

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX		
Ms. Karla Duran			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
Change of Address		Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
( 512 ) 994-0429		Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Date Processed	
	NICKNAME LAST SUFFIX	Date Imaged	
Mrs. Victoria Herrera			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
(Residence or Business)		109 Lou Jon Circle San Antonio, Texas 78213	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
( 210 ) 845-3905			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	3 / 28 / 23		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)	
	NA	Trustee	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
Additional Pages			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Karla Duran		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,820.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 4,051.10
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,710.57
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 781.50

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*KARLA DURAN*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is Karla Duran, and my date of birth is 3/14/1979.

My address is 8523 Quail Tree, San Antonio, TX, 78250, USA.  
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 28 day of April, 2023.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

Karla Duran

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME 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 CONTRIBUTIONS	\$	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 FUNDS	\$	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 CONTRIBUTIONS	\$	0
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Karla Duran

3 Filer ID (Ethics Commission Filers)

4 Date

03/29/20

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Castro for Congress

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State; Zip Code

PO Box 544 San Antonio TX 78292

8 Principal occupation / Job title (See Instructions)

Congressman

9 Employer (See Instructions)

US Congress

Date

03/31/20

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jacob Hernandez

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

9523 Braun Creek San Antonio TX 78254

Principal occupation / Job title (See Instructions)

Temporary Business Manager

Employer (See Instructions)

St. Mary's University

Date

03/31/20

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Cecil Whisenton

Amount of contribution (\$)

200.00

Contributor address;

City;

State; Zip Code

8506 Vineyard Mist San Antonio TX 78255

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

State Farm

Date

04/01/20

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Tina Torres

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

17707 Arroyo Gold San Antonio TX 78232

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

State of Texas

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 8
<b>2</b> FILER NAME Karla Duran		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/3/23	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>Christopher Callanen</b> <hr/> <b>6</b> Contributor address; San 7706 Red Hill Place Antonio TX 78240 City; State; Zip Code	<b>7</b> Amount of contribution (\$) <b>8</b> 50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 4/2/23	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Karla DeCuir <hr/> <b>Contributor address;</b> 7415 Pipe Creek Richmo Lane nd TX 77407 City; State; Zip Code	<b>Amount of contribution (\$)</b> 25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/2/23	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Laura Perez <hr/> <b>Contributor address;</b> 3302 Whisper Manor Schertz TX 78108 City; State; Zip Code	<b>Amount of contribution (\$)</b> 25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/1/23	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>George Salinas</b> <hr/> <b>Contributor address;</b> 214 Blackjack Oak Suite 955 Shavano Park TX 78230 City; State; Zip Code	<b>Amount of contribution (\$)</b> 100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**Reset Form**

**Reset Page**

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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1 Total pages Schedule A1: 8

2 FILER NAME

Karla Duran

3 Filer ID (Ethics Commission Filers)

4 Date

04/03/2023

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Bernadette Pena

6 Contributor address; City; State; Zip Code

454 Carroll San Antonio TX 78225

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Miella Media

Date

04/05/2023

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Alyssa and Cervantes  
Ramon Benavides

Contributor address; City; State; Zip Code

11505 James Grant El Paso TX 79936

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Texas Tech

Date

04/06/2023

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Terrie De La Garza

Contributor address; City; State; Zip Code

6930 Crested Quail San Antonio 78250

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

NISD

Date

04/12/2023

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Shellie Reyes

Contributor address; City; State; Zip Code

5456 Tallgrass Bulverde TX 78163

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Clausewitz Reyes

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 8
<b>2</b> FILER NAME Karla Duran		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/12/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Luke Rivera <b>6</b> Contributor address; City; State; Zip Code San Antonio TX 78250 9346 Dover Ridge	<b>7</b> Amount of contribution (\$) <b>200.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Production Manager Director		<b>9</b> Employer (See Instructions)
Date 04/02/2023	Full name of contributor out-of-state PAC (ID#: _____) David Worley Contributor address; City; State; Zip Code San Antonio TX 78215 306 Pearl Parkway	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Consultant
Date 04/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Anamaria Suescun-Fast Contributor address; City; State; Zip Code San Antonio TX 78209 360 Pike Road	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)
Date 04/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Lisa Navarro-Gonzales Contributor address; City; State; Zip Code San Antonio TX 78209 132 W Elmview Pl	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Santana Consulting Group

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME <b>Karla Duran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/17/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) ..... <b>Patricia Castillo</b> ..... 6 Contributor address; City; State; Zip Code <b>2211 Westmoor San</b> <b>Street Antonio TX 78227</b>	7 Amount of contribution (\$)  <h2 style="margin: 0;">25.00</h2>
8 Principal occupation / Job title (See Instructions) <b>Social Worker</b>		9 Employer (See Instructions) <b>Peace Initiative</b>
Date <b>04/18/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) ..... <b>Ilsa Cerna</b> ..... Contributor address; City; State; Zip Code <b>13710 Shavano San</b> <b>Breeze Antonio TX 78230</b>	Amount of contribution (\$)  <h2 style="margin: 0;">25.00</h2>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/18/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) ..... <b>Anna Sandoval</b> ..... Contributor address; City; State; Zip Code <b>1222 Donaldson San</b> <b>Ave Antonio TX 78228</b>	Amount of contribution (\$)  <h2 style="margin: 0;">200.00</h2>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/19/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) ..... <b>Lorena Pulido</b> ..... Contributor address; City; State; Zip Code San <b>1602 Sunbend Fls Antonio TX 78224</b>	Amount of contribution (\$)  <h2 style="margin: 0;">50.00</h2>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Karla Duran

3 Filer ID (Ethics Commission Filers)

4 Date

04/19/2023

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Yorka Velasco

6 Contributor address;

City;

State; Zip Code

10611 Leopard Path  
San Antonio TX

78251

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/24/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Yviand Serbones

Contributor address;

City;

State; Zip Code

122 Roslyn Avenue San Antonio TX

78204

Amount of contribution (\$)

15.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/24/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Janel Martinez

Contributor address;

City;

State; Zip Code

4830 Appleseed Court  
San Antonio TX

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/24/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Alexandra Bachran

Contributor address;

City;

State; Zip Code

2619 Chestnut Bend  
TX

T 7823

San Antonio X

2

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME <b>Karla Duran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/24/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) ..... <b>Richard Gonzalez</b> ..... 6 Contributor address; City; State; Zip Code <b>4406 Jesse San</b> <b>Bowman Antonio TX 78253</b>	7 Amount of contribution (\$)  <h2 style="margin: 0;">100.00</h2>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brenda Cervantes</b> ..... Contributor address; City; State; Zip Code <b>426 Bobcat Hollow San</b> <b>Antonio TX 78251</b>	Amount of contribution (\$)  <h2 style="margin: 0;">15.00</h2>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/25/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Rita Crayton</b> ..... Contributor address; City; State; Zip Code <b>10914 Mustang San</b> <b>Oak Dr Antonio TX 78254</b>	Amount of contribution (\$)  <h2 style="margin: 0;">25.00</h2>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/25/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Gylon Jackson</b> ..... Contributor address; City; State; Zip Code <b>628 S. Saint Marys, 206 San</b> <b>206 Antonio TX 78205</b>	Amount of contribution (\$)  <h2 style="margin: 0;">25.00</h2>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>C</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME <b>Karla Duran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/25/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Laura Barbarena</b> ..... 6 Contributor address; City; State; Zip Code <b>135 Furr Drive San Antonio TX 78201</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/25/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jacob Hernandez</b> ..... Contributor address; City; State; Zip Code <b>9523 Braun Creek San Antonio TX 78254</b>	Amount of contribution (\$)  <b>15.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/26/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Alicia Reyes-Barrientez</b> ..... Contributor address; City; State; Zip Code <b>8319 Puente San Antonio TX 78223</b>	Amount of contribution (\$)  <b>40.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/26/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jorge Herrera</b> ..... Contributor address; City; State; Zip Code <b>1800 West san Commerce antonio TX 78207</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	
2 FILER NAME <b>Karla Duran</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>3,440.60</b>	
5 Date <b>04/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Northside AFT</b>	8 Amount of Contribution \$ <b>3,440.60</b>	9 In-kind contribution description <b>mailings</b>
7 Contributor address; City; State; Zip Code <b>6502 Bandera Rd. Ste. 202 San Antonio, TX 78238</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Northside AFT Committee on Political Education</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>2</b>
<b>2</b> FILER NAME <b>Karla Duran</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$ 781.50</b>
<b>5</b> Date of loan <b>02/25/2023</b>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Karla Duran</b>	<b>9</b> Loan Amount (\$) <b>37.89</b>
<b>6</b> Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code <b>PO Box 120392 San Antonio, TX 78250</b>	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) <b>Education</b>		<b>13</b> Employer (See Instructions) <b>SAISD</b>
<b>14</b> Description of Collateral <b>none</b>		<b>15</b> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <b>not applicable</b>	<b>17</b> Name of guarantor <b>NA</b>	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> <b>02/12/2023</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Karla Duran</b>	<b>Loan Amount (\$)</b> <b>176.00</b>
<b>Is lender a financial Institution?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Lender address; City; State; Zip Code</b> <b>PO Box 120392 San Antonio, TX 78250</b>	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Education</b>		<b>Employer (See Instructions)</b> <b>SAISD</b>
<b>Description of Collateral</b> <b>none</b>		<b>Check if personal funds were deposited into political account (See Instructions)</b>
<b>GUARANTOR INFORMATION</b>  <b>not applicable</b>	<b>Name of guarantor</b> <b>NA</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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.

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E: 2
<b>2</b> FILER NAME Karla Duran		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF LOANS UNITEMIZED		781.50
<b>5</b> Date of loan 2/16/23	<b>7</b> Name of lender out-of-state PAC (ID#: _____ ) Karla Duran	<b>9</b> Loan Amount (\$) 402.56
<b>6</b> Is lender a financial Institution? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code <b>PO BOX 120392 San Antonio 78212</b>	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) <b>Education</b>		<b>13</b> Employer (See Instructions) <b>SAISD</b>
<b>14</b> Description of Collateral none		<b>15</b> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION not applicable	<b>17</b> Name of guarantor ..... <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan 2/16/23	Name of lender out-of-state PAC (ID#: _____ ) Karla Duran	Loan Amount (\$) 165.05
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <b>PO BOX 120392 San Antonio 78212</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME Karla Duran	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/28/23	<b>5</b> Payee name 3 D Signs
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<b>6</b> Amount (\$) 1,055.44	<b>7</b> Payee address; 8015 W 2nd St, Somers et, TX 78069	City;	State;	Zip Code
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<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising expense	<b>(b)</b> Description signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="margin-left: 150px;">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/28/23	Payee name Anedot Inc.
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Amount (\$) 196.90	Payee address; 1340 Poydras Street Suite 1770 New Orleans, LA 70112	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees online donations
	Check if travel outside of Texas. Complete Schedule T. <span style="margin-left: 150px;">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/1/2023	Payee name Wal-Mart
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Amount (\$) 39.95	Payee address; 8538 Interstate 35 Access Rd, San Antonio, TX 78211	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising expense	Description Sinage materials
	Check if travel outside of Texas. Complete Schedule T. <span style="margin-left: 150px;">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Karla Duran	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/18/23	<b>5</b> Payee name 3D Signs
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<b>6</b> Amount (\$) 703.63	<b>7</b> Payee address; 8015 W 2nd St, Somers et, TX 78069 City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <b>(c)</b> signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/26/23	Payee name Alamo Mailing Co.
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Amount (\$) 279.06	Payee address; 13114 Lookout Run, San Antonio, TX 78233 City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising expense	Description Mailing fee
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/26/23	Payee name Anedot Inc.
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Amount (\$) 122.40	Payee address; 1340 Poydras Street Suite 1770 New Orleans, LA 70112 City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Online donations
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense 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)
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**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule F1: 3	2 <b>FILER NAME</b> Karla Duran	3 Filer ID (Ethics Commission Filers)
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4 Date 4/26/23	5 <b>Payee name</b> 3D Signs
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6 Amount (\$) 568.31	7 <b>Payee address;</b> 8015 W 2nd St, Somers et, TX 78069
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City;                                  State;                                  Zip Code

<b>PURPOSE OF EXPENDITURE</b>	(d) <b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	(e) <b>Description</b> (f) signs
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/26/23	Payee name Prestige
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Amount (\$) 561.82	Payee address; City; 8 Burwood Ln, San Antonio, TX 78216
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State;                                  Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising expense	Description Mailer
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;
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City;                                  State;                                  Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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