

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 RECEIVED JUL 21 2026 BY: _____ Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER		
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 		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 		
9 REPORT TYPE	☒ January 15 30th day ☐ 8th day before election ☐ before election Runoff ☐ Exceeded Modified ☐ 15th day after campaign ☐ treasurer appointment (Officeholder Only) (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 01 / 01 / 26 Reporting Limit Month Day Year 06 / 30 / 26		
11 ELECTION	ELECTION Month Day 5 / 6 / 23 DATELECTION TYPE Year Primary Runoff ☐ 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.		
Additional Pages		COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL	

	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
GOTOPAGE2		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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	\$ 160.00 \$ 160.00 \$ 313.24 \$ 313.24 \$ 435.06 \$ 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.

KARLA DURAN

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is,

Karla Duran

and my date of birth is

My address is

(street)

San Antonio TX

(city)

(state)

USA

(zip code)

(country)

Executed in Bexar County, State of Texas, on the 10th day of July, 2026.

(month)

(year)

Karla Duran

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Karla Duran

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE

SUBTOTAL AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 160.00

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 0

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$ 0

4. SCHEDULE E: LOANS

\$ 0

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

313.24

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$ 0

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$ 0

8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$ 0

9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ 0

10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$ 0

11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 0

12. ☒ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$ 0.02

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 Karla Duran		3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2026	5 Full name of contributor out-of-state PAC (ID# _____) Annie Ledesma 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor out-of-state PAC (ID# _____) Anna Villareal Contributor address; City; State; Zip Code	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) education		Employer (See Instructions)
Date 03/13/2026	Full name of contributor out-of-state PAC (ID# _____) Richard Palomo Contributor address; City; State; Zip Code	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions) public service		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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description paid loan	
	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.S

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 01/01/26- 06/30/26	5 Name of person from whom amount is received Firstmark CU	9 Amount (\$) .02 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 ☐ 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 ☐ 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 ☐ 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 ☐ Check if political contribution returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		