

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: 26
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms Karla C ----- NICKNAME LAST SUFFIX Duran	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8523 Quail Tree San Antonio, Texas 78250		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 994-0429	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Victoria ----- NICKNAME LAST SUFFIX Herrera	Date Hand-delivered or Date Postmarked	Receipt # Amount \$ _____ _____
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 109 Lou Jon Circle San Antonio, TX 78213		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 845-3905		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 23 THROUGH 3 / 27 / 20		
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 23	ELECTION TYPE <input checked="" type="checkbox"/> Primary Runoff <input checked="" type="checkbox"/> Other Description General Special Northside ISD School Board Trustee	
12 OFFICE	OFFICE HELD (if any) NA	13 OFFICE SOUGHT (if known) Trustee	
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	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Karla Duran		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)	\$ 4,718.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,973.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,744.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 781.50

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.

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 03/14/1979.

My address is 8523 Quail Tree, San Antonio, TX, 78250, Bexar.
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 31 day of March, 2023.
(month) (year)

Karla Duran

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Karla Duran</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4718.10
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 800.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 781.50
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1136.40
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	\$ 781.50
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

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: 17
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cristina Bazaldua	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) VIA
Date 3/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph Lopez	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 3/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanyll Tenayuca	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SP1F
Date 3/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamy Romo	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 17
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelly Rojas Moreno	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Littfund
Date 3/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Cabello Harvda	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Law Office of MCH
Date 3/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla Hernandez	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Bexar County
Date 3/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Briseño	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) RE/MAX unlimited
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omar Camillo	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) retired
Date 3/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Mireles	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired
Date 3/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elida Delacruz	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) unemployed
Date 3/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeznika Perez	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) The Jeznika Perez Tax Group
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma Cantu	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Trinity Univer
Date 3/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weslee Baerga	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) unemployed
Date 3/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liliana Gonzalez	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SAWS
Date 3/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Cano	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Expedia Group
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Pietrazek	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Pietrazek Law
Date 3/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guina Sandoral	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) USAA
Date 3/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamey Sepulveda	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Steven Bankler CPA
Date 3/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selena Frost	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) USAA
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Torres-Stahl	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) State of Texas
Date 3/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lily Garcia	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Robert Garcia CPA LLC
Date 3/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Castano	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 3/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juanita Garcia	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Garcia 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) toyota Motor NA
Date 3/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonia Jasso Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) St. Mary's Univ.
Date 3/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rita Crayton Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) concorde
Date 3/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irma Rodriguez Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) City of San Marcos
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>17</i>
2 FILER NAME <i>Karla Duran</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/12/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Maldonado</i>	7 Amount of contribution (\$) <i>\$40.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <i>retired</i>
Date <i>3/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Enrique Robles</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>EY</i>
Date <i>3/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ina Minjarez</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>self</i>
Date <i>3/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Louis Escareño</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Louis Escareño PC</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 7
2 FILER NAME <i>Karla Duran</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/11/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frank Archuleta</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <i>retired</i>
Date <i>3/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Harmon</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>retired</i>
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalie Ceron Cuellar	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) LAW firm
Date 3/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erika Gonzalez	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) STAMP
Date 3/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard Vidalez	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Texas Army Nat'l Guard
Date 3/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danielle Garcia	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) HUD
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esther Gergen	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) DLLU
Date 3/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alice Conde	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) UT Health SA
Date 3/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melina Espintu-Azocar	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) NAFT
Date 3/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Cervantes	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) unemployed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diego Valenciano	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) student
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Johnson	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) self
Date 3/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Martinez	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SACDC
Date 3/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Martinez	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Agather 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) marisol Weymouth Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alicia Reyes-Barrientes Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Escobedo Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 <i>Karla Duran</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/25/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Natalie Armijo</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>2/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeannette Garcia</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandy Pacheco</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brianna Dimas</i>	Amount of contribution (\$) <i>\$50.00</i>
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.

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: 17
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abhilasha Pamar	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Hinojosa	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christa Aldrich	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia Hernandez	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 17
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Bolanegra Perez	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 2/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Vasquez	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 2/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Acosta	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 2/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul Comeli-Arzuabe	Amount of contribution (\$) \$500.00
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.

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: 17
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Luna	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Alexander	Amount of contribution (\$) \$5.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto Fierro	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon Tafuya	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: <u>1</u>	
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 800.00	
5 Date 03/23/2023	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 Rd. Ste. 202 San Antonio, TX 78238	8 Amount of Contribution \$ 500.00	9 In-kind contribution description door lit <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Northside AFT Committee on Political Education		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 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huarache Turbo Contributor address; City; State; Zip Code 13111 Babbling Brook	Amount of Contribution \$ 300.00	In-kind contribution description t-shirts <small>Check if travel outside of Texas. Complete Schedule T.</small>
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.			

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: 2
2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 781.50
5 Date of loan 2/25/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Karla Duran	9 Loan Amount (\$) 37.89
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code PO BOX 120392 SA, TX 78212	10 Interest rate 0
		11 Maturity date 0
12 Principal occupation / Job title (See Instructions) Education		13 Employer (See Instructions) SAISD
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 N/A	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 2/15/23	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Karla Duran	Loan Amount (\$) \$176.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code PO BOX 120392 SA, TX 78212	Interest rate 0
		Maturity date 0
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) SAISD
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor N/A	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.

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: <i>2</i>
2 FILER NAME <i>Karla Duran</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>2/16/23</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karla Duran</i>	9 Loan Amount (\$) <i>402.56</i>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <i>PO Box 120392 SA, TX 78212</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>0</i>
12 Principal occupation / Job title (See Instructions) <i>Education</i>		13 Employer (See Instructions) <i>SAISD</i>
14 Description of Collateral <i>none</i>		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <i>not applicable</i>	17 Name of guarantor <i>N/A</i>	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>2/16/23</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karla Duran</i>	Loan Amount (\$) <i>145.05</i>
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <i>PO Box 120392 SA, TX 78212</i>	Interest rate <i>0</i>
		Maturity date <i>0</i>
Principal occupation / Job title (See Instructions) <i>Education</i>		Employer (See Instructions) <i>SAISD</i>
Description of Collateral <i>none</i>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <i>not applicable</i>	Name of guarantor <i>N/A</i>	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.

1 Total pages Schedule F1: 1	2 FILER NAME Karla Duran	3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2023	5 Payee name Gilder Group	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 8407 Bandera Rd. Ste. 103-440 San Antonio, Texas 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Logo/Website landing page
	(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 03/24/2023	Payee name Prestige Printing, LLC	
Amount (\$) 136.40	Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Banner
	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
	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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1 <i>14</i>	2 FILER NAME Karla Duran	3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2023	5 Payee name GoDaddy.com, LLC	
6 Amount (\$) <i>507.61</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, Arizona 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Website
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 02/15/2023	Payee name USPS	
Amount (\$) 176.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code usps.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description PO BOX
	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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 02/25/2023	Payee name Rockin Monkey	
Amount (\$) 37.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1031 E Nakoma Dr. STe 102 San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description stickers
	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 <input type="checkbox"/> Office held <input type="checkbox"/>

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