

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: 9								
3 CANDIDATE / OFFICEHOLDER NAME	(MS) MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Kara</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Sands</div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <hr/> Date Received <div style="text-align: center; font-size: 1.2em; font-weight: bold;">FILED FOR RECORD</div> <div style="text-align: center;">AT M</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">JUL 16 2018</div> <div style="text-align: center; font-size: 0.8em;"> KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <i>[Signature]</i> DEPUTY </div> <hr/> Date Hand-delivered or Date Postmarked									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 181555 Corpus Christi TX 78490										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 945-0185										
6 CAMPAIGN TREASURER NAME	MS (MRS) / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Monica</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Ledesma</div>	Receipt #	Amount \$								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10321 Hercules CC, TX 78410	Date Processed									
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 688-5615	Date Imaged									
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">01 / 01 / 2018</td> <td></td> <td style="text-align: center; font-size: 1.2em;">6 / 30 / 2018</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	01 / 01 / 2018		6 / 30 / 2018		
Month Day Year	THROUGH	Month Day Year									
01 / 01 / 2018		6 / 30 / 2018									
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 18	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) Nueces County Clerk	13 OFFICE SOUGHT (if known) Nueces County Clerk									

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2018-102

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Kara Sands 15 Filer ID (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 70.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 465.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,106.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

18 AFFIDAVIT

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.

Kara Sands
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kara Sands, this the 16 day of July, 20 18, to certify which, witness my hand and seal of office.

Regina Carter - Amey
Signature of officer administering oath

Regina Carter - Amey
Printed name of officer administering oath

notary Public
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Kara Sands</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9,600-</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>1,500-</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>—</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>465.17</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Kara Sands

3 Filer ID (Ethics Commission Filers)

4 Date

2/19/18

5 Full name of contributor out-of-state PAC (ID#: _____)

John & Brenda Hellums

7 Amount of contribution (\$)

300.00

6 Contributor address; City; State; Zip Code

6653 Downing St, CC, TX 78414

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/18

Full name of contributor out-of-state PAC (ID#: _____)

Brent Chesney

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

5402 Holly Road CC, TX 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/18

Full name of contributor out-of-state PAC (ID#: _____)

C.C. Flato

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

P.O. Box 1999 CC, TX 78403

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

~~Date~~

~~Full name of contributor 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Kara Sands

3 Filer ID (Ethics Commission Filers)

4 Date

6/28/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Arturo Granddo

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

3334 Mais CC, TX 78411

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/29/18

Full name of contributor

out-of-state PAC (ID#: _____)

Isaac & Lynn Camacho

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

15102 Guadalupe River, CC, TX 78410

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/18

Full name of contributor

out-of-state PAC (ID#: _____)

Dan S. Leyendecker

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

15222 Cone Harbor, CC, TX 78418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/25/18

Full name of contributor

out-of-state PAC (ID#: _____)

Philip & Jennifer Skrobarczyk

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

250 Melrose CC, TX 78404

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME Kara Sands

3 Filer ID (Ethics Commission Filers)

4 Date
4/27/18

5 Full name of contributor out-of-state PAC (ID#: _____)
Kevin Kieschnick

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
15233 Pecos River Dr. CC, TX 78410

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5/4/18

Full name of contributor out-of-state PAC (ID#: _____)
Nueces County GOP

Amount of contribution (\$)
5000.00

Contributor address; City; State; Zip Code
4639 Corona Dr. Ste 5, CC, TX 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/4/18

Full name of contributor out-of-state PAC (ID#: _____)
Brent Chesney

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
5402 Holly Rd, CC, TX 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/28/18

Full name of contributor out-of-state PAC (ID#: _____)
Lawrence & Tiffany Valls

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
5717 Lago Vista Dr, CC TX 78414

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME Kara Sands

3 Filer ID (Ethics Commission Filers)

4 Date
6/30/18

5 Full name of contributor out-of-state PAC (ID#: _____)
Vishnu & Veena Reddy

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
38 East Bar Le Doc. CC, TX 78414

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
6/30/18

Full name of contributor out-of-state PAC (ID#: _____)
Rolando Barrera

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
PO Box 71882 CC, TX 78467

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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 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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u>1</u>	
2 FILER NAME <u>Kara Sands</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date <u>6/30/18</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jim Barnette</u>	8 Amount of Pledge \$ <u>500.00</u>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <u>2728 Airline Dr. CC, TX 78414</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date <u>6/30/18</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ann & Mike Lippincott</u>	Amount of Pledge \$ <u>500.00</u>	In-kind contribution description
Pledgor address; City; State; Zip Code <u>322 Catalina CC, TX 78411</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <u>6/30/18</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jerry Kane</u>	Amount of Pledge \$ <u>250.00</u>	In-kind contribution description
Pledgor address; City; State; Zip Code <u>35 Hewitt Dr CC, TX 78404</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <u>6/30/18</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rick Valls</u>	Amount of Pledge \$ <u>250.00</u>	In-kind contribution description
Pledgor address; City; State; Zip Code <u>P.O. Box 2505 CC, TX 78463</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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<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>
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <u>1</u>	2 FILER NAME <u>Kara Sands</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2-9-18</u>	5 Payee name <u>Party City</u>	
6 Amount (\$) <u>205.50</u>	7 Payee address; City; State; Zip Code <u>5425 SP10 CC, TX 78411</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Other -</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<u>Candy & beads - Barefoot Mardi Gras Parade</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>2-9-18</u>	Payee name <u>wal-mart</u>	
Amount (\$) <u>189.17</u>	Payee address; City; State; Zip Code <u>1250 Flour Blvd Dr Cc, TX 78418</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Other -</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<u>American Flags - Barefoot Mardi Gras Parade</u>	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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