CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains hov	v to comple	ete this form.	1 Filer I	ID (Ethics Co	mmission Filers)	2 Total pages	filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MS.		FIRST	A		MI	OFFIC	E USE ONLY
NAME	NICKNAME		LAST DUR	AN		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P. D. B.C.	X 12	LØ392 LØ, TX	7821	STATE;	ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (5/2)9		NUMBER 0429		EXTENSIO	N		ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MRS.		FIRST VICTO	DRIF	7	МІ	Receipt # Date Processed	Amount \$
I V WL	NICKNAME		HERR	ERA		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	109	LOU JO LOU JO LOU AN	ON CO			STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE	NUMBER 3905		EXTENSION			
9 REPORT TYPE	January 15 July 15		30th day before of			f ded Modified ting Limit	treasurer (Officehold	after campaign appointment der Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month O	Day / 0 1 /	Year 202	4 THRO	DUGH	Month 06 /	Day Ye / 30/ 2	
11 ELECTION	Month Day	Year	Primary General	Run	noff	Other Description		
12 OFFICE	OFFICE HELD (if any)	stee	#31	NISD 13	OFFICE SO	USTER =	#3 N	ISD
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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
Additional Pages	COMMITTEE TYPE	COMMITTE						
	GENERAL		E ADDRESS	TACUDED NAM	ıc			
	SPECIFIC		E CAMPAIGN TRE					
		COMMITTE	E CAMPAIGN TRI	EASUKER ADI	DKESS			
			COTO	DACE				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME	Karla Durah	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		ER THAN \$
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF)	LOANS) \$ 400,00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6
	4. TOTAL POLITICAL EXPENDITURES	s d
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$ 2,054.79
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD	NS AS OF THE \$ 266.64
	wear, or affirm, under penalty of perjury, that the accompanying repo quired to be reported by me under Title 15, Election Code.	ort is true and correct and includes all information
		re of Candidate or Officeholder
	Please complete either option	below:
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed I	pefore me byt	his the, day of,
20, to certify w	hich, witness my hand and seal of office.	
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath
	OR	Control of the second of the s
2) Unsworn Declaration	n	
My name is Kala	$\frac{1}{2}$ Duam, and my date of $\frac{1}{2}$ SA	birth is 3/14/1979
ly address is POBC		
xecuted in BEKAR	(street) (city) County, State of TEXAS, on the 30 day of	(state) (zip code) (country) June , 20 2 4 . (year)
	Sidnature of	Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME LAND QUANT 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 400.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 266'64
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,80
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	s
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	5 . 114

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 KAYLA DWAY	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID8:	7 Amount of contribution (\$) 25. N		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Ins	tructions)		
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date 3/124 Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 250.		
Principal occupation / Job title (See Instructions) Employer (See Ins	tructions)		
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)		

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	1 Total pages Schedule E:		
2 FILER NAME	Karla Duran		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ 266.64
5 Date of loan 6/13/23	7 Name of lender out-of-state	PAC (ID#)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interestrate
Y N	San Antonio , Tr	78250	11 Maturity date
12 Principal occupation	on / Job title (See Instructions) Education	13 Employer (See Instructions) ACD	
14 Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interestrate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	n (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Legal Services

Fees
Food/Beverage Expense
Gift/Awards/Mem Gift/Awards/Memorials Expense

Event Expense

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schodule Et. 2 Ell ED NAME

1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
4 Date 6 30 24	5 Payee name ANE do +			
6 Amount (\$)	5 Payee name Ang do + 7 Payee address: 1340 Poydras S Stc - 2770	7. Rivi State; Zip Code Orlans LA 70117		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (nline dinations		
	(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		
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 ONLY 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 ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DD INDT include this page in the report.

The A	instruction Guide explains how to complete this form.	1) Telescongress Schrodolin K		
2 FILER NAME	Karla Duran	3 Film ID (ETN)	s Commission Filtris)	
		ate; Zip Code	8 Amount (S)	
01/01/24-		X78237		
06/39/24		political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$.)	
	Address of person from whom amount is received; City; S	tate; 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 (\$)	
40	Address of person from whom amount is received; City; St	ate; Zip Code		
	Purpose for which amount is received Check in	f political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; S	tate; Zip Code		
	Purpose for which amount is received Check i	f political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED		