

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Kara LAST Sands	MI SUFFIX	FILES FOR RECORD OFFICE USE ONLY Date Received 11:35 AM JAN 15 2014 DIANA T. BARRERA Clerk, County Clerk, Nueces County, Texas By <u>Diana T. Barrera</u> Deputy Date Hand-delivered or Postmarked Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 6914 Corpus Christi, Texas 78466		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 331-7320	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Monica LAST Ledesma	MI SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2629 Sage Brush Drive Corpus Christi, Texas 78410		
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 688-5615	EXTENSION
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 12	Day 11	Year 13
	THROUGH		Month 12 / Day 31 / Year 13
11 ELECTION	Month 4	ELECTION DATE Day 04	Year 14
	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Nueces County Clerk	

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2014-022

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Kara Sands

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

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 \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3760.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 1486.19

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2273.81

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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

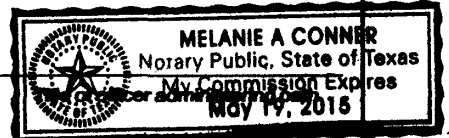
Sworn to and subscribed before me, by the said Kara Sands, this the 15 day of January, 20 14, to certify which, witness my hand and seal of office.

Melanie A. Conner

Signature of officer administering oath

Melanie A. Conner

Printed name of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Kara Sands		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/18/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Clower 6 Contributor address; City; State; Zip Code 415 Starr Street Corpus Christi, Texas 78403	7 Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/23/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garry Bradford Contributor address; City; State; Zip Code 4646 Corona, Suite 105 Corpus Christi, Texas 78411	Amount of contribution (\$) 300.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trey Sands Contributor address; City; State; Zip Code 1300 Woodlawn Kilgore, Texas 75662	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/28/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erik Schwirtlich Contributor address; City; State; Zip Code 3217 Fair Oaks Corpus Christ, Texas 78410	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/28/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Pickett Contributor address; City; State; Zip Code 151 Rio Grande Seguin, Texas 78155	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Kara Sands		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/13/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Pope 6 Contributor address; City; State; Zip Code 13942 Jibstay St Corpus Christ, Texas 78418	7 Amount of contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/14/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Aubrey Bryan Contributor address; City; State; Zip Code 10633 Westwood Drive Corpus Christi, Texas 78410	Amount of contribution (\$) 10.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/14/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arturo Granado Contributor address; City; State; Zip Code 3334 Mavis Drive Corpus Christi, Texas 78411	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nancy Parker Contributor address; City; State; Zip Code 15313 Mutiny Court Corpus Christi, Texas 78418	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bryan Sexton Contributor address; City; State; Zip Code P.O. Box 61151 Corpus Christi, Texas 78466	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Kara Sands		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/31/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George Antuna 6 Contributor address; City; State; Zip Code 3636 Woodlawn Farms Schertz, Texas 78154	7 Amount of contribution (\$) 150.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/9/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Bergsma Contributor address; City; State; Zip Code 4117 Acushnet Drive Corpus Christi, Texas 78413	Amount of contribution (\$) 1250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 2	
2 FILER NAME Kara Sands		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$4,250
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) William Pettus	8 Amount of pledge (\$)	9 In-kind description (if applicable)
12-23-2013	7 Pledgor address; City; State; Zip Code 101 Shoreline Blvd. Corpus Christi, Tx 78401	\$250	
(If travel outside of Texas, complete Schedule T)			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Will Haff	Amount of pledge (\$)	In-kind description (if applicable)
12-23-2013	Pledgor address; City; State; Zip Code 21514 Promontory Circle San Antonio, TX 78258	\$250	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Rogelio Rodriguez	Amount of pledge (\$)	In-kind description (if applicable)
12-23-2013	Pledgor address; City; State; Zip Code 1718 Hadbury Lane San Antonio, TX 78248	\$250	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Laurence Valls	Amount of pledge (\$)	In-kind description (if applicable)
12-27-2013	Pledgor address; City; State; Zip Code P.O. Box 2505 Corpus Christi, TX 78403	\$250	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Dave Angiovani	Amount of pledge (\$)	In-kind description (if applicable)
12-23-2013	Pledgor address; City; State; Zip Code 21927 Ranier Lane San Antonio, TX 78260	\$250	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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PLEGGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 2	
2 FILER NAME Kara Sands		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ 4,250.00	
5 Date 12/28/2013	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Woodrow Riley 7 Pledgor address; City; State; Zip Code 4401 Kostoryz Corpus Christi, Texas 78415	8 Amount of pledge (\$) 250.00	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 12-29-2013	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Natalie Werkhoven Pledgor address; City; State; Zip Code 15350 Key Largo Court Corpus Christi, Texas 78418	Amount of pledge (\$) 50.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-29-2013	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Alan Clower Pledgor address; City; State; Zip Code 3535 Santa Fe Corpus Christi, Texas 78411	Amount of pledge (\$) 100.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-31-2013	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Peter Estevez Pledgor address; City; State; Zip Code 26945 I-45 North The Woodlands, Texas 77380	Amount of pledge (\$) 2600.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidates/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Kara Sands	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/9/2013	5 Payee name Nueces County Republican Party
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6 Amount (\$) 1250.00	7 Payee address; City; State; Zip Code 4639 Corona, Suite 5 Corpus Christi, Texas 78411
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fee	(b) Description (If travel outside of Texas, complete Schedule T) filing fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/18/2013	Payee name Piryx, Inc.
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Amount (\$) 14.38	Payee address; City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 094105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Online Contribution Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/26/2013	Payee name American Bank
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Amount (\$) 33.81	Payee address; City; State; Zip Code 5210 SPID Corpus Christi, Texas 78411
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Checks
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Kara Sands	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/11/2013	5 Payee name United States Post Office - Lamar Station
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6 Amount (\$) 88.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4801 Everhart Rd Corpus Christi, Texas 78411
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other - Post Office Box	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Post Office Box
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Date 12/11/2013	Payee name American Bank
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Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5120 SPID Corpus Christi, Texas 78411
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Campaign Bank Account
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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