

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">10</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI <div style="text-align: center;">Kara                      R</div> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <div style="text-align: center;">Sands             </div>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received  <div style="text-align: center; color: blue; font-weight: bold;">FILED FOR RECORD AT 3:00 PM</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">JUL 16 2014</div>                     Date Hand-delivered or Postmarked                      By <u>DIANA J. BARRERA</u>                      Clerk, County Court, Nueces County, Texas                      Receipt #                      Amount                      Deputy                      Date Processed                      Date Imaged                 </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE P.O. Box 6914                      Corpus Christi TX                      78466		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 )                      945-0185		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI <div style="text-align: center;">Monica</div> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <div style="text-align: center;">Ledesma             </div>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 2829 Sage Brush Drive                      Corpus Christi TX                      78410		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 )                      688-5615		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year 01 / 01 / 2014                      6 / 30 / 2014		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year 11 / 04 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>  Nueces County Clerk	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

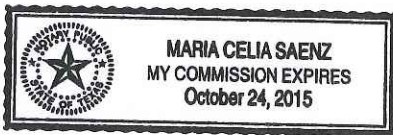
**FORM C/OH  
COVER SHEET PG 2**

<b>14 C/OH NAME</b> Kara Rae Sands	<b>15 ACCOUNT #</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	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.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5621.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 329.70
	4. TOTAL POLITICAL EXPENDITURES	\$ 4532.19
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3362.62
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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.

\_\_\_\_\_  
 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 July, 2014, to certify which, witness my hand and seal of office.

Signature of officer administering oath

MARIA CELIA SAENZ  
 Printed name of officer administering oath

Notary Public  
 Title 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: <b>5</b>	
2 FILER NAME Kara Rae Sands		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/3/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Clower	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3535 Santa Fe, Unit 11 Corpus Christi, Texas 78411		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Pusley	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3916 Castle Valley Corpus Christi, Texas 78410		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Pettus	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 101 Shoreline Blvd, Suite 200 Corpus Christi, Texas 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalie Werkhoven	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15350 Key Largo Ct Corpus Christi, Texas 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) June Gildersleeve	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6234 Sweeney Drive Corpus Christi, Texas 78413		(If travel outside of Texas, complete Schedule T)	
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: <b>5</b>	
2 FILER NAME Kara Rae Sands		3 ACCOUNT # (Ethics Commission Filers)	
4 Date  02/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurence Valls 6 Contributor address; City; State; Zip Code 312 Peerman Corpus Christi, Texas 78411	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  3/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Woods Contributor address; City; State; Zip Code 1122 Colorado Street, Ste301 Austin, Texas 78701	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  3/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derwood Anderson Contributor address; City; State; Zip Code P.O. Box 2682 Corpus Christi, Texas 78403	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  3/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Antongiovanni Contributor address; City; State; Zip Code 21927 Rainier Lane San Antonio, Texas 78260	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  3/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ted Oakley Contributor address; City; State; Zip Code 800 N. Shoreline, Suite 2200 South Corpus Christi, Texas 78401	Amount of contribution (\$)  200.00  (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: <b>5</b>	
2 FILER NAME Kara Rae Sands			3 ACCOUNT # (Ethics Commission Filers)		
4 Date 3/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gil Hernandez	6 Contributor address; City; State; Zip Code 4414 Lake Superior Corpus Christi, Texas 78413	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 3/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anissa Hernandez	Contributor address; City; State; Zip Code 4414 Lake Superior Corpus Christi, Texas 78413	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Haff	Contributor address; City; State; Zip Code 1303 Vista Del Rio San Antonio, Texas 78216	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Bentley	Contributor address; City; State; Zip Code 4101 Brett St, Apt. U36 Corpus Christi, Texas 78411	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel Dalton	Contributor address; City; State; Zip Code 8002 Villefranche Dr. Corpus Christi, Texas 78414	Amount of contribution (\$) 200.00	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: <b>5</b>	
2 FILER NAME Kara Rae Sands		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/7/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Gulley	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6421 Saratoga Blvd Corpus Christi, Texas 78414		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Gulley	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6421 Saratoga Blvd Corpus Christi, Texas 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Longoria	Amount of contribution (\$) 221.00	In-kind contribution description (if applicable) Campaign Stickers
Contributor address; City; State; Zip Code 704 Lousiana Corpus Christi, Texas 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley Lenz	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 63 W Bar-Le-Doc Corpus Christi, Texas 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debby Hovda	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8106 Douglas Drive Corpus Christi, Texas 78409		(If travel outside of Texas, complete Schedule T)	
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: <b>5</b>	
2 FILER NAME Kara Rae Sands		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Bowers	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 673 Corpus Christi, Texas 78403		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Kaelin	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7505 Exeter Corpus Christi, Texas 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock Engineering PAC	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6817 Leopard Corpus Christi, Texas 78409		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney Pusley-Tegeler	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15409 Bedrock Drive Corpus Christi, Texas 78410		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogelio Rodriguez	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1718 Hadbury Lane San Antonio, Texas 78248		(If travel outside of Texas, complete Schedule T)	
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:

1

**2** FILER NAME

Kara Rae Sands

**3** ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES:      ⇒      ⇒      ⇒      ⇒      ⇒      ⇒

\$ 3600.00

**5** Date

6/30/2014

**6** Full name of pledgor

Philip Skrobarczyk

 out-of-state PAC (ID#: \_\_\_\_\_)**7** Pledgor address;      City;      State;      Zip Code

1102 2nd Street      Corpus Christi, Texas 78404

**8** Amount of pledge (\$)

250.00

**9** In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

6/30/2014

Full name of pledgor

Robert Leshin

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

Pledgor address;      City;      State;      Zip Code

800 N. Shoreline Boulevard, Ste 300      Corpus Christi, TX 78401

Amount of pledge (\$)

250.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Commercial Real Estate Developer

Employer (See Instructions)

Self

Date

6/30/2014

Full name of pledgor

Raymond Gignac

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

Pledgor address;      City;      State;      Zip Code

416 Starr St.      Corpus Christi, Texas 78401

Amount of pledge (\$)

250.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28/2013

Full name of pledgor

Woodrow Riley

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

Pledgor address;      City;      State;      Zip Code

4401 Kostoryz      Corpus Christi, Texas 78415

Amount of pledge (\$)

250.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28/2013

Full name of pledgor

Peter Estevez

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

Pledgor address;      City;      State;      Zip Code

26945 I-45 North      Woodlands, Texas 77380

Amount of pledge (\$)

2600.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

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****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	Candidate/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.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME Kara Rae Sands	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 01/17/2014	<b>5</b> Payee name AT & T	
<b>6</b> Amount (\$) 86.60	<b>7</b> Payee address; City; State; Zip Code 8153 SPID Corpus Christi, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Other	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Campaign Telephone
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/21/2014	Payee name Lighthouse Graphics	
Amount (\$) 432.46	Payee address; City; State; Zip Code 5722 Escondido St. Corpus Christi, TX 78417	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) T-Shirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/04/2014	Payee name James O'Keefe	
Amount (\$) 200.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Campaign Photos
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/10/2014	Payee name AT&T	
Amount (\$) 91.16	Payee address; City; State; Zip Code 8153 SPID Corpus Christi, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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	Candidate/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.

<b>1</b> Total pages Schedule F: <b>3</b>	<b>2</b> FILER NAME Kara Rae Sands	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/11/2014	<b>5</b> Payee name AT & T	
<b>6</b> Amount (\$) 100.72	<b>7</b> Payee address; City; State; Zip Code 8153 SPID Corpus Christi, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Other	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Campaign Telephone
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/18/2014	Payee name Lighthouse Graphics	
Amount (\$) 70.36	Payee address; City; State; Zip Code 5722 Escondido St. Corpus Christi, TX 78417	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/24/2014	Payee name Lighthouse Graphics	
Amount (\$) 2327.38	Payee address; City; State; Zip Code 5722 Escondido C.C., TX 78417	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/30/2014	Payee name AT&T	
Amount (\$) 107.42	Payee address; City; State; Zip Code 8153 SPID Corpus Christi, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Campaign Phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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	Candidate/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.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME Kara Rae Sands	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 5/29/2014	<b>5</b> Payee name AT & T	
<b>6</b> Amount (\$) 60.13	<b>7</b> Payee address; City; State; Zip Code 8153 SPID Corpus Christi, TX	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Telephone
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/24/2014	Payee name Lighthouse Graphics	
Amount (\$) 92.12	Payee address; City; State; Zip Code 5722 Escondido St. Corpus Christi, TX 78417	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/28/2014	Payee name Water Street Seafood Company	
Amount (\$) 832.14	Payee address; City; State; Zip Code 309 N Water Street C.C., TX 78401	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Meet & Greet
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 (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**