

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: 7		
3 CANDIDATE / OFFICEHOLDER NAME NICKNAME LAST SUFFIX	MS / MRS / MR FIRST MI Ms. Karla Duran		OFFICE USE ONLY		
 NICKNAME LAST SUFFIX	RECEIVED			
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 [REDACTED]				
6 CAMPAIN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Victoria Herrera				
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY,		STATE: ZIP CODE		
8 CAMPAIN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]				
9 REPORT TYPE	X January 15 - 30th day 8th day before election	<input type="checkbox"/> before election Runoff <input type="checkbox"/> Exceeded Modified	<input type="checkbox"/> 15th day after campaign (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	07 / 01 / 25	Reporting Limit THROUGH	Month Day Year	12 / 31 / 25
11 ELECTION	ELECTION Month Day 5 / 6 / 23	DATE ELECTION TYPE Year Primary General	Runoff Special	treasurer appointment (Officeholder Only) Description 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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 595.59
	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.

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

Karla Duran

My name is, _____

and my date of birth is _____

My address is _____

(street)

San Antonio TX

(city)

78212

USA

(state)

(zip code)

(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 Karla Duran	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
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	\$ 0
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 266.64
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

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.

1 Total pages	Schedule F1:	2 FILER NAME 1 Karla Duran	3 Filer ID (Ethics Commission Filers)
4 Date	12/31/2026	5 Payee name Karla Duran	
6 Amount (\$)	266.64	7 Payee address; [REDACTED]	City: San Antonio, 78212 State: Texas Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan repayment	(b) Description	
	(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 (\$)	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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
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

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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 07/01/25- 12/31/25	5 Name of person from whom amount is received Firstmark CU	9 Amount (\$) .06
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 Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
	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 Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
	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 Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		