

## 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: <div style="text-align: right; font-size: 1.2em;">16</div>																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; font-size: 0.8em;">FIRST</td> <td style="width:30%; font-size: 0.8em;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Kara</td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Sands</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Kara		NICKNAME	LAST	SUFFIX		Sands		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="margin: 5px 0;">Date Received</p> <p style="text-align: center; margin: 5px 0;"><b>FILED FOR RECORD</b></p> <p style="text-align: center; margin: 5px 0;">AT M</p> <p style="text-align: center; margin: 10px 0; font-size: 1.2em;">OCT 29 2018</p> <p style="text-align: center; margin: 5px 0; font-size: 0.8em;">KARA SANDS CLERK, COUNTY CLERK, NUECES COUNTY, TEXAS</p> <p style="text-align: center; margin: 5px 0; font-size: 0.8em;">BY  DEPUT</p> </div>					
MS / MRS / MR	FIRST	MI																	
	Kara																		
NICKNAME	LAST	SUFFIX																	
	Sands																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="width:20%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:15%; font-size: 0.8em;">CITY;</td> <td style="width:15%; font-size: 0.8em;">STATE;</td> <td style="width:20%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="padding: 5px;">P.O. Box 181555 CC, TX 78404</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P.O. Box 181555 CC, TX 78404					Date Hand-delivered or Date Postmarked							
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE															
P.O. Box 181555 CC, TX 78404																			
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">AREA CODE</td> <td style="width:40%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:30%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td></td> <td style="text-align: center;">(361) 214-6550</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION		(361) 214-6550		Receipt #											
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; font-size: 0.8em;">FIRST</td> <td style="width:30%; font-size: 0.8em;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Monica Ledesma</td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Monica Ledesma		NICKNAME	LAST	SUFFIX				Amount \$					
MS / MRS / MR	FIRST	MI																	
	Monica Ledesma																		
NICKNAME	LAST	SUFFIX																	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:15%; font-size: 0.8em;">CITY;</td> <td style="width:10%; font-size: 0.8em;">STATE;</td> <td style="width:10%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="padding: 5px;">10321 Hercules CC, TX 78410</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	10321 Hercules CC, TX 78410										
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" 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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:10%; font-size: 0.8em;">Year</td> <td style="width:20%;"></td> <td style="width:10%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:10%; font-size: 0.8em;">Year</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">/ 20</td> <td style="text-align: center;">/ 18</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">10</td> <td style="text-align: center;">/ 27</td> <td style="text-align: center;">/ 18</td> </tr> </table>			Month	Day	Year		Month	Day	Year	9	/ 20	/ 18	THROUGH	10	/ 27	/ 18		
Month	Day	Year		Month	Day	Year													
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: 0.8em;">ELECTION DATE</td> <td colspan="3" style="width:60%; font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 0.8em;">Month</td> <td style="font-size: 0.8em;">Day</td> <td style="font-size: 0.8em;">Year</td> <td style="width:20%;"><input type="checkbox"/> Primary</td> <td style="width:20%;"><input type="checkbox"/> Runoff</td> <td style="width:20%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">/ 6</td> <td style="text-align: center;">/ 18</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	11	/ 6	/ 18	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
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Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description														
11	/ 6	/ 18	<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																	

**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)

\$ *9170.00*

EXPENDITURE  
TOTALS

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

\$ *97.08*

4. TOTAL POLITICAL EXPENDITURES

\$ *25,020.20*

CONTRIBUTION  
BALANCE

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

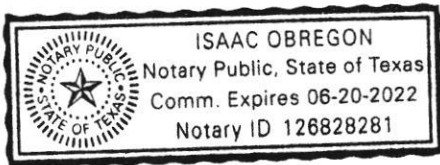
\$ *6,420.31*

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 R. Sands*, this the *29th*  
day of *October*, 20 *18*, to certify which, witness my hand and seal of office.

*Isaac Obregon*

Signature of officer administering oath

*Isaac Obregon*

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

*Kara Sands*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,170-
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,923 <sup>12</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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: <b>5</b>	2 FILER NAME <b>Kara Sands</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/8</b>	5 Payee name <b>Rotary Club of Corpus Christi</b>	
6 Amount (\$) <b>\$100.00</b>	7 Payee address; City; State; Zip Code <b>418 Peoples St CC, Tx 78401</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Flags for Our Heroes Memorial Expense</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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>10/13</b>	Payee name <b>Lighthouse Graphics</b>	
Amount (\$) <b>\$1050.00</b>	Payee address; City; State; Zip Code <b>3046 SPID CC, TX 78415</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>10/5</b>	Payee name <b>Budget Works</b>	
Amount (\$) <b>\$1000.00</b>	Payee address; City; State; Zip Code <b>711 W Caranchoa cc, TX 78401</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Kara Sands</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/30</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jane Gildersleeve</i> 6 Contributor address; City; State; Zip Code <i>6234 Sweeney Dr CE TX 78493</i>	7 Amount of contribution (\$) <i>\$150.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ashley &amp; Brent Chesney</i> Contributor address; City; State; Zip Code <i>5402 Holly Rd CC TX 78411</i>	Amount of contribution (\$) <i>\$250.</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/3</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pam &amp; Shawn D' Connor</i> Contributor address; City; State; Zip Code <i>315 Catalina Pl CC TX 78411</i>	Amount of contribution (\$) <i>\$100 -</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/3</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Samuel Dalton</i> Contributor address; City; State; Zip Code <i>8002 Villefranche CC TX 78414</i>	Amount of contribution (\$) <i>\$100 -</i>
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:

2 FILER NAME

Kara Sands

3 Filer ID (Ethics Commission Filers)

4 Date

10/4

5 Full name of contributor

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

Jerry & Kelly

6 Contributor address;

City; State; Zip Code

4707 Everhart, CC, TX 78411

7 Amount of contribution (\$)

\$100 -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/4

Full name of contributor

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

Glenna & Jim Elliff

Contributor address;

City; State; Zip Code

14310 Fairway CC, TX 78410

Amount of contribution (\$)

\$200 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4

Full name of contributor

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

Claude D'UNGER

Contributor address;

City; State; Zip Code

201 Del Mar CC, TX 78404

Amount of contribution (\$)

\$250 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4

Full name of contributor

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

Bonnie & Dennis Berry

Contributor address;

City; State; Zip Code

4550 River Park Dr, CC, TX 78410

Amount of contribution (\$)

\$1000 -

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:

2 FILER NAME *Kara Sands*

3 Filer ID (Ethics Commission Filers)

4 Date  
*10/5*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Jacky & Kathleen Baker*  
6 Contributor address; City; State; Zip Code  
*12741 Leopard, CC, TX 78410*

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

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Walter & Dorothy Sands*  
Contributor address; City; State; Zip Code  
*1300 Woodlawn Kils Gore, TX 75662*

Amount of contribution (\$)

*10/7*

*\$500 -*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Chris & Robert Adler*  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

*10/7*

*\$200 -*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Leah Toner*  
Contributor address; City; State; Zip Code  
*434 Louisiana CC, TX 78404*

Amount of contribution (\$)

*10/10*

*\$25 -*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Kara Sands

3 Filer ID (Ethics Commission Filers)

4 Date

10/10

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

Samuel Loyd Neal

7 Amount of contribution (\$)

\$1000 -

6 Contributor address; City; State; Zip Code

5202 St Andrews CC, TX 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/13

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

Steven Reid

Amount of contribution (\$)

\$25 -

Contributor address; City; State; Zip Code

592 Fitzgerald CC, TX 78401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15

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

Gene & Ellen Seaman

Amount of contribution (\$)

\$250 -

Contributor address; City; State; Zip Code

55 Lakeshore Dr CC, TX 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17

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

Simon Rauls

Amount of contribution (\$)

\$20 -

Contributor address; City; State; Zip Code

6635 S. Staples #7 CC, TX 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Kara Sands</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex &amp; Polly Harris</i> 6 Contributor address; City; State; Zip Code <i>2138 Highway 286 CC TX 78415</i>	7 Amount of contribution (\$) <i>\$250 -</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbara Agan</i> Contributor address; City; State; Zip Code <i>118 Whiteley CC TX 78418</i>	Amount of contribution (\$) <i>\$200 -</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Suzanne Taylor</i> Contributor address; City; State; Zip Code <i>5413 Prossler Dr CC TX 78413</i>	Amount of contribution (\$) <i>\$100 -</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BB Nayyar</i> Contributor address; City; State; Zip Code <i>10606 Atlanta CC TX 78410</i>	Amount of contribution (\$) <i>\$100 -</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

*Kara Sands*

3 Filer ID (Ethics Commission Filers)

4 Date

*10/17*

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

*Debra Perrin*

7 Amount of contribution (\$)

*\$50 -*

6 Contributor address; City; State; Zip Code

*738 Crown Harbor CC, TX 78402*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*10/17*

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

*Karen Cagle*

Amount of contribution (\$)

*\$50 -*

Contributor address; City; State; Zip Code

*6322 Grandvillers CC, TX 78414*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/17*

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

*Samuel Dalton*

Amount of contribution (\$)

*\$100 -*

Contributor address; City; State; Zip Code

*8009 Villefranche CC, TX 78414*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/17*

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

*Jim Kaelin*

Amount of contribution (\$)

*\$1000 -*

Contributor address; City; State; Zip Code

*7505 Eyster 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:

2 FILER NAME

*Kara Sands*

3 Filer ID (Ethics Commission Filers)

4 Date

*10/3*

5 Full name of contributor

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

*Jennifer & Philip Skrobarczyk*

6 Contributor address;

City; State; Zip Code

*250 Melrose CC, TX 78404*

7 Amount of contribution (\$)

*\$1000*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*10/3*

Full name of contributor

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

*Jim Barnette*

Contributor address;

City; State; Zip Code

*2728 Airline CC, TX 78414*

Amount of contribution (\$)

*\$1000*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/28*

Full name of contributor

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

*Ann & Mike Lippencutt*

Contributor address;

City; State; Zip Code

*322 Catalina CC, TX 78411*

Amount of contribution (\$)

*\$1000*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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.

# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>6</i>	<b>2</b> FILER NAME <i>Kara Sands</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/10</i>	<b>5</b> Payee name <i>Gulf Coast mailing</i>	
<b>6</b> Amount (\$) <i>90.31</i>	<b>7</b> Payee address; City; State; Zip Code <i>6901 SPID CITY</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<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: _____	
Date <i>10/10</i>	Payee name <i>Lowe's</i>	
Amount (\$) <i>218.21</i>	Payee address; City; State; Zip Code <i>1530 Airline CC, TX 78412</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>other</i>	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: _____	
Date <i>10/23</i>	Payee name <i>Gulf Coast</i>	
Amount (\$) <i>267.01</i>	Payee address; City; State; Zip Code <i>6901 SPID CITY</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	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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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Kara Sands	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/14	<b>5</b> Payee name Patriot Media	
<b>6</b> Amount (\$) \$500 -	<b>7</b> Payee address; City; State; Zip Code 603 Man of War Harker Heights, TX 78054	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<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 10/20	Payee name Lowe's		
Amount (\$) \$24.79	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/23	Payee name KRIS Communications		
Amount (\$) 3038.75	Payee address; City; State; Zip Code 301 Artesian CC, TX		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	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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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>	2 FILER NAME <b>Kara Sands</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/22</b>	5 Payee name <b>Hector Zertuche</b>
------------------------	--

6 Amount (\$) <b>\$1200-</b>	7 Payee address; City; State; Zip Code <b>Hector Zertuche - Knightstorm Productions CC, TX 78411</b>
---------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other</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
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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 <b>10/20</b>	Payee name <b>Burnpits 360</b>
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Amount (\$) <b>\$280-</b>	Payee address; City; State; Zip Code <b>Robstown, TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Donation</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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/17</b>	Payee name <b>Quick Print</b>
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Amount (\$) <b>\$235-</b>	Payee address; City; State; Zip Code <b>615 Leopard CC, TX 78401</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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.

<b>1</b> Total pages Schedule F1: <u>6</u>	<b>2</b> FILER NAME <u>Kara Sands</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>10/23</u>	<b>5</b> Payee name <u>Channel 3 - KCTH-TV</u>	
<b>6</b> Amount (\$) <u>4972.50</u>	<b>7</b> Payee address; City; State; Zip Code <u>5002 SPLO CC, TX</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <u>10/23</u>	Payee name <u>Spectrum Reach</u>	
Amount (\$) <u>2012.80</u>	Payee address; City; State; Zip Code <u>4455 SPLO Ste 31 CC, TX</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	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
Date <u>10/23</u>	Payee name <u>Faye Webb PTA</u>	
Amount (\$) <u>\$100-</u>	Payee address; City; State; Zip Code <u>6953 Boardwalk Ave CC, TX 78414</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Event Expense Donation</u>	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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# 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: 6	<b>2</b> FILER NAME Kara Sands	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/26	<b>5</b> Payee name Spectrum Reach	
<b>6</b> Amount (\$) 2000-	<b>7</b> Payee address; City; State; Zip Code 4455 SPID Ste 31 CC, TX 78411	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<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 10/26	Payee name Kris Communications	
Amount (\$) 3017.50	Payee address; City; State; Zip Code 301 Artesan CC, TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	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 10/26	Payee name Channel 3/KIII TV	
Amount (\$) 5010.75	Payee address; City; State; Zip Code 5002 SPID CC, TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	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

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