CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

P.O. Box 12070

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Kara NICKNAME LAST Sands	MI R SUFFIX	OFFICE USE ONLY Date Received FILED FOR RECORD AT 3:00 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 6914 Corpus Ch AREA CODE PHONE NUMBER (361) 945-0185	STATE; ZIP CODE DE TRANSION STATE; ZIP CODE TABLE STATE; ZIP CODE STATE; ZIP CODE	Date Hand-delivered or Postmarked A Clark, County Dourt, Nueces County, Texas Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS / M	MI	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 2829 Sage Brush Drive	CITY; STATE; Corpus Christi TX	ZIP CODE 78410
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 688-5615	EXTENSION	
9 REPORT TYPE	January 15 30th day before election X July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 6 / 30 /	Year 2014
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2014 ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Nueces County Cle	rk

GOTO PAGE 2

2014-122

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

		<u> </u>	
14 C/OH NAME Kara F	Rae Sands		15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY II	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE		
	SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5621.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	\$ 329.70
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4532.19
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 3362.62
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 0
18 AFFIDAVIT			
	MARIA CELIA SAENZ MY COMMISSION EXPIR	is true and correct and includes a	of perjury, that the accompanying report all information required to be reported by
	October 24, 2015	Kara &	and
) Signature of Ca	Indidate or Officeholder
AFFIX NOTARY STAN		ma by the said Kara Sa	nols, this the
Sworn to and sub	1100		my hand and seal of office.
Maria Cer	lia Laer	MARIA CELIA SAENZ	- notory Puplic
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath

P.O. Box 12070

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COL	IFDI	8.8	Series.	
- 20 - 1	2 P B B B	25 81	-	Victorial III

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 5
2 FILER NAME Kara R	ae Sands		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#: Alan Clower		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/3/2014	6 Contributor address; City; State; Zip Code		100.00	
	3535 Santa Fe, Unit 11 Corpus Christi, Texa	as 78411	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
01/31/2014	Contributor address; City; State; Zip Code 3916 Castle Valley Corpus Christi, Texas	s 78410	300.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/10/2014	Contributor address; City; State; Zip Code 101 Shoreline Blvd, Suite 200 Corpus Chris	sti, Texas 78401	250.00]
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/13/2014	Contributor address; City; State; Zip Code 15350 Key Largo Ct Corpus Christi, Texas	78418	50.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	<u> </u>	or rouse, complete consecute +)
Date	Full name of contributor out-of-state PAC (ID#: June Gildersleeve		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/25/2014	Contributor address; City; State; Zip Code 6234 Sweeney Drive Corpus Christi, Texas	78413	50.00	
	ozo / Oviolity Divo Ottpus Offish, Toxas	.5110	//6 Ame 1 4 1	Town complete Octobrilla
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Kara Rae	Sands		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Laurence Valls)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/27/2014	6 Contributor address; City; State; Zip Code	នេះសភាពសភាជាធិតិ	250.00	
	312 Peerman Corpus Christi, Texas 7841	1	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	I	,
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/17/2014	Contributor address; City; State; Zip Code 1122 Colorado Street, Ste301 Austin, Texas	78701	250.00	
	1122 Oblotado Greek, Greek Frankri, Foxad	10.01	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/19/2014	Contributor address; City; State; Zip Code		250.00	
	P.O. Box 2682 Corpus Christi, Texas 784	03	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or reside, complete constant 17
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	David Antongiovanni		Contribution (¢)	description (if applicable)
3/21/2014	Contributor address; City; State; Zip Code		250.00	
	21927 Rainier Lane San Antonio, Texas 7	8260		
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
1 morpar occup	patient / coo due (coo medicalens)	Linploye, (coc		
Date	Full name of contributor out-of-state PAC (ID#: Ted Oakley		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/2014	Contributor address; City; State; Zip Code		200.00	
	800 N. Shoreline, Suite 2200 South Corpus C	Christi, Texas 78401		I
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 5
2 FILER NAME Kara Rae	Sands		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Gil Hernandez		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/04/2014	6 Contributor address; City; State; Zip Code	ខេត្ត ស្ភាគ្រ ស្គុធ	100.00	
	4414 Lake Superior Corpus Christi, Texas	78413	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		or route, compact conduct ry
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/04/2014	Contributor address; City; State; Zip Code 4414 Lake Superior Corpus Christi, Texas	s 78413	100.00	l
100			(If travel outside	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/15/2014	Contributor address; City, State; Zip Code		250.00	
	1303 Vista Del Rio San Antonio, Texas 7	78216	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#_)	Amount of	In-kind contribution
	Dennis Bentley		contribution (\$)	description (if applicable)
4/6/2014	Contributor address; City; State; Zip Code		100.00	
	4101 Brett St, Apt. U36 Corpus Christi, T	exas 78411		
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
- Tirropai occu	Control of the Contro	Linployer (dee	was uctions)	
Date	Full name of contributor out-of-state PAC (ID#: Samuel Dalton		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20/2014	Contributor address; City; State; Zip Code		200.00	
	8002 Villefranche Dr. Corpus Christi, Texas 7	78414		
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
				and the control of th

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 5
2 FILER NAME Kara Rae	Sands		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#: Bryan Gulley		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/7/2014	6 Contributor address; City; State; Zip Code		100.00	[
	6421 Saratoga Blvd Corpus Christi, Texas	78414	(If travel outside	of Texas, complete Schedule T)
				or rexas, complete Scriedule 1)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/7/2014	Contributor address; City; State; Zip Code			
	6421 Saratoga Blvd Corpus Christi, Texas	78414	100.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		. Tomas, surriche autocate (
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	John Longoria			
5/7/2014	Contributor address; City; State; Zip Code		221.00	Campaign Stickers
	704 Lousiana Corpus Christi, Texas 78404	4	(If travel outside	of Texas, complete Schedule T)
Dringinal occur	pation / Job title (See Instructions)	Employer (See		or rexas, complete correction 17
r mopar occup	Salott 7 300 tile (See Instructions)	Linployer (See	mistractions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Bradley Lenz		contribution (\$)	description (if applicable)
5/22/2014	Contributor address; City; State; Zip Code		100.00	
	63 W Bar-Le-Doc Corpus Christi, Tex	as 78414		
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#: Debby Hovda		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/28/2014	Contributor address; City; State; Zip Code		200.00	T.
	8106 Douglas Drive Corpus Christi, Texas	78409	P. Control of the Con	1
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A: 5
2 FILER NAME Kara R	ae Sands		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Richard Bowers		COMMONION (4)	description (if applicable)
5/28/2014	6 Contributor address; City; State; Zip Code		250.00	
	P.O. Box 673 Corpus Christi, Texas 78403]
			1	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Jim Kaelin		contribution (\$)	description (if applicable)
F (00)004 4	Contributor address; City; State; Zip Code		1-2-22	
5/28/2014	7505 Exeter Corpus Christi, Texas 7841	4	150.00	
	A Branch Architecture - Adoles			
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Rock Engineering PAC		contribution (\$)	description (if applicable)
5/28/2014	Contributor address; City; State; Zip Code		200.00	
	6817 Leopard Corpus Christi, Texas 78409	,		1
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor)	Amount of	In-kind contribution
	Courtney Pusley-Tegeler		contribution (\$)	description (if applicable)
5/28/2014	Contributor address; City; State; Zip Code			
	15409 Bedrock Drive Corpus Christi, Texas	s 78410	100.00	1
Principal accus	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
- mopai occu	oaudi, 300 tile (366 mandalons)	Limployer (dee	matructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution description (if applicable)
	Rogelio Rodriguez		contribution (\$)	description (if applicable)
01/05/2014	Contributor address; City; State; Zip Code		0.000	
15	1718 Hadbury Lane San Antonio, Texas	78248	250.00	1
			1	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
i inopai occu	Section 1 Sectio	Linployer (Ode		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule B:
2 FILER NAME Kara F	Rae Sands		3 ACCOUNT # (E	thics Commission Filers)
4 TOT/	AL OF UNITEMIZED PLEDGES:	4 4 4	→ →	\$ 3600,00
5 Date 6/30/2014	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$) 250.00	9 In-kind description (if applicable)
				of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I	nstructions)	
Date 6/30/2014	Full name of pledgor out-of-state PAC (ID#	Christi TV 79404	Amount of pledge (\$)	In-kind description (if applicable)
	600 N. Shoreline Boulevard, Ste 300 Corpus	Chilsu, 17 70401	(If traval autoido	of Towns assemble Cabadula T)
Principal occu Commen	pation / Job title (See Instructions) cial Real Estate Developer	Employer (See I Self		of Texas, complete Schedule T)
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
6/30/2014	Pledgor address; City; State; Zip Code 416 Starr St. Corpus Christi, Texas 78401	-	250.00	of Tours assemble Colonial T
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#: Woodrow Riley)	Amount of pledge (\$)	In-kind description (if applicable)
12/28/2013	Pledgor address; City; State; Zip Code 4401 Kostoryz Corpus Christi, Texas 7	8415	250.00	
Principal occu	pation / Job title (See Instructions)	Employer (See I	L	of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#: Peter Estevez		Amount of pledge (\$)	In-kind description (if applicable)
12/28/2013	Pledgor address; City; State; Zip Code		2600.00	
	26945 I-45 North Woodlands, Texas 77	'380	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	<u> </u>	
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru			requirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense	Gift/Awards/Memorials Expense	RE CATEGORIES Salaries/Wages/Co	ontract Labor	Loan Repayment/R	Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense		ipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Dona	
Event Expense	Polling Expense	Travel Out Of Dis			eholder/Political Committee
Fees	Printing Expense The Instruction Gui	Office Overhead/F ide explains how to	A THE STATE OF THE	3	stegory not listed above)
Total pages Schedule F:	2 FILER NAME				# (Ethics Commission Filers
3	Kara Rae Sands	20,200 No. 1110 No. 110 No. 1	- Constant of the life of the contract of		
Date 01/17/2014	5 Payee name AT & T				
Amount (\$)	55 1.50 N v 150 155.	State; Zip Code			
86.60	8153 SPID Corpus Christi	, IX			
PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	(If travel outside of Texa	as, complete Schedule T)
EXPENDITURE	Other		Cam	paign Telephone)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nar	ne	Office sough	t	Office held
Date	Payee name				
01/21/2014	Lighthouse Graphics				
Amount (\$)	Payee address; City; 5722 Escondido St. Corpus	State; Zip Code Christi TX 78417			
432.46	or 22 accounts on corpus	omou, man			
PURPOSE OF	Category (See categories listed at the	top of this schedule)		(If travel outside of Texa	is, complete Schedule T)
EXPENDITURE	Printing Expense		T-Shirts		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nar H	ne	Office sough	t	Office held
Date	Payee name				
2/04/2014	James O'Keefe				
Amount (\$)	Payee address; City;	State; Zip Code			
200.00					
PURPOSE	Category (See categories listed at the	e top of this schedule)		ALE TO STATE OF THE PROPERTY O	as, complete Schedule T)
OF EXPENDITURE	Other		Campaign	Photos	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nar	ne	Office sough	t	Office held
Date	Payee name				
2/10/2014	AT&T			watergov examendation	sommer on the mountain the some of the sound
Amount (\$)		State; Zip Code			
91.16	8153 SPID Corpus Christi,	IX			
PURPOSE	Category (See categories listed at the	e top of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
OF EXPENDITURE	Other		2	10	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nar OH	me	Office sough	t	Office held

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

AND SECTION OF THE PARTY OF THE	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.
Total pages Schedule F:	2 FILER NAME Kara Rae Sands		3 ACCOUNT # (Ethics Commission Filers)
Date 3/11/2014	5 Payee name AT & T		
100.72	7 Payee address; City; Sta 8153 SPID Corpus Christi, T.	ste; Zip Code X	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Other		ion (If travel outside of Texas, complete Schedule T) ampaign Telephone
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office so	ught Office held
Date	Payee name		
2/18/2014	Lighthouse Graphics		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
	5722 Escondido St. Corpus Ch	risti, TX 78417	
70.36	•	20 MARTO* 1 20 CC 57 FT AND 120	
PURPOSE	Category (See categories listed at the top	of this schedule) Descripti	On (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense		ign Cards
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sol	ught Office held
Date 2/24/2014	Payee name Lighthouse Graphics		
Amount (\$)		ate; Zip Code	
2327.38	5722 Escondido C.C., TX 78		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Printing Expense		ion (If travel outside of Texas, complete Schedule T) ign Signs
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office so	ught Office held
Date 4/30/2014	Payee name AT&T		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
107.42	8153 SPID Corpus Christi, TX		
PURPOSE	Category (See categories listed at the top	of this schedule) Descript	ion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Carr	npaign Phone
Complete ONLY if direct		Office so	ught Office held
expenditure to benefit C/			

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense	EXPENDITUR Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	Salaries/Wages/C Solicitation/Fundra Travel In District	ontract Labor	Loan Repayment/F	ipment & Related Expense
Event Expense	Polling Expense	Travel Out Of Dis Office Overhead/I	Name and the second sec		eholder/Political Committee
Fees	Printing Expense The Instruction Guid				ategory not listed above)
Total pages Schedule F:	2 FILER NAME Kara Rae Sands		b.		# (Ethics Commission Filers
Date 5/29/2014	5 Payee name AT & T				
Amount (\$)	7 Payee address; City; S	State; Zip Code		- Commence - Spanish and Commence - Spanish -	
60.13	8153 SPID Corpus Christi,	TX			
3 PURPOSE OF	(a) Category (See categories listed at the t	op of this schedule)	(b) Description	(If travel outside of Texa	as, complete Schedule T)
EXPENDITURE	Other		Can	npaign Telephone	•
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder nam H	е	Office sough	ht	Office held
Date 3/24/2014	Payee name Lighthouse Graphics				
Amount (\$)	Payee address; City; S	State; Zip Code			Alternative control of the control o
92.12	5722 Escondido St. Corpus (Christi, TX 78417			
PURPOSE	Category (See categories listed at the t	op of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
OF EXPENDITURE	Printing Expense		Campaigr	n Cards	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam H	е	Office sough	ht	Office held
Date 5/28/2014	Payee name Water Street Seafood Col	mpany			
Amount (\$)	Payee address; City; S	State; Zip Code		A NATIONALOS, ESTANOMICOS PARTESANO	So elledistaroso esta seculina elle esta encarelle
832.14	309 N Water Street C.C.,	TX 78401			
PURPOSE OF EXPENDITURE	Category (See categories listed at the Event	op of this schedule)		(If travel outside of Text	as, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam H	е	Office soug	ht	Office held
Date	Payee name				
Amount (\$)	Payee address; City; S	State; Zip Code			
PURPOSE OF	Category (See categories listed at the	op of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
EXPENDITURE					55
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam OH	е	Office soug	ht	Office held
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS	NEEDED	