

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT 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: 8						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Karla NICKNAME LAST SUFFIX Duran		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Receipt #</td> <td style="width: 50%; border: none;">Amount \$</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount \$				
Receipt #	Amount \$								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100%; height: 20px;"></div>								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER <div style="background-color: black; width: 100%; height: 20px;"></div>								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Victoria Herrera								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100%; height: 20px;"></div> <div style="background-color: black; width: 100%; height: 20px;"></div>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 100%; height: 20px;"></div>								
9 REPORT TYPE	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">X January 15 30th day</td> <td style="width: 33%;"><input type="checkbox"/> before election Runoff</td> <td style="width: 33%;"><input type="checkbox"/> 15th day after campaign</td> </tr> <tr> <td>8th day before election</td> <td><input type="checkbox"/> Exceeded Modified</td> <td><input type="checkbox"/></td> </tr> </table> <p style="text-align: center;">(Attach C/OH - FR)</p> <p style="text-align: right; font-size: small;">treasurer appointment (Officeholder Only)</p>			X January 15 30th day	<input type="checkbox"/> before election Runoff	<input type="checkbox"/> 15th day after campaign	8th day before election	<input type="checkbox"/> Exceeded Modified	<input type="checkbox"/>
X January 15 30th day	<input type="checkbox"/> before election Runoff	<input type="checkbox"/> 15th day after campaign							
8th day before election	<input type="checkbox"/> Exceeded Modified	<input type="checkbox"/>							
10 PERIOD COVERED	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Month Day Year</td> <td style="width: 33%; text-align: center;">Reporting Limit</td> <td style="width: 33%;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">01 / 01 / 25</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">06 / 30 / 25</td> </tr> </table>			Month Day Year	Reporting Limit	Month Day Year	01 / 01 / 25	THROUGH	06 / 30 / 25
Month Day Year	Reporting Limit	Month Day Year							
01 / 01 / 25	THROUGH	06 / 30 / 25							
11 ELECTION	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"> ELECTION Month Day 5 / 6 / 23 </td> <td style="width: 60%;"> DATE/ELECTION TYPE Year Primary Runoff <input type="checkbox"/> Other Description General Special Northside ISD School Board Trustee </td> </tr> </table>			ELECTION Month Day 5 / 6 / 23	DATE/ELECTION TYPE Year Primary Runoff <input type="checkbox"/> Other Description General Special Northside ISD School Board Trustee				
ELECTION Month Day 5 / 6 / 23	DATE/ELECTION TYPE Year Primary Runoff <input type="checkbox"/> Other Description General Special Northside ISD School Board Trustee								
12 OFFICE	OFFICE HELD (if any) Trustee D3	13 OFFICE SOUGHT (if known)							
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 COMMITTEE ADDRESS GENERAL								

Additional Pages

	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
GOTOPAGE2		

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CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 2		
15 C/OH NAME Karla Duran	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	0 \$ 0 \$ 0 \$ 827.09 \$ 862.17 \$ 266.64

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 address is _____
_____ Karla Duran _____
_____ (street) _____ (city) _____ (state) _____ (zip code) USA _____ (country)
Executed in Bexar County, State of Texas , on the 10th day of July , 2025.
(month) (year)

Karla Duran

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****Karla Duran****21 SCHEDULE SUBTOTALS NAME OF SCHEDULE****SUBTOTAL AMOUNT**

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	X SCHEDULE E: LOANS	\$ 266.64
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	827.09
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.	x SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.05

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.		1 Total pages Schedule E: 1
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 266.64
5 Date of loan 06/13/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Karla Duran	9 Loan Amount (\$)
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code PO Box 120392 San Antonio, TX 78250	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Education		13 Employer (See Instructions) ACD
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor NA	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code	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	Name of guarantor		Amount Guaranteed (\$)
	<div>.....</div> <div>Guarantor address; City; State; Zip Code</div>		
not applicable			
Principal Occupation (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report.			SCHEDULE F1
<p align="center">EXPENDITURE CATEGORIES FOR BOX 8(a)</p> <div> <div>Advertising Expense</div> <div>Event Expense</div> <div>Loan Repayment/Reimbursement</div> <div>Solicitation/Fundraising Expense</div> <div>Accounting/Banking Fees</div> <div>Office Overhead/Rental Expense</div> <div>Transportation Equipment & Related Expense</div> </div> <div> <div>Consulting Expense</div> <div>Contributions/Donations Made By</div> <div>Candidate/Officeholder/Political Committee</div> <div>Credit Card Payment</div> </div> <div> <div>Food/Beverage Expense</div> <div>Gift/Awards/Memorials Expense</div> <div>Legal Services</div> </div> <div> <div>Polling Expense</div> <div>Printing Expense</div> <div>Salaries/Wages/Contract Labor</div> </div> <div> <div>Travel In District</div> <div>Travel Out Of District</div> <div>Other (enter a category not listed above)</div> </div> <p align="center">The Instruction Guide explains how to complete this form.</p>			
1 Total pages Schedule F1: 1	2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 Date 02/03/25	5 Payee name GoDaddy		
6 Amount (\$) 827.09	7 Payee address; 2155 E GoDaddy Way Tempe, Arizona 85284 City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense Advertising		(b) Description signs Website
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
Amount (\$) 103.20	Payee address City; State; Zip Code		

PURPOSE OF EXPENDITURE	Category Fees (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought Office held expenditure to benefit C/OH
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought Office held expenditure to benefit C/OH
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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Reset Form

CS.5

Reset Page

Revised 8/17/2020

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		SCHEDULE K	
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 K: 1	
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)	
4 Date 01/01/25-06/30/25	5 Name of person from whom amount is received Firstmark CU		9 Amount (\$) .05 cents
	6 Address of person from whom amount is received; City; State; Zip Code San Antonio, Texas		
	7 Purpose for which amount is received Interest earned		<input type="checkbox"/> Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		