

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 2em; font-weight: bold;">15</span>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI  Kara	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX  Sands		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O Box 181555 C.C., TX 78480	Date Received  <b>FILED FOR RECORD AT 3:46 PM OCT 09 2018</b>  KARA SANDS CLERK, COUNTY CLERK, NUECES COUNTY, TEXAS BY <i>[Signature]</i> DEPUTY	
	<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 361 ) 214-6550	Date Hand-delivered or Date Postmarked
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI  Monica	Receipt #	Amount \$
	NICKNAME LAST SUFFIX  Ledesma	Date Processed	
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10321 Hercules C.C., TX 78410		Date Imaged
	<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 361 ) 688-5615	
<b>9</b> 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month      Day      Year      Month      Day      Year 7 / 1 / 18      THROUGH      9 / 27 / 18		
<b>11</b> 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	
	<b>12</b> OFFICE  OFFICE HELD (if any)  Nueces County Clerk	<b>13</b> OFFICE SOUGHT (if known)  Nueces County Clerk	

**GO TO PAGE 2**

# 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *—*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *17,301.68*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *89.61*

4. TOTAL POLITICAL EXPENDITURES

\$ *7,138.00*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *22,270.51*

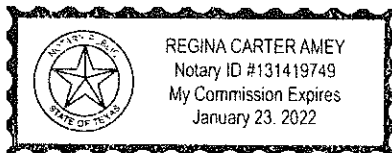
OUTSTANDING  
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Kara Sands*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Kara Sands*, this the *9TH* day of *Oct*, 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

*Senior Clerk*  
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>16,230</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1071.68</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>—</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>7048.39</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: **7**

2 FILER NAME  
**Kara Sands**

3 Filer ID (Ethics Commission Filers)

4 Date  
**7/3**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jim Barnette**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**2728 Airline CC TX 77414**

**500 -**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mike & Ann Lippincott**

Amount of contribution (\$)

**7/5**

Contributor address; City; State; Zip Code  
**322 Catalina CC TX 78411**

**500 -**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Brent Chesney**

Amount of contribution (\$)

**7/31**

Contributor address; City; State; Zip Code  
**5102 Holly Rd CC TX 78411**

**250 -**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jay Howard**

Amount of contribution (\$)

**8/2**

Contributor address; City; State; Zip Code  
**823 Congress Austin TX 78701**

**500 -**

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: **7**

2 FILER NAME  
**Kara Sands**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/6**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Sam L. Susser**

7 Amount of contribution (\$)  
**1,500 -**

6 Contributor address; City; State; Zip Code  
**800 N. Shoreline CC TX 78401**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**8/6**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Robin Bennett**

Amount of contribution (\$)  
**100 -**

Contributor address; City; State; Zip Code  
**15338 Beaufort CC TX 78418**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**8/8**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Olga Bell**

Amount of contribution (\$)  
**50 -**

Contributor address; City; State; Zip Code  
**409 Miramar CC TX 78411**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**8/8**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**NCRW PAC**

Amount of contribution (\$)  
**1250 -**

Contributor address; City; State; Zip Code  
**P.O. Box 270054 CC TX 78427**

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: **7**

2 FILER NAME

*Kara Sands*

3 Filer ID (Ethics Commission Filers)

4 Date

*8/9*

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

*Sam & Helen Dalton*

7 Amount of contribution (\$)

*100-*

6 Contributor address; City; State; Zip Code

*8002 Villefranche CC, TX 78414*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*8/14*

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

*Philip & Karen Hurst*

Amount of contribution (\$)

*1000-*

Contributor address; City; State; Zip Code

*5401 Adair CC TX 78413*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/14*

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

*Philip Sims*

Amount of contribution (\$)

*100-*

Contributor address; City; State; Zip Code

*P.O. Box 961 Camp Wood, TX 78833*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/14*

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

*Kevin & Sarah Barker*

Amount of contribution (\$)

*100-*

Contributor address; City; State; Zip Code

*7118 Gingerberry 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: **7**

2 FILER NAME **Kara Sands**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/15**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Richard Bowers**

7 Amount of contribution (\$)  
**250-**

6 Contributor address; City; State; Zip Code  
**P.O. Box 673 CC TX 78403**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**8/17**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Garry & Rebecca Bradford**

Amount of contribution (\$)  
**500-**

Contributor address; City; State; Zip Code  
**4646 Corona CC TX 78411**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**8/21**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Sharon Gutierrez**

Amount of contribution (\$)  
**250-**

Contributor address; City; State; Zip Code  
**6626 Opengate CC TX 78413**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**8/23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Connie & Mike Scott**

Amount of contribution (\$)  
**250-**

Contributor address; City; State; Zip Code  
**638 Shoreline Code Port A TX 78373**

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: **7**

2 FILER NAME **Kara Sands**

3 Filer ID (Ethics Commission Filers)

4 Date **8/28**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Nancy Parker**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**15313 motiny ct CC TX 78418**

**100-**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **8/29**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jennifer & Philip Skrobarczyk**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**250 Melrose St CC TX 78404**

**1000-**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **8/29**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Robert Parker**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**P.O. Box 9609 CC TX 78469**

**1500-**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **9/4**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**NCRP**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**4639 Corona CC TX 78411**

**5000-**

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: 7

2 FILER NAME

Kara Sands

3 Filer ID (Ethics Commission Filers)

4 Date

9/8

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

Clark C. Plato

7 Amount of contribution (\$)

100-

6 Contributor address; City; State; Zip Code

P.O. Box 1999 CC TX 78403

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/11

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

Ann & David Engel

Amount of contribution (\$)

250-

Contributor address; City; State; Zip Code

230 Amistad CC TX 78404

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/17

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

William G Pettus

Amount of contribution (\$)

250-

Contributor address; City; State; Zip Code

101 Shoreline Blvd CC TX 78401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19

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

Aaron & Cayce Ranton

Amount of contribution (\$)

500-

Contributor address; City; State; Zip Code

P.O. Box 4313 CC TX 78469

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: 7

2 FILER NAME  
Kara Sands

3 Filer ID (Ethics Commission Filers)

4 Date  
9/24

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Andrew Taubman

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
5601 SP10 #0204 CC, TX 78412

200-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
9/25

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
David Skoruppa

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
5429 Wagon Trail Robstown, TX 78380

30-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
8/29

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Arturo Gravedo

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
3334 Mavis CC TX 78411

100-

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Kara Sands</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>1,071.68</u>	
5 Date <u>9/9</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eugene &amp; Ellen Seaman</u>	8 Amount of Contribution \$ <u>1,071.68</u>	9 In-kind contribution description <u>signs</u>
7 Contributor address; City; State; Zip Code <u>55 Lakeshore Dr CA TX 78413</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# 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: 4	2 FILER NAME Kara Sands	3 Filer ID (Ethics Commission Filers)
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4 Date 8/10	5 Payee name Light House Graphics
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6 Amount (\$) 1,964.74	7 Payee address; City; State; Zip Code 3046 SP10 CC, TX 78415
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/13	Payee name Gulf Coast Mailing
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Amount (\$) 305.00	Payee address; City; State; Zip Code 6901 SP10 CC, TX 78412
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/13	Payee name D i W
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Amount (\$) 500.00	Payee address; City; State; Zip Code 677 Bermuda Pl. CC TX 78411
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME Kara Sands	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/16	<b>5</b> Payee name Gulf Coast Mailing	
<b>6</b> Amount (\$) 620.02	<b>7</b> Payee address; City; State; Zip Code 6901 SPID CC TX 78412	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 8/20	Payee name Lowe's	
Amount (\$) 135.22	Payee address; City; State; Zip Code 1530 Airline CC, TX 78412	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 8/21	Payee name Light House Graphics	
Amount (\$) 1077.09	Payee address; City; State; Zip Code 3046 SPID CC, TX 78415	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY 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 POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>4</u>	<b>2</b> FILER NAME <u>Kara Sands</u>	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date <u>8/16</u>	<b>5</b> Payee name <u>CHS Booster Club - Tiger Pride Club</u>			
<b>6</b> Amount (\$) <u>150.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>5301 Weber CC, TX 78411</u>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense Event</u>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <u>8/28</u>	Payee name <u>Gulf Coast Mailing</u>			
Amount (\$) <u>135.31</u>	Payee address; City; State; Zip Code <u>6901 SP10 CC TX 78412</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>10</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <u>9/11</u>	Payee name <u>CCause</u>			
Amount (\$) <u>250.00</u>	Payee address; City; State; Zip Code <u>4855 Salameda CC TX 78412</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME Kara Sands	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/14	<b>5</b> Payee name Light House Graphics	
<b>6</b> Amount (\$) 254.38	<b>7</b> Payee address; City; State; Zip Code 3046 SP10 CC, TX 78415	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/10	Payee name Bucket Works		
Amount (\$) 500.00	Payee address; City; State; Zip Code 711 N Caranchoa CC, TX 7814		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/14	Payee name Light House Graphics		
Amount (\$) 1,136.23	Payee address; City; State; Zip Code 3046 SP10 CC, TX 78415		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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