CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Boy 12070

FORM C/OH COVER SHEET PG 1

		Tolune Incommendation of the Comment			
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Kara	Pineman	Date Received		
	NICKNAME LAST	SUFFIX			
	3 and s		FILED FOR RECORD		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	7.15.		
MAILING	P.O. Box 6914		Date Hand-delivered or Postmarked 014		
ADDRESS	CC, TX 78466				
change of address			Receipt # CHANA T. ABARRERA Clerk, County Court, Nueces County, Texas		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed Dep		
PHONE	(341) 945-0185		Deiroire		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date loraged Combres		
TREASURER NAME	Monica		Sydiniter		
NAME	NICKNAME LAST	SUFFIX			
	Ledesma				
- CAMBAION	OXPERT ADDRESS AND DO DOWN FASTA ADVISUATE #	CITY CTATE.	71D CODE		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE		
ADDRESS (residence or business)	2829 Sage Brush Dr				
(residence of business)	CE,TY 78410				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(361) UBR-5615				
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment		
			(officeholder only)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	Month Day			
COVERED	7/1/14 THROUGH	9/30/	14		
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year Primary	Runoff	General Special		
	10/4/14	1			
	OFFICE UP D. W.	12 OFFICE COLICILY (St			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
		Nucles Com	ty Clark		
			.)		
	GO TO PAGE 2				
MODEL A COLUMN DE MODEL DE DE					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Zara Si	inds	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	COMMITTEE NAME	ser-		
	SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	1 ×		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 605 .00				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 136.17				
	4. TOTAL POLITICAL EXPENDITURES \$ 3137.91				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 6514.54				
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	THE \$			
18 AFFIDAVIT					
Notal My	ARISSA C. PETERSC ry Public, State of 1 Commission Expli August 12, 2018	is true and correct and includes a me under Title 15, Election Code.	of perjury, that the accompanying report all information required to be reported by		
T		Signature of Car	ndidate or Officeholder		
			×		
AFFIX NOTARY STAME					
		ne, by the said Kava Sand			
day	of Octob	, 20 , to certify which, witness	my hand and seal of office.		
Manne Chete	men	Marissac Pekusin Nota	ny Public		
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath		

(512

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

			where the Elith value and the open than the commence of the co	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME Kara Sands			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#:_ Philip Skrob ar CZK)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7-12-14	6 Contributor address; City; State; Zip Code 250 Melvose Ale CC TX	18404	250	\
	·*·		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job litle (See Instructions)	10 Employer (See I	nstructions)	
Dale	Full name of contributor Out-of-state PAC(ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
a v.1	Contributor address; City; State; Zip Code			
7-29-14	3420 Ocean Dr CC,TX-	18404	250	1
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
Washington	Richard & Pamela Leshin		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
8/6/14	146 Amistad, CC TX 79	3404	100	
		r		of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
الماحات	Anthony Amire Contributor address; City; State; Zip Code			= 1
MRA	1006 Paradise Rd #1 S	wampscot, MA		
				of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Kelly George		contribution (\$)	description (if applicable)
.1.1	Contributor address; City; State; Zip Code		2 - m	ı
8/13/14	13944 Caloana North Co	1.14 JOHR	250	<i>}</i>
				of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See li	nstructions)	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

Washington Street of House Street				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Kara Sands		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#:_ Robert & Ora Viera)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/18/14	6 Contributor address; City; State; Zip Code 14834 Beal Dr CCTY	78410	25000	
			(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/22/14	Contributor address; City; State; Zip Code	217x 78418	501.9	
Dringing conv	pation / Job title (See Instructions)	Employer (See I	An indicate decision of	f Texas, complete Schedule T)
Principal occup	Sation 7 Job title (See Instructions)	Employer (See 1	risti uctions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/25/14	Contributor address; City; State; Zip Code		- 100 1	
4-01.	Contributor address; City; State; Zip Code P. O. Boy 9609 CC, Ty	78469	1000.00	of Tayon, complete Schedule T
	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
				The state of the s
Date	Full name of contributor out-of-state PAC (IDI):_ 1/1/1/20 P15165)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/28/14	Contributor address; City; State; Zip Code	× T.	250.00	ä
-	3916 Castle Valley Co	- 14 79910	/If traval outside s	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		r rexus, complete conceder 17
Date	Full name of contributor out-of-state PAC (ID#:) I	Amount of	In-kind contribution
	Betsy i muse carrell		contribution (\$)	description (if applicable)
at Liu	Contributor address; City; State; Zip Code		60	
5/1/17	4916 Cherry Hils Coj	Tx 78413	150.60	
	7			f Texas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See I	nstructions)	
		***************************************	**************************************	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Kara Sands		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/10/14	\$ to the PE TENNER OF THE PERSON AS THE PERS	-TX 78401	250.09	\
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
99/14	Contributor address; City; State; Zip Code		201	
1/11	6001 Sotherland Dr. Cci	TV 78414	100 02	
	00,4,4,4,4	4 10 11 .	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor)	Amount of	In-kind contribution
	Nucles County Republicant	Person	contribution (\$)	description (if applicable)
9/8/14	Nucces County Lepublican & Contributor address; City; State; Zip Code		•0	
dolli			1000.00	
	405 Co. once (51-5)	CCT14 78111	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or local, compete concede 17
Date	Full name of contributor 🗆 out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (If applicable)
914/14	Contributor address; City; State; Zip Code		50 09	
	228 Palona CGN 18	(1)2	~	f Tayon accordate Cabadida T
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
		18 53 70		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Benjamia Falk		contribution (\$)	description (if applicable)
1.4.0	Contributor address; City; State; Zip Code		ra 21/	
8/25/14	a 1 1		50.0	
	Rockport	1		
Principal occup	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
- morper occup	and the fear mendenne)	Employer (ode ii	io. dedictio)	
W			The state of the s	A STATE OF THE STA

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics Com	nmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(51_,463-5800	(TDD 1-800-735-2989)
	AMERICAN STREET, STREE	NTRIBUTIO PLEDGES C		NS		SCHEDULE A
The	Instruction G	uide explains how to	complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Kara	Sands			3 ACCOUNT # (E	thics Commission Filers)
4 Date		of contributor our ael Hummell	t-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/15/14	P.D. Box	1 200	tate; Zip Code		250	\
	With the second	~ 1	1 10 %	w. ·	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title	(See Instructions)		10 Employer (See I	Instructions)	
Date	Full name		ut-of-state PAC (ID#:_ UdO		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/20/14	607	Vary !	tate; Zip Code		500	
	CC:	74 78904			(If travel outside /	of Texas, complete Schedule T)
Principal occur	L	(See Instructions)	**************************************	Employer (See I		or texas, complete ourieurie 1)
Date	Full name	of contributor of out	ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/20/14	Contribute	raddress; City; St	ate, Zip Code		500	<u> </u>
* =	CC 1	18404			(If travel outside	of Texas, complete Schedule T)
Principal occuj	pation / Job title	(See Instructions)		Employer (See I	Instructions)	
Date	Full name	of contributor ou	it-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
विभाग	605	Brooksic	ate; Zip Code	S	100	
	Ced	ar Park	TX 7	8613	(If travel outside	of Texas, complete Schedule T)
Principal occup		(See Instructions)	7	Employer (See I	L	The state of the s
Date	Full name	of contributor 🔲 ou	t-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributo	or address; City; St	ate; Zip Code	a o sa a na o o e 8		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule B: 2
2 FILER NAME	Kara Sorels		3 ACCOUNT # (E	thics Commission Filers)
4 TOTA	L OF UNITEMIZED PLEDGES:	\$ \$ \$	⇒⇒	\$ \$
5 Date	Full name of pledgor out-of-state PAC (ID#: Brent & Ashley Chesn Pledgor address; City; State; Zip Code	<u>c9</u>	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	CC TX 18911			of Texas, complete Schedule T)
10 Principal occup	pation / Job title (See Instructions)	11 Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#: ANN & Wilke Lippin co++ Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
9/20/14	322 Catalinal		250 -	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II		,
Date	Full name of pledgor out-of-state PAC (ID#:	,	Amount of pledge (\$)	In-kind description (if applicable)
9/20/14	225 Ohio CC, Tr 78404		225 - (If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of pledgor out-of-state PAC (IDIF:		Amount of pledge (\$)	In-kind description (if applicable)
9/20/14	Pledgor address; City; State; Zip Code 5331 Younk town		150	(Targe recorded Schools T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
9/25/14	Pledgor address; City; State; Zip Code PO BOY 6169		250-	
Principal occup	ation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
If co	ATTACH ADDITIONAL COPIES O			requirements.

PLEDG	GED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Scho	edule B: 2
2 FILER NAME	Kara Sands		3 ACCOUNT # (E	hics Commission Filers)
4 TOT.	AL OF UNITEMIZED PLEDGES: ⇒	⇒ ⇒ ⇒	\$ \$	\$ Ø
5 Date	6 Full name of pledgor out-of-state PAC (ID#_ Dr. KELLY Hun Scaker 7 Pledgor address; City; State; Zip Code 350 Dolphin)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
19/25/19			250-	
	CC1 TX 78411		(If travel outside o	f Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See II	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of	In-kind description
	Pledgor address; City; State; Zip Code		pledge (\$)	(if applicable)
M26/14	30 East Bar Le Doc		750-	
	CC (1x 18414		l (If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ii	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
9/26/14	David Berlanga Pledgor address; City; State; Zip Code 4930 Holly Rd		750 -	
	CC 1TX 78411		(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir		· ·
Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		1	
Principal occur	pation / Job title (See Instructions)	Employer (See Ir		Texas, complete Schedule T)
· · · · · · · · · · · · · · · · · · ·	salion / oob tille (oob instructions)	Employer (See II	istructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In		
If co	ATTACH ADDITIONAL COPIES O			requirements

12070

POLITICAL EXPENDITURES

SCHEDULE F

(510 163-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/A Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor Los raising Expense Tra Co strict Rental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
1	Kara Sands		
4 Date #8/14/14	5 Payee name Lowe's		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
107.60	1570 Aidine CC, TY 78412		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	1	avel outside of Texas, complete Schedule T)
EXPENDITURE	other		5 CTC n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 8/21/14	Payee name Lighthouse Grow Payee address; City; State; Zip Code	phics	
Amount (\$)	Payee address; City; State; Zip Code		
374.77	5772 Escondido		a a
PURPOSE	Category (See categories listed at the top of this schedule)	The sound of the s	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	other	_ signs,	caras
EXI ENDITORE	Omo	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 29/14	Payee name Gulf Coast Mailing	Services	
Amount (\$)	Payee address; City; State; Zip Code		
61.70	CC TX 78469		
PURPOSE	Category (See categories listed at the top of this schedule)	William Delignore April Control (Control Control Contr	avel outside of Texas, complete Schedule T)
OF	other	cards	-
EXPENDITURE			n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
8/29	ATIT		
Amount (\$)	Payee address; City; State; Zip Code		
64.33	(CTV 1841)		4
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	other	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Michigan (III)	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

12070

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Ct Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	ontract Labor Loa dising Expense Tra Cor trict Rental Expense OTI	in Repayment/Reimbursement nsportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Zara Sands		3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/30/14	5 Payee name C-Cavse		
6 Amount (\$) 250	7 Payee address; City; State; Zip Code 525 Cluzebruck CC TY 78404		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	Sponsors	nvel outside of Texas, complete Schedule T) MP Labor Day Pilonic 1, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 01/2/14	Lighthouse Graph	ics	
622. 44	Payee address; City; State; Zip Code 51 10 E3 Con The CC TO 78417		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Signs	avel outside of Texas, complete Schedule T) + Shirt S 1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
9/25/14	DEFICE Depot		
Amount (\$)	Payee address; Čity; State; Zip Code 5425 SPID CCTTX 78411		e
PURPOSE OF EXPENDITURE	Calegory (See categories listed at the top of this schedule)	office o	avel outside of Texas, complete Schedule T) 5
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
9/29/14	Payee name Cight house Graphics		
458.45	Payee address; City; State; Zip Code 5737- ES Conclido		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	5008	avel outside of Texas, complete Schedule T) CQCCS 1, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense	Gift/Awards/Memorials Expense Sala	FEGORIES FOR BOX 8(a	Loan Repayment/Reimbursement		
Accounting/Banking Consulting Expense Event Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Experience Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Comm				
Fees	CONTRACTOR OF THE CONTRACTOR O	ce Overhead/Rental Expense ains how to complete this f	OTHER (enter a category not listed above)		
1 Total pages Schedule F:	2 EU ED NAME	A CONTRACTOR OF THE CONTRACTOR	3 ACCOUNT # (Ethics Commission Filers)		
4	Kara Janels)	D NOCONT W (Emiles Commission Filers)		
4 Date 9 29/14	5 Payee name AT + T				
6 Amount (\$)	7 Payee address; City; State; 5425 SPID	Zip Code			
62.30	CC TY 78411				
8 PURPOSE OF	(a) Category (See categories listed at the top of this	schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Other		Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office souç	pht Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
PURPOSE OF	Category (See categories listed at the top of this	schedule) Description	1 (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		Check if	Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office soug	ht Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
PURPOSE	Category (See categories listed at the top of this	schedule) Description	1 (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE		Check if	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office soug	ht Office held		
Date	Рауее пате				
Amount (\$)	Payee address; City; State; 2	Zip Code			
PURPOSE OF	Category (See categories listed at the top of this	schedule) Description	n (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		Check if	Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held		
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS	NEEDED		