  |                                                                                                                    |  |                                                                                                                                                                                                                |
|---------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/2 Rpt: 8/10             |  | <b>2</b> FILER NAME<br>Duran, Maria                                                                                |  | <b>3</b> Filer ID                                                                                                                                                                                              |
| <b>4</b> Date<br>03/20/2017                                         |  | <b>5</b> Payee name<br>Piryx Inc.                                                                                  |  |                                                                                                                                                                                                                |
| <b>6</b> Amount (\$)<br>\$13.54                                     |  | <b>7</b> Payee address; City; State; Zip Code<br>995 Market Street<br>2nd Floor<br>San Francisco, CA 94103         |  |                                                                                                                                                                                                                |
| <b>8</b> PURPOSE OF EXPENDITURE                                     |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                                    |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online donation fees |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |                                                                                                                    |  |                                                                                                                                                                                                                |
| Date<br>03/22/2017                                                  |  | Candidate/Officeholder name<br>Payee name<br>Piryx Inc.                                                            |  |                                                                                                                                                                                                                |
| Amount (\$)<br>\$5.34                                               |  | Office sought<br>Payee address; City; State; Zip Code<br>995 Market Street<br>2nd Floor<br>San Francisco, CA 94103 |  |                                                                                                                                                                                                                |
| PURPOSE OF EXPENDITURE                                              |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                                    |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |                                                                                                                    |  |                                                                                                                                                                                                                |
| Date<br>03/23/2017                                                  |  | Candidate/Officeholder name<br>Payee name<br>Piryx Inc.                                                            |  |                                                                                                                                                                                                                |
| Amount (\$)<br>\$6.53                                               |  | Office sought<br>Payee address; City; State; Zip Code<br>995 Market Street<br>2nd Floor<br>San Francisco, CA 94103 |  |                                                                                                                                                                                                                |
| PURPOSE OF EXPENDITURE                                              |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                                    |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |                                                                                                                    |  |                                                                                                                                                                                                                |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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:<br>Sch: 2/2 Rpt: 9/10      |  | 2 FILER NAME<br>Duran, Maria                                                                        |  | 3 Filer ID                                                                                                                                                                                              |  |
| 4 Date<br>03/25/2017                                  |  | 5 Payee name<br>Pirya Inc.                                                                          |  |                                                                                                                                                                                                         |  |
| 6 Amount (\$)<br>\$12.15                              |  | 7 Payee address; City; State; Zip Code<br>995 Market Street<br>2nd Floor<br>San Francisco, CA 94103 |  |                                                                                                                                                                                                         |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                            |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online donation fees |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                         |  | Office sought                                                                                                                                                                                           |  |
| Date<br>03/26/2017                                    |  | Payee name<br>Pirya Inc.                                                                            |  |                                                                                                                                                                                                         |  |
| Amount (\$)<br>\$3.46                                 |  | Payee address; City; State; Zip Code<br>995 Market Street<br>2nd Floor<br>San Francisco, CA 94103   |  |                                                                                                                                                                                                         |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                            |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online donation fees |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                         |  | Office sought                                                                                                                                                                                           |  |
| Date<br>03/27/2017                                    |  | Payee name<br>Pirya Inc.                                                                            |  |                                                                                                                                                                                                         |  |
| Amount (\$)<br>\$10.48                                |  | Payee address; City; State; Zip Code<br>995 Market Street<br>2nd Floor<br>San Francisco, CA 94103   |  |                                                                                                                                                                                                         |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                            |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online donation fees |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                         |  | Office sought                                                                                                                                                                                           |  |

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

|                                                               |  |                                                                                                    |  |                                                                                                                                                                                                                              |  |
|---------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F4:<br>Sch: 1/1 Rpt: 10/10             |  | 2 FILER NAME<br>Duran, Maria                                                                       |  | 3 Filer ID                                                                                                                                                                                                                   |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  |                                                                                                    |  | \$                                                                                                                                                                                                                           |  |
| 5 Date<br>03/11/2017                                          |  | 6 Payee name<br>PostNet                                                                            |  |                                                                                                                                                                                                                              |  |
| 7 Amount (\$)<br>\$60.00                                      |  | 8 Payee address; City; State; Zip Code<br>6725 Fairmont Parkway<br><br>Pasadena, TX 77505          |  |                                                                                                                                                                                                                              |  |
| 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)<br>Office Overhead/Rental Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign mailbox rental and fee           |  |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                        |  | Office sought                                                                                                                                                                                                                |  |
| Date<br>03/11/2017                                            |  | Payee name<br>PostNet                                                                              |  |                                                                                                                                                                                                                              |  |
| Amount (\$)<br>\$183.56                                       |  | Payee address; City; State; Zip Code<br>6725 Fairmont Parkway<br><br>Pasadena, TX 77505            |  |                                                                                                                                                                                                                              |  |
| TYPE OF EXPENDITURE                                           |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political               |  |                                                                                                                                                                                                                              |  |
| PURPOSE OF EXPENDITURE                                        |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense            |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing and mailing of campaign brochure |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH    |  | Candidate/Officeholder name                                                                        |  | Office sought                                                                                                                                                                                                                |  |