

FORM C/OH  
COVER SHEET PG 1

Revised 1/1/2025

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
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)

\$

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

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.

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 DAVID Salcido, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, USA.

(street)

(city)

(state)

(zip code)

(country)

Executed in Bexar County, State of Texas, on the 15 day of July, 20 25.

Signature of Candidate/Officeholder (Declarant)

# 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: <b>9</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI Mrs. Sonia L	<div style="border: 2px solid blue; padding: 10px; display: inline-block;"><b>RECEIVED</b>  JUL 15 2025</div>	
	NICKNAME LAST SUFFIX Jasso		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Ms Maria del Rosario	Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX Rosie Castro	Receipt # Amount \$	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)		Date Processed	
8 CAMPAIGN TREASURER PHONE		Date Imaged	
9 REPORT TYPE		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]	
10 PERIOD COVERED		AREA CODE PHONE NUMBER EXTENSION [REDACTED]	
11 ELECTION		12 OFFICE	
13 OFFICE SOUGHT (if known)		14 NOTICE FROM POLITICAL COMMITTEE(S)	
15 OFFICE HELD (if any)		16 OFFICE HELD (if any)	
17 OFFICE HELD (if any)		18 OFFICE HELD (if any)	
19 OFFICE HELD (if any)		20 OFFICE HELD (if any)	
21 OFFICE HELD (if any)		22 OFFICE HELD (if any)	
23 OFFICE HELD (if any)		24 OFFICE HELD (if any)	
25 OFFICE HELD (if any)		26 OFFICE HELD (if any)	
27 OFFICE HELD (if any)		28 OFFICE HELD (if any)	
29 OFFICE HELD (if any)		30 OFFICE HELD (if any)	
31 OFFICE HELD (if any)		32 OFFICE HELD (if any)	
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83 OFFICE HELD (if any)		84 OFFICE HELD (if any)	
85 OFFICE HELD (if any)		86 OFFICE HELD (if any)	
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89 OFFICE HELD (if any)		90 OFFICE HELD (if any)	
91 OFFICE HELD (if any)		92 OFFICE HELD (if any)	
93 OFFICE HELD (if any)		94 OFFICE HELD (if any)	
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97 OFFICE HELD (if any)		98 OFFICE HELD (if any)	
99 OFFICE HELD (if any)		100 OFFICE HELD (if any)	

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Sonia Jasso		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,451.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,636.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 225.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

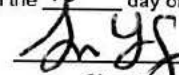
Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sonia Jasso, and my date of birth is [REDACTED]  
My address is [REDACTED], [REDACTED], Bexar  
(street) (city) (state) (zip code) (country)  
Executed in Bexar County, State of Texas, on the 15 day of July, 2025  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Sonia Jasso		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,750.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7,701.25
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,636.05
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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:

2 FILER NAME

Sonia Jasso

3 Filer ID (Ethics Commission Filers)

4 Date

04/30/2025

5 Full name of contributor

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

Melanie Tawil

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

2 Davenport Ln San Antonio, TX 78257

8 Principal occupation / Job title (See Instructions)

Business owner

9 Employer (See Instructions)

Swipetrack Solutions

Date

05/01/2025

Full name of contributor

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

Northside AFT Committee on Political Education (COPE)

Amount of contribution (\$)

1,500.00

Contributor address;

City;

State;

Zip Code

6502 Bandera Road Sutie 202 San Antonio, TX 78238

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.



# 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 Sonia Jasso		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 7,701.25	
5 Date 05/14/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Northside AFT Committee on Political Education (COPE) 7 Contributor address; City; State; Zip Code 6502 Bandera Road-Sutie 202 San Antonio, TX 78238	8 Amount of Contribution \$ 7,701.25	9 In-kind contribution description Canvassing Mail Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Northside AFT Committee on Political Education (COPE)		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.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>		<b>2</b> FILER NAME <b>Sonia Jasso</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>04/29/2025</b>		<b>5</b> Payee name <b>3D Signs</b>			
<b>6</b> Amount (\$) <b>270.19</b>		<b>7</b> Payee address; City; State; Zip Code <b>8015 W 2nd St, Somerset, TX 78069</b>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Signs</b>		
	<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 <b>04/30/2025</b>		Payee name <b>Firstmark</b>			
Amount (\$) <b>5.00</b>		Payee address; City; State; Zip Code <b>7218 Culebra Rd, San Antonio, TX 78251</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fee</b>		Description <b>Bank</b>		
	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 <b>05/02/2025</b>		Payee name <b>ActBlue, LLC</b>			
Amount (\$) <b>9.48</b>		Payee address; City; State; Zip Code <b>P.O. Box 441146, Somerville, MA 02144</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fee</b>		Description <b>Processing Fee</b>		
	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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Sonia Jasso</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>05/12/2025</b>	5 Payee name <b>Printed Union</b>	
6 Amount (\$) <b>2,767.58</b>	7 Payee address; City; State; Zip Code <b>8800 Chancellor Row, Dallas, TX 75247</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>mailer</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>05/12/2025</b>	Payee name <b>Printed Union</b>	
Amount (\$) <b>2,554.30</b>	Payee address; City; State; Zip Code <b>8800 Chancellor Row, Dallas, TX 75247</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>mailer</b>
	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 <b>05/12/2025</b>	Payee name <b>Firstmark Credit Union</b>	
Amount (\$) <b>4.00</b>	Payee address; City; State; Zip Code <b>7218 Culebra Rd, San Antonio, TX 78251</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fee</b>	Description <b>Bank</b>
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Sonia Jasso</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>05/13/2025</b>	5 Payee name <b>Deluxe</b>
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6 Amount (\$) <b>15.50</b>	7 Payee address; City; State; Zip Code <b>801 S. Marquette Ave. Minneapolis, MN 55402</b>
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	(b) Description <b>Bank</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>05/31/2025</b>	Payee name <b>Firstmark Credit Union</b>
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Amount (\$) <b>5.00</b>	Payee address; City; State; Zip Code <b>7218 Culebra Rd, San Antonio, TX 78251</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fee</b>	Description <b>Bank</b>
	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 sought	Office held
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Date <b>06/30/2025</b>	Payee name <b>Firstmark Credit Union</b>
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Amount (\$) <b>5.00</b>	Payee address; City; State; Zip Code <b>7218 Culebra Rd, San Antonio, TX 78251</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fee</b>	Description <b>Bank</b>
	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 sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



May 14, 2025

Northside AFT Committee on Political Education (COPE)  
6502 Bandera Road-Suite 202  
San Antonio, TX 78238  
Phone: (210) 536-3700

Dr. Sonia Jasso, Candidate for School Board District 2

This letter is to notify you that Northside AFT COPE contributed a total of **\$7,701.25** to your campaign. Please report the following in-kind contributions, which will be listed on our TEC Reports:

Date	Amount	Description
5/6/25	\$2640	Canvassing
4/29/25	\$5061.25	Mail

If you have any questions, please reach out to us at: [melina@northsideaft.net](mailto:melina@northsideaft.net)

Sincerely,

Haroon Monis  
COPE Committee Chair  
Northside AFT COPE



# 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		<b>OFFICE USE ONLY</b>  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: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 20px;"></div>														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER <div style="background-color: black; width: 100px; 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: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 20px;"></div>														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 100px; height: 20px;"></div>														
9 REPORT TYPE	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">X January 15 30th day <input type="checkbox"/></td> <td style="width: 33%; border: none;">before election Runoff <input type="checkbox"/></td> <td style="width: 33%; border: none;">15th day after campaign <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">8th day before election <input type="checkbox"/></td> <td style="border: none;">Exceeded Modified <input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table> <div style="text-align: right; font-size: small;">treasurer appointment (Officeholder Only)</div> <p style="text-align: center; margin-top: 5px;">(Attach C/OH - FR)</p>			X January 15 30th day <input type="checkbox"/>	before election Runoff <input type="checkbox"/>	15th day after campaign <input type="checkbox"/>	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 <input type="checkbox"/>													
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: 25%; text-align: center;">Month</td> <td style="width: 25%; text-align: center;">Day</td> <td style="width: 25%; text-align: center;">Year</td> <td style="width: 25%; text-align: center;">Reporting Limit</td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">01</td> <td style="text-align: center;">25</td> <td style="text-align: center;">THROUGH 06 / 30 / 25</td> </tr> </table>			Month	Day	Year	Reporting Limit	Month	Day	Year	Month Day Year	01	01	25	THROUGH 06 / 30 / 25
Month	Day	Year	Reporting Limit												
Month	Day	Year	Month Day Year												
01	01	25	THROUGH 06 / 30 / 25												
11 ELECTION	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">           ELECTION            Month Day            5 / 6 / 23         </td> <td style="width: 60%; border: none;">           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
<b>GOTOPAGE2</b>		

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[www.ethics.state.tx.us](http://www.ethics.state.tx.us)

<b>CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT</b> <span style="float: right;">COVER SHEET PG 2</span>		
<b>15 C/OH NAME</b> Karla Duran	<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>  ..... 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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  4. <b>TOTAL POLITICAL EXPENDITURES</b>  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)

USA

(zip code)

(country)

Executed in Bexar County, State of Texas, on the 10<sup>th</sup> 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: <b>1</b>
2 FILER NAME <b>Karla Duran</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 266.64
5 Date of loan <b>06/13/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Karla Duran</b> ..... .....	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 <b>PO Box 120392 San Antonio, TX 78250</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Education</b>		13 Employer (See Instructions) <b>ACD</b>
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 <b>NA</b> ..... ..... 18 Guarantor address; City; State; Zip Code	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>		
Principal Occupation (See Instructions)		Employer (See Instructions)	
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  <b>If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b></p>			

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Revised 8/17/2020

<b>POLITICAL EXPENDITURES MADE</b>  <b>FROM POLITICAL CONTRIBUTIONS</b>  If the requested information is not applicable, <b>DO NOT</b> include this page in the report.			<b>SCHEDULE F1</b>
<p align="center"><b>EXPENDITURE CATEGORIES FOR BOX 8(a)</b></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 &amp; 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>			
<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME Karla Duran		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/03/25	<b>5</b> Payee name GoDaddy		
<b>6</b> Amount (\$) 827.09	<b>7</b> Payee address; 2155 E GoDaddy Way Tempe, Arizona 85284 City; State; Zip Code		
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising expense <b>Advertising</b>		<b>(b)</b> Description signs <b>Website</b>
	<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 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		

Forms provided by Texas Ethics Com

Reset Form

CS.5

Reset Page

Revised 8/17/2020

<b>INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</b>		<b>SCHEDULE K</b>	
If the requested information is not applicable, <b>DO NOT</b> include this page in the report.			
The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule K: 1	
<b>2</b> FILER NAME <b>Karla Duran</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 01/01/25-06/30/25	<b>5</b> Name of person from whom amount is received <b>Firstmark CU</b>		<b>9</b> Amount (\$) .05 cents
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code <b>San Antonio, Texas</b>		
	<b>7</b> 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	
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p>		

# 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:	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI Mr. Robert			<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX Bobby Blount Jr.				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS (PO BOX) APT / SUITE # CITY STATE ZIP CODE <div style="background-color: black; height: 20px; width: 100%;"></div>				
Change of Address					
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>				
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Mrs. Sandra			Date Received	
	NICKNAME LAST SUFFIX Sandoval			Date Hand-delivered or Date Postmarked	
				Receipt # Amount \$	
				Date Processed	
Date Imaged					
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <div style="background-color: black; height: 20px; width: 100%;"></div>				
(Residence or Business)					
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>				
<b>9 REPORT TYPE</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
<b>10 PERIOD COVERED</b>	Month Day Year 1 / 1 / 25 THROUGH 6 / 30 / 25				
<b>11 ELECTION</b>	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b>		
		NISD Trustee #4			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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			
<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS			
<input type="checkbox"/> 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****15 C/OH NAME****16 Filer ID** (Ethics Commission Filers)**17 CONTRIBUTION  
TOTALS**1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

**CONTRIBUTION  
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 257.00

**OUTSTANDING  
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 15,817.50

**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.

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 Robert Blount, Jr., and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, Bexar \_\_\_\_\_.

(street)

(city)

(state)

(zip code)

(country)

Executed in Bexar County, State of Texas, on the 18th day of July, 2025.



Signature of Candidate/Officeholder (Declarant)

# 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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <u>Laura</u>	MI <u>Lee</u>	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST <u>Zapata</u>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Received	
Change of Address	[REDACTED]				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <u>Katrina</u>	MI <u>M</u>	Receipt #	Amount \$
	NICKNAME	LAST <u>Herrera</u>	SUFFIX	Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	[REDACTED]				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	[REDACTED]				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year <u>04 / 24 / 2025</u></div> <div>THROUGH</div> <div>Month Day Year <u>07 / 15 / 2025</u></div> </div>				
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year <u>05 / 03 / 2025</u> </div> <div style="flex: 1;"> ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <u>Northside ISD SMD 5 BOARD TRUSTEE</u>		
14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input checked="" type="checkbox"/> GENERAL	<u>Northside AFT Committee on Political Education (COPE)</u>			
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS			
		<u>6562 Bandera Road - Suite 202 S.A. TX 78238</u>			
		COMMITTEE CAMPAIGN TREASURER NAME			
		<u>Katie Curtis</u>			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		<u>6562 Bandera Road - Suite 202 S.A. TX 78238</u>			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Laura Lee Zapata

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

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.

L. Zapata

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 Laura L. Zapata, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) USA (country)

Executed in Bexar County, State of Texas, on the 18<sup>th</sup> day of July, 20 25.  
(month) (year)

L. Zapata  
Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	✓ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,980
2.	✓ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6,151.25
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	✓ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,013.95
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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:
2 FILER NAME <i>Laura Zapata</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/12/25</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>NORTHSIDE AFT COPE</i> <hr/> 6 Contributor address; City; State; Zip Code <i>6502 Bandera Rd S.A. TX 78238</i>	7 Amount of contribution (\$)  <i>2,980.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.



# 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 <i>Laura Zapata</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4/29/25</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NORTHSIDE AFT COPE</i>	8 Amount of Contribution \$ <i>5,061.25</i>	9 In-kind contribution description <i>MAIL</i>
7 Contributor address; City; State; Zip Code <i>6502 Bandera Rd. S.A. TX 78238</i>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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 <i>5/6/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NORTHSIDE AFT COPE</i>	Amount of Contribution \$ <i>1,090</i>	In-kind contribution description <i>CANVASSING</i>
Contributor address; City; State; Zip Code <i>6502 Bandera Rd. S.A. TX 78238</i>		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.

# 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>2</b> FILER NAME <i>Laura Zapata</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>5/27/25</i>		<b>5</b> Payee name <i>Printedunion</i>			
<b>6</b> Amount (\$) <i>2,977.17</i>		<b>7</b> Payee address; <i>8800 Chancellor Row Dallas, TX 75247</i>		City; <i>Dallas,</i>	State; <i>TX</i>
				Zip Code <i>75247</i>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		<b>(b)</b> Description <i>Mailers</i>		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Laura Zapata</i>		Office sought <i>NISD SB MEMBER</i>	Office held
Date <i>6/2/25</i>		Payee name <i>Vista Print</i>			
Amount (\$) <i>36.78</i>		Payee address; <i>100 Hayden Ave</i>		City; <i>Lexington</i>	State; <i>MA</i>
				Zip Code <i>02421</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Cards</i>		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Laura Zapata</i>		Office sought <i>NISD SB Member</i>	Office held
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mrs.</span> <span>Carol</span> <span></span> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Harle</span> <span></span> </div>	<b>OFFICE USE ONLY</b>  <div style="font-size: x-large; color: blue; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="color: red; font-weight: bold; margin: 10px 0;">JUL 14 2025</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <small>Change of Address</small>	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>ADDRESS / PO BOX:</span> <span>APT / SUITE #:</span> <span>CITY:</span> <span>STATE:</span> <span>ZIP CODE</span> </div> <div style="background-color: black; height: 40px; width: 100%;"></div>	<div style="font-size: small;">Date Received</div>	
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="background-color: black; height: 30px; width: 100%;"></div>	<div style="font-size: small;">Date Hand-delivered or Date Postmarked</div>	
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mrs.</span> <span>Sylvia</span> <span></span> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Vasquez</span> <span></span> </div>	<div style="font-size: small;">Receipt #</div> <div style="font-size: small;">Amount \$</div>	<div style="font-size: small;">Date Processed</div> <div style="font-size: small;">Date Imaged</div>
7 CAMPAIGN TREASURER ADDRESS  <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>STREET ADDRESS (NO PO BOX PLEASE):</span> <span>APT / SUITE #:</span> <span>CITY:</span> <span>STATE:</span> <span>ZIP CODE</span> </div> <div style="background-color: black; height: 40px; width: 100%;"></div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="background-color: black; height: 30px; width: 100%;"></div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap; font-size: small;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div> Month   Day   Year  4   /   4   /   25 </div> <div>THROUGH</div> <div> Month   Day   Year  7   /   15   /   25 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="font-size: x-small;">ELECTION DATE</div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Month   Day   Year </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> 5   /   3   /   25 </div> </div> <div style="width: 60%;"> <div style="font-size: x-small;">ELECTION TYPE</div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div><input checked="" type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> </div> </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
School Board Trustee			
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="font-size: x-small;">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.</div>		
<div style="font-size: x-small;">COMMITTEE TYPE</div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </div> <div style="font-size: x-small;">Additional Pages</div>	<div style="font-size: x-small;">COMMITTEE NAME</div> <div style="font-size: x-small;">COMMITTEE ADDRESS</div> <div style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER NAME</div> <div style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</div>		

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Carol Harle		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,100.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5,013.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,013.50
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.

*Carol Harle*

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 Carol Harle and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, US

(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 13 day of July, 2025

*Carol Harle*

Signature of Candidate/Officeholder (Declarant)

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

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,013.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



**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:
<b>2</b> FILER NAME <b>Carol Harle</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>Nancy Camp</b> ..... <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$)  <div style="font-size: 2em; text-align: center;">100.00</div>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <b>Clifton Dounglass, III, Linebarger Goggan Blair &amp; Sampson LLP (LGBS</b> ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)  <div style="font-size: 2em; text-align: center;">1,000.00</div>
Principal occupation / Job title (See Instructions) <b>legal</b>		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

# 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>2</b> FILER NAME Carol Harle	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name Aspen Consulting	
<b>6</b> Amount (\$)  1,000.00	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting	<b>(b)</b> Description Web design; social media rel
	<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	Payee name Election Support Services- Christian Anderson	
Amount (\$)  913.50	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description text message communication
	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	Payee name Family Violence Prevention Services, Inc. Battered Women's Shelter	
Amount (\$)  1,500.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contribution	Description
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

**1 C/OH NAME**

**Carol Harle**

**2 Filer ID** (Ethics Commission Filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*Carol Harle*

Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

•• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

**5 OFFICEHOLDER**

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

# 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: <b>6</b>								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Mrs.</b></div> <div>FIRST <b>Karen</b></div> <div>MI <b>B.</b></div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Freeman</b></div> <div>SUFFIX</div> </div>	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 2em; color: blue; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="color: red; font-weight: bold; margin: 10px 0;">JUL 15 2025</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <div style="background-color: black; height: 20px; width: 100%; margin-top: 5px;"></div>	Date Hand-delivered or Date Postmarked  <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div>									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="background-color: black; height: 20px; width: 100%; margin-top: 5px;"></div>	Date Processed  Date Imaged									
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Mrs.</b></div> <div>FIRST <b>Julia</b></div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Ionescu</b></div> <div>SUFFIX</div> </div>	Date Hand-delivered or Date Postmarked									
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE <div style="background-color: black; height: 20px; width: 100%; margin-top: 5px;"></div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="background-color: black; height: 20px; width: 100%; margin-top: 5px;"></div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>           Month      Day      Year  <b>4 / 26 / 25</b> </div> <div>THROUGH</div> <div>           Month      Day      Year  <b>7 / 15 / 25</b> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>           ELECTION DATE            Month      Day      Year  <b>5 / 3 / 25</b> </div> <div>           ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special         </div> </div>										
12 OFFICE	OFFICE HELD (if any) <b>NISD Trustee SMD 7</b>	13 OFFICE SOUGHT (if known) <b>NISD Trustee SMD 7</b>									
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2



FORM C/OH  
COVER SHEET PG 2

**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.

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 Karen B. Freeman, and my date of birth is [REDACTED]

My address is [REDACTED], [REDACTED], USA

Executed in Bexar County, State of TX, on the 15 day of July, 2025.  
(street) (city) (state) (zip code) (country)  
(month) (year)

Karen B. Freeman

Signature of Candidate/Officeholder (Declarant)



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

<b>19 FILER NAME</b> Karen B. Freeman		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 3,137.55
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,387.55
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**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: 1
2 FILER NAME Karen B. Freeman		3 Filer ID (Ethics Commission Filers)
4 Date 04/30/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Sandra Hughey 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Linebarger, Goggan, Blair, Simpson, LLP Contributor address; City; State; Zip Code	Amount of contribution (\$)  1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

**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: <b>1</b>
2 FILER NAME <b>Karen B. Freeman</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>05/03/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karen B. Freeman</b>	9 Loan Amount (\$) <b>3,137.55</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <b>none</b>		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <b>not applicable</b>	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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 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 <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <b>not applicable</b>	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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: 1	<b>2</b> FILER NAME Karen Bonaccorso Freeman	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/30/2025	<b>5</b> Payee name Elect Support Services	
<b>6</b> Amount (\$) 4,387.55	<b>7</b> Payee address; City; State; Zip Code San Antonio, TX	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Political Advertising	<b>(b)</b> Description Mail Out Postcards Texting to Get Out the Vote
	<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 Karen Freeman NISD Trustee SMD 7	Office sought NISD Trustee SMD 7
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED