CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 18				
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST Ms. Karla	OFFICE USE ONLY					
NAME	nickname last Duran	SUFFIX	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; PO BOX 120392 San Antonio, Texas 78212	CITY; STATE; ZIP CODE					
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 994-0429	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$				
6 CAMPAIGN TREASURER	Mrs. FIRST Victoria	МІ	Date Processed				
NAME	NICKNAME LAST	SUFFIX					
	Herrera		Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / S 109 Lou Jon Circle San Antonio, Texas 78213	UITE #; CITY;	STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 845-3905	EXTENSION					
9 REPORT TYPE	January 15 30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year						
COVERED	3 / 28 / 23	THROUGH 4	/ 26 / 23				
11 ELECTION	ELECTION DATE	ELECTION TYPE					
	Month Day Year Primary	Runoff Other Description					
	5 / 6 / 23 General	Special Northside ISD	School Board Trustee				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Trustee)				
14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH							
COMMITTEE(3)	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME					
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS					
	GO TO	PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Karla Duran		16 File	r ID (Ethics (Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH. PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 2	2,820.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0
	4. TOTAL POLITICAL EXPENDITURES		\$ 4	1,051.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LOF REPORTING PERIOD	AST DAY	\$ 2	2,710.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$	781.50
	wear, or affirm, under penalty of perjury, that the accompanying report is t quired to be reported by me under Title 15, Election Code.	rue and co	orrect and in	cludes all information
	KARLA	I DUR	AN	
	Signature of 6	Candidate	or Officehol	der
	Please complete either option belo	w.		
	r louse complete cities option soil			
(1) Affidavit				
NOTARY STAMP/SEAL	L			
Sworn to and subscribed	before me by this th	ie	_ day of _	
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ring oath Printed name of officer administering oath		Title of offic	er administering oath
	OR			
(2) Unsworn Declaration	on			
My name is Karla Dura	•	is 3/14/1	1979	·
My address is 8523 Qua	ail Tree San Antonio	,	78250	USA
Executed in Bexar	(city) County, State of Texas , on the 28 day of April	l	(zip code) , 20 23 (year)	(country) ·
	Signature of Can	didate/Offic	ceholder (De	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	LER NAME la Duran	20 Filer ID (Ethics Con	nmiss	ion Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,820.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,440.60
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	■ SCHEDULE E: LOANS		\$	781.50
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COL	NTRIBUTIONS	\$	4,051.10
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0

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: 8
2 FILER NAME Karla Durar	١		3 Filer ID (Ethics Commission Filers)
4 Date	Castro for Congress	: (ID#:)	7 Amount of contribution (\$)
03/29/20	6 Contributor address; City; PO Box 544 San Antonio	State; Zip Code	250.00
8 Principal occu Congressman	pation / Job title (See Instructions)	9 Employer (See Instruct US Congress	ions)
Date	Full name of contributor out-of-state PAC Jacob Hernandez	; (ID#:)	Amount of contribution (\$)
03/31/20	Contributor address; City; 9523 Braun Creek San Anto	State; Zip Code nio TX 78254	100.00
	ation / Job title (See Instructions) siness Manager	Employer (See Instruct St. Mary's University	ions)
Date		; (ID#:)	Amount of contribution (\$)
03/31/20	Cecil Whisenton Contributor address; City;	State; Zip Code	200.00
	8506 Vineyard Mist San Anto	onio TX 78255	
Principal occup	ent	Employer (See Instruct State Farm	ions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
04/01/20	Contributor address; City;	State; Zip Code	100.00
	17707 Arroyo Gold San Anto		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct State of Texas	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.						1 Total pages Schedule A1: 8	
2	FILER NAME	Karla Duran					3 Filer ID (Ethics Commission Filers)
4	Date 4/3/23	5 Full name of contributor Christopher Callar	nen	out-of-state PAC	`	,	7 Amount of contribution (\$) 8 50.00
		6 Contributor address;	San				
_		7706 Red Hill Place		TX City;		Zip Code	
8	Principal occu	pation / Job title (See Instr	ructions)		9 Employ	yer (See Instruct	tions)
	Date 4/2/23	Full name of contributo	or	out-of-state PAC	(ID#:)	Amount of contribution (\$) 25.00
		Contributor address; 7415 Pipe Creek Lane	Richmo nd	TX City;	77407 State;	Zip Code	
	Principal occup	pation / Job title (See Instru	uctions)	S.i.y,		er (See Instruct	tions)
	Date 4/2/23	Full name of contributo Laura Perez	r	out-of-state PAC	(ID#:	.)	Amount of contribution (\$) 25.00
		Contributor address;					
		Manor	Schertz	TX	78108		
	Principal occup	 pation / Job title (See Instru	uctions)	City;		Zip Code yer (See Instruct	tions)
	Date 4/1/23	Full name of contributo	or	out-of-state PAC	(ID#:)	Amount of contribution (\$) 100.00
		Contributor address; 214 Blackjack					
		Oak Suite	955 SI City;	navano Park State; Zip C		78230	
	Principal occup	Dation / Job title (See Instru	•	<u> </u>		yer (See Instruct	tions)
						HEDULE AS Ne for additional	IEEDED reporting requirements.

SCHEDULE A1

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

ii tile reques	sted information is not applicable, DO NOT III	clude tills page ill tile i	ерог.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 8
2 FILER NAME Karla Dura	n		3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
04/03/2023	Bernadette Pena		100.00
	6 Contributor address; City; San	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)	78225 9 Employer (See Instruct Miella Media	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/05/2023	Alyssa and Cervantes Ramon Benavides		50.00
	Contributor address; City; 11505 James Grant El Paso TX	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi Texas Tech	ions)
Date	Full name of contributor out-of-state PAC Terrie De La Garza	(ID#:)	Amount of contribution (\$)
04/06/2023	Contributor address; City; San 6930 Crested Quail Antonio 782	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Tutor	T	NISD	
Date	Full name of contributor out-of-state PAC Shellie Reyes	(ID#:)	Amount of contribution (\$)
04/12/2023	Contributor address; City;	State; Zip Code	100.00
	5456 Tallgrass Bulverde TX	78163	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct Clausewitz Reyes	ions)

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

SCHEDULE A1

If the reques	ted information is not a	applicable	DO NO	T includ	de this pa	age in the I	report.
The	Instruction Guide explain	ns how to	complete	this forr	m.		1 Total pages Schedule A1:
² FILER NAME Karla Durar	۱						3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributo	r	out-of-state	PAC (ID#	<u>:</u>)	7 Amount of contribution (\$)
04/12/2023	6 Contributor address;	San	City;			Code	200.00
	9346 Dover Ridge	Antonio	TX	78250	1		
	pation / Job title (See Instrunger Director	uctions)			9 Emplo	oyer (See Inst	rructions)
Date	Full name of contributor David Worley	r	out-of-state	PAC (ID#	ŧ)	Amount of contribution (\$)
04/02/2023	Contributor address;	San	City;		State; Zip	Code	100.00
	306 Pearl Parkway	Antonio	TX	78215			
Principal occup	ation / Job title (See Instru	ctions)			Emplo Consult	oyer (See Inst ant	ructions)
Date 04/17/2023	Full name of contributor Anamaria Suescu	un-Fast	out-of-state	PAC (ID#	<u>.</u>)	Amount of contribution (\$) 200.00
	Contributor address; San		City; State; Zip Code		Code	200.00	
	360 Pike Road	Antonio	TX	7820			
Marketing	pation / Job title (See Instru	ctions)			Emplo	oyer (See Inst	ructions)
Date	Full name of contributor		out-of-state	PAC (ID#	t:)	Amount of contribution (\$)
04/17/2023							100.00
	Contributor address; 132 W Elmview Pl	San Antonio	City;		State; Zip	Code	
Principal occur	ation / Job title (See Instru		TX	78209		oyer (See Inst	ructions)
Consulting	and the local matter					a Consultin	,
						HEDULE AS for additiona	NEEDED I reporting requirements.

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SCHEDULE A1

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

Steel Contributor Contri	The	Instruction Guide explain	ns how to	complete this	s form.	1 Total pages Schedule A1: 8
Patricia Castillo 6 Contributor address; City: State: Zip Code 2211 Westmoor San Street Antonio TX 78227 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Date Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Date Full name of contributor Annount of contribution (\$) Date Full name of contributor Anna Sandoval D4/18/2023 D4/18/2023 Date Full name of contributor Anna Sandoval D4/18/2023 Contributor address; City: State: Zip Code Annount of contribution (\$) Amount of contribution (\$) Date Full name of Antonio TX 78228 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Antonio TX 78228 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Lorena Pulido O4/19/2023 Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code D4/19/2023 Amount of contribution (\$) Amount of contribution (\$) Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code D4/19/2023		n				3 Filer ID (Ethics Commission Filers)
4/17/2023 6 Contributor address; 2211 Westmoor San Street Antonio TX 78227 Principal occupation / Job title (See Instructions) Peace Initiative	Date	5 Full name of contributo	r	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
2211 Westmoor San Antonio TX 78227 Principal occupation / Job title (See Instructions) Peace Initiative	4/17/2023					25.00
Principal occupation / Job title (See Instructions) ocial Worker Date Full name of contributor Contributor address; 13710 Shavano Breeze Antonio Principal occupation / Job title (See Instructions) Date Full name of contributor Anna Sandoval Al/18/2023 Anna Sandoval Anna Sandoval Contributor address; 1222 Donaldson Anna Sandoval Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Anna Sandoval Contributor address; 1222 Donaldson Ave Antonio Antonio TX T8228 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Contributor address; 1222 Donaldson Ave Antonio Antonio TX T8228 Full name of contributor Lorena Pulido Contributor address; City; State; Zip Code Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code Date Full name of contributor Lorena Pulido Contributor address; City; State; Zip Code San 1602 Sunbend Fls Antonio TX T8224		6 Contributor address; 2211 Westmoor	San	City;	State; Zip Code	25.00
Date Full name of contributor Contribu	Principal occu					tions)
All 18 2023 Ilsa Cerna City: State; Zip Code 13710 Shavano San Breeze Antonio TX 78230					Peace Initiative	
A/18/2023 Contributor address; 13710 Shavano San Breeze Antonio TX 78230 Principal occupation / Job title (See Instructions) Date Full name of contributor Anna Sandoval 4/18/2023 Contributor address; 1222 Donaldson Ave Antonio Ave Antonio Ave Antonio Date Full name of contributor Ave Antonio Ave Antonio O4/19/2023 Contributor address; City; State; Zip Code Type Code Type City; State; Type Code Type Code Type City; State; Type Code Type City; Type City; Type Code Type City; Type City; Type Code Type City; Type City; Type Code Type City; Type C	Date	Full name of contributo	r	out-of-state PA	C (ID#:)	Amount of contribution (\$)
13710 Shavano San Breeze Antonio TX 78230	4/18/2023					25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Anna Sandoval Contributor address; City; State; Zip Code 1222 Donaldson San Ave Antonio TX 78228 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code San 1602 Sunbend Fls Antonio TX 78224		Contributor address;	_			25.00
Date Full name of contributor Anna Sandoval Contributor address; City; State; Zip Code 1222 Donaldson San Ave Antonio TX 78228 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:		Breeze	Antonio	TX 78	3230	
Anna Sandoval Contributor address; City; State; Zip Code 1222 Donaldson San Ave Antonio TX 78228 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Lorena Pulido O4/19/2023 Contributor address; City; State; Zip Code San 1602 Sunbend Fls Antonio TX 78224	Principal occup	pation / Job title (See Instru	ctions)		Employer (See Instruc	tions)
Contributor address; City; State; Zip Code 1222 Donaldson San Ave Antonio TX 78228 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:	Date		-	out-of-state PA	C (ID#:)	Amount of contribution (\$)
1222 Donaldson San Ave Antonio TX 78228 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	4/18/2023					200 00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Lorena Pulido Contributor address; City; State; Zip Code San 1602 Sunbend Fls Antonio TX 78224		· ·	San	City;	State; Zip Code	200.00
Date Full name of contributor out-of-state PAC (ID#:) Lorena Pulido Contributor address; City; State; Zip Code San 1602 Sunbend Fls Antonio TX 78224 Amount of contribution (\$)				TX		
D4/19/2023 Contributor address; City; State; Zip Code San 1602 Sunbend Fls Antonio TX 78224	Principal occup	oation / Job title (See Instru	ctions)		Employer (See Instruc	tions)
O4/19/2023 Contributor address; City; State; Zip Code San 1602 Sunbend Fls Antonio TX 78224	Date	Full name of contributo	-	out-of-state PA	C (ID#:)	Amount of contribution (\$)
San 1602 Sunbend Fls Antonio TX 78224		Lorena Pulido				
1602 Sunbend Fls Antonio TX 78224	04/19/2023	Contributor address;	_	City;	State; Zip Code	50.00
		1602 Suppond Fla		TV	70224	
Employer (See Instructions)	Dringing contr	1		1 / 1 / 1	1	tions\
	Principal occup	Sation / Job title (See Institu	ctions)		Employer (See instruc	uons)

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	ARY POLITICAL CONTRIBUTIONS sted information is not applicable, DO NOT include this page in the r	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 8
FILER NAME Karla Dura		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
4/19/2023	Yorka Velasco	100.00
	6 Contributor address; City; State; Zip Code 10611 Leopard San Path Antonio TX 78251	100.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/24/2023	Yviand Serbones	45.00
	Contributor address; City; State; Zip Code 122 Roslyn Avenue San Antonio TX 78204	15.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Janel Martinez	Amount of contribution (\$)
4/24/2023	Contributor address; City; State; Zip Code 4830 Appleseed	10.00
	Court San Antonio TX	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/24/2023	Alexandra Bachran Contributor address; City; State; Zip Code	25.00
	2619 Chestnut T 7823	25.00
	Bend San Antonio X 2	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)

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: 8
2 FILER NAME Karla Dura	n			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
04/24/2023	Richard Gonzalez			100.00
	6 Contributor address; 4406 Jesse San Bowman Antonio	City;	State; Zip Code	100.00
8 Principal occu	Bowman Antonio	IA	9 Employer (See Instruct	ions)
• · ····o.pui occu	pane, 552 and (555 menacine)		2 Employer (eee meaded	iono,
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/24/2023	Brenda Cervantes			45.00
0 1/2 1/2020	Contributor address;	City; San	State; Zip Code	15.00
	426 Bobcat Hollow	Antonio TX	78251	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Rita Crayton	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/25/2023				25.00
0 1/ = 0/ = 0 = 0	Contributor address; 10914 Mustang San	City;	State; Zip Code	25.00
	Oak Dr Antonio	TX	78254	
Principal occu _l	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Gylon Jackson	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/25/2023	Contributor address;	City;	State; Zip Code	25.00
	COR C Soint Manus 200	San	-:- TV 70205	
Principal occur	628 S. Saint Marys, 206	206 Antor	nio TX 78205 Employer (See Instruct	ions)
i iliopai occu	pation / tob title (occ matradions)		C Employer (See mande)	
			OF THIS SCHEDULE AS N	
	If contributor is out-of-state PAC,	please see Inst	ruction guide for additional ı	reporting requirements.

SCHEDULE A1

If the reques	sted information is not	applicable	, DO NO	T includ	le this pag	e in the rep	ort.	
The	Instruction Guide expla	nins how to	complete	this form	1.		1 Total pages Sche	dule A1:
2 FILER NAME Karla Dura	n						3 Filer ID (Ethics 0	Commission Filers)
4 Date	5 Full name of contribute Laura Barbarena		out-of-state	PAC (ID#:)	7 Amount of contr	bution (\$)
04/25/2023	6 Contributor address;	San	City;		tate; Zip C	ode	10	0.00
	135 Furr Drive	Antonio	TX		78201	<u> </u>		
8 Principal occu	pation / Job title (See Inst	tructions)			9 Employe	er (See Instruc	tions)	
Date	Full name of contribut Jacob Hernand		out-of-state	PAC (ID#:)	Amount of contr	ibution (\$)
04/25/2023	Contributor address	; San	City;		tate; Zip C	ode	1	5.00
	9523 Braun Creek	Antonio	TX	78254				
Date 04/26/2023	Full name of contribut Alicia Reye			e PAC (ID#:		(See Instruc	Amount of conti	.,
04/20/2023	Contributor address;		City;		tate; Zip Co	ode	4	0.00
Principal occup	pation / Job title (See Instr					er (See Instruc	tions)	
Date	Full name of contribut Jorge Herrera	or	out-of-state	PAC (ID#:)	Amount of contr	ibution (\$)
04/26/2023							2	250.00
	Contributor address	;	City;	S	tate; Zip Co	ode		
	1800 West	san						
Daire - in - !	Commerce	antonio	TX	78207		v= /Co = 1:: 1	tions)	
Principal occup	pation / Job title (See Instr	ructions)			Employe	er (See Instruc	tions)	
			_			DULE AS NE r additional re	EDED porting requirements.	
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAME	E		3 Filer ID (Ethics Co	mmission Filers)
Karla Dur	ran		,	,
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3,440.6	0
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
04/26	7 Contributor address; City; State;	Zip Code	3,440.60	mailings
	6502 Bandera Rd. Ste. 202 San Antonio, 1	X 78238	Check if travel outsi	de of Texas. Complete Schedule T.
	supation / Job title (FOR NON-JUDICIAL) (See Instructions) AFT Committee on Political Education	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
		1	Check if travel outside	de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

LOANS SCHEDULE E

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

<u>'</u>	,			
The	1 Total pages Schedule E: 2			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Karla Duran				
4 TOTAL OF UN	\$ 781.50			
5 Date of loan	7 Name of lender out-of-state F	9 Loan Amount (\$)		
02/25/2023	Karla Duran		37.89	
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate	
a financial Institution?	-			
YXN	PO Box 120392 San Antonio, TX 78250		11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	1	
Education		SAISD		
14 Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)	
16 GUARANTOR INFORMATION			19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender ☐ out-of-state f	PAC (ID#:)	Loan Amount (\$)	
02/12/2023	Karla Duran	,	176.00	
Is lender	Lender address; City;	State; Zip Code	Interest rate	
a financial Institution?				
Y X N	PO Box 120392 San Antonio, TX 78250		Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Education		SAISD		
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)		
none	Name of automater		Amount Cuprenteed (\$)	
GUARANTOR INFORMATION	Name of guarantor NA		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupation (See Instructions)		Employer (See Instructions)	1	
	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	EDED	

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

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) Karla Duran 4 TOTAL OF **LOANS** 781.50 UNITEMIZED 7 Name of lender Date of loan out-of-state PAC (ID#: Loan Amount (\$) Karla Duran 2/16/23 402 56 10 Interest rate Is lender 11 Maturity date financial 8 Lender address; City; State; Zip Code Institution? PO BOX 120392 San Antonio 78212 Y X N12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) SAISD Education 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:_ 165.05 2/16/23 Karla Duran Interest rate Is lender Lender address: City; State: Zip Code a financial Institution? PO BOX 120392 San Antonio 78212 Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State: Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Com	Deset Ferms	s.sta	B 1 B	Revised
,	Reset Form		Reset Page	8/17/2020

If lender 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 (onter a extensive listed above)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. **1** Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 3 Karla Duran 4 Date 5 Payee name 3/28/23 3 D Signs 6 Amount (\$) 7 Payee address; 1.055.44 8015 W 2nd St, Somerset, TX78069 City; State: Zip Code 8 Category (See Categories listed at the top of this schedule) (b) Description Advertising expense signs **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Anedot Inc. 3/28/23 Amount (\$) Payee address; 196.90 1340 Poydras Street Suite 1770New Orleans, LA 70112 City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fees online donations OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Date Wal-Mart 4/1/2023 Amount (\$) Payee address; 39.95 8538 Interstate 35 Access Rd, San Antonio, TX 78211 City; State: Zip Code Category (See Categories listed at the top of this schedule) Description Sinage materials Advertising expense **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

Advertisina 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)

Credit Card Payment The Instruction Guide explains how to complete this form. **1** Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 3 Karla Duran 4 Date 5 Payee name 4/15/2023 Huarache Turbo 6 Amount (\$) 7 Payee address; 405.94 13111 Babbling Brook San Antonio, TX 78232 City; State: Zip Code 8 Category (See Categories listed at the top of this schedule) Description t-shirts Advertising expense **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Walmart 4/15/23 Amount (\$) Payee address; 8538 Interstate 35 Access Rd, San Antonio, TX 78211 City; State; Zip Code 20.55 Category (See Categories listed at the top of this schedule) Description Advertising expense Signage materials **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Lowe's 4/19/23 Amount (\$) Payee address; 97.10 State: Zip Code City; Category (See Categories listed at the top of this schedule) Description Advertising fee Signage materials **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office held

Office sought

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 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) Credit Card Payment The Instruction Guide explains how to complete this form. **1** Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 3 Karla Duran 4 Date 5 Payee name 4/18/23 3D Signs 6 Amount (\$) 7 Payee address; 703.63 8015 W 2nd St, Somerset, TX78069 City; State: Zip Code 8 Category (See Categories listed at the top of this schedule) Description Advertising Expense (c) signs **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Alamo Mailing Co. 4/26/23 Amount (\$) Pavee address: 13114 Lookout Run, San Antonio, TX 78233 279.06 Zip Code City; State: Category (See Categories listed at the top of this schedule) Description Advertising expense Mailing fee **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Date Anedot Inc. 4/26/23 Amount (\$) Payee address; 122.40 1340 Poydras Street Suite 1770New Orleans, LA 70112 City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Online donations Fees **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertisina Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. **1** Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 3 Karla Duran 4 Date 5 Payee name 4/26/23 3D Signs 6 Amount (\$) 7 Payee address; 568.31 8015 W 2nd St, Somerset, TX78069 City; State: Zip Code 8 Category (See Categories listed at the top of this schedule) Description Advertising Expense (f) signs **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Prestige 4/26/23 Pavee address: Amount (\$) City: 561.82 8 Burwood Ln, San Antonio, TX 78216 State; Zip Code Category (See Categories listed at the top of this schedule) Description Advertising expense Mailer **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; State: Zip Code City; Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED