

# 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	MS / MRS / MR FIRST MI Ms. Karla ..... NICKNAME LAST SUFFIX Duran		<b>OFFICE USE ONLY</b> <hr/> Date Received <div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">JAN 12 2026</div> BY: _____ <hr/> Date Hand-delivered or Date Postmarked <hr/> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;"> </td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$			Date Processed		Date Imaged	
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Victoria Herrera										
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>										
9 REPORT TYPE	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> January 15 - 30th day</td> <td style="width: 33%;"><input type="checkbox"/> before election Runoff</td> <td style="width: 33%;"><input type="checkbox"/> 15th day after campaign</td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified</td> <td><input type="checkbox"/> treasurer appointment (Officeholder Only)</td> </tr> </table> <p style="text-align: center; font-weight: bold;">(Attach C/OH - FR)</p>			<input checked="" type="checkbox"/> 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"/> treasurer appointment (Officeholder Only)		
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10 PERIOD COVERED	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">Reporting Limit</td> </tr> <tr> <td style="text-align: center;">07 / 01 / 25</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">12 / 31 / 25</td> </tr> </table>			Month Day Year	Reporting Limit	07 / 01 / 25	Month Day Year	THROUGH	12 / 31 / 25		
Month Day Year	Reporting Limit										
07 / 01 / 25	Month Day Year										
THROUGH	12 / 31 / 25										
11 ELECTION	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">           ELECTION            Month Day            5 / 6 / 23         </td> <td style="width: 60%;">           DATE/ELECTION TYPE            Year Primary Runoff <input type="checkbox"/> Other Description            General Special Northside ISD School Board Trustee         </td> </tr> </table>			ELECTION Month Day 5 / 6 / 23	DATE/ELECTION TYPE Year Primary Runoff <input type="checkbox"/> Other Description General Special Northside ISD School Board Trustee						
ELECTION Month Day 5 / 6 / 23	DATE/ELECTION TYPE Year Primary Runoff <input type="checkbox"/> Other Description General Special Northside ISD School Board Trustee										
12 OFFICE	OFFICE HELD (if any) Trustee D3	13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.										
Additional Pages	COMMITTEE TYPE COMMITTEE NAME  COMMITTEE ADDRESS GENERAL										

	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
<b>GOTOPAGE2</b>		

Forms provided by Texas Ethics Commission

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

<b>CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT</b> COVER SHEET PG 2		
<b>15 C/OH NAME</b> Karla Duran		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>  ..... <b>EXPENDITURE TOTALS</b>  ..... <b>CONTRIBUTION BALANCE</b> ..... <b>OUTSTANDING LOAN TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$ 0
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$ 0
	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.</b>	\$ 0
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0
	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</b>	\$ 595.59
	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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                       
San Antonio TX 78212 USA  
(street) (city) (state) (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**

Karla Duran

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS NAME OF SCHEDULE****SUBTOTAL AMOUNT**1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 0

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

\$ 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. ☒ 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.

<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 12/31/2026	<b>5</b> Payee name Karla Duran			
<b>6</b> Amount (\$) 266.64	<b>7</b> Payee address; <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div> City:                      State:                      Zip Code San Antonio,                      Texas 78212			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Loan repayment		<b>(b)</b> Description	
	<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 (\$)	Payee address	City;	State;	Zip Code

<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

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 <b>Firstmark CU</b>	9 Amount (\$)  .06
	6 Address of person from whom amount is received; City; State; Zip Code <b>San Antonio, Texas</b>	
	7 Purpose for which amount is received Interest earned	

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	
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