

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Kara R NICKNAME LAST SUFFIX Sands	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 6914 CC, TX 78466	Date Received FILED FOR RECORD AT 4:45P M Date Hand-delivered or Postmarked OCT 08 2014	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 945-0185	Receipt # DIANA T. BARRERA Clerk, County Court, Nueces County, Texas Deputy Date Processed Deirdre	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Monica NICKNAME LAST SUFFIX Ledesma	Date Imaged Syamken	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2829 Sage Brush Dr CC, TX 78410		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 688-5615		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Day Year THROUGH Month Day Year 7 / 1 / 14 9 / 30 / 14		
11 ELECTION	ELECTION DATE Month Day Year 10 / 4 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Nueces County Clerk	

GO TO PAGE 2

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)

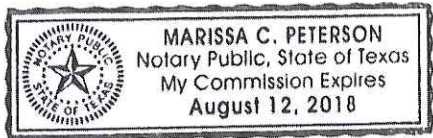
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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	\$ <u>435.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6051.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>136.17</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3137.91</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6574.54</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kara Sands

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kara Sands, this the 8th day of October, 2014, to certify which, witness my hand and seal of office.

Marissa C. Peterson

Signature of officer administering oath

Marissac Peterson

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: 4

2 FILER NAME

Kara Sands

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7-12-14

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

Philip Skrobarezyk

6 Contributor address; City; State; Zip Code

250 Melrose Ave CC TX 78404

7 Amount of contribution (\$)

250

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7-29-14

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

Al + Janet Jones

Contributor address; City; State; Zip Code

3420 DeLeon Dr CC, TX 78404

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/6/14

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

Richard + Pamela Leshin

Contributor address; City; State; Zip Code

146 Amistad, CC TX 78404

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/8/14

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

Anthony Amore

Contributor address; City; State; Zip Code

10016 Paradise Rd #1 Swampscott, MA 01907

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/13/14

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

Kelly George

Contributor address; City; State; Zip Code

13944 Cabana North CC TX 78118

Amount of contribution (\$)

250

In-kind contribution 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

Kara Sands

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/18/14

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

Robert & Dora Viera

6 Contributor address; City; State; Zip Code

14834 Beal Dr CC, TX 78410

7 Amount of contribution (\$)

250.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/22/14

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

Craig Smith

Contributor address; City; State; Zip Code

14493 SPID, STE A CC, TX 78418

Amount of contribution (\$)

501.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/25/14

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

Robert Parker

Contributor address; City; State; Zip Code

P.O. Box 9609 CC, TX 78469

Amount of contribution (\$)

1000.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/28/14

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

Mike Posley

Contributor address; City; State; Zip Code

3916 Castle Valley CC, TX 78410

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/1/14

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

Betsy & Mike Carrell

Contributor address; City; State; Zip Code

4916 Cherry Hills CC, TX 78413

Amount of contribution (\$)

150.⁰⁰

In-kind contribution 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

Kara Sands

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/10/14

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

C. A. Winn

6 Contributor address; City; State; Zip Code

800 W. Shoreline, 19th Fl. CC, TX 78701

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

9/9/14

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

Jacob McDaniel

Contributor address; City; State; Zip Code

6001 Sutherland Dr., CC, TX 78414

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

9/8/14

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

Nueces County Republican Party

Contributor address; City; State; Zip Code

4639 Corona, Ste #5 CC, TX 78111

Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/14

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

Susan Stone

Contributor address; City; State; Zip Code

228 Palovina CC, TX 78412

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

8/25/14

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

Benjamin Falk

Contributor address; City; State; Zip Code

Rockport

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: <u>4</u>	
2 FILER NAME <u>Kara Sands</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>9/15/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael Hummell</u> 6 Contributor address; City; State; Zip Code <u>P.O. Box 6223 CC, TX 78416</u>	7 Amount of contribution (\$) <u>250</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>9/20/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Angelica Granada</u> Contributor address; City; State; Zip Code <u>607 Valky CC TX 78404</u>	Amount of contribution (\$) <u>500</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9/20/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Arthur Granada</u> Contributor address; City; State; Zip Code <u>607 Valky CC TX 78404</u>	Amount of contribution (\$) <u>500</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9/24/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michelle Briones</u> Contributor address; City; State; Zip Code <u>605 Brookside pass Cedar Park TX 78613</u>	Amount of contribution (\$) <u>100</u>	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)	

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: <u>2</u>	
2 FILER NAME <u>Kara Sands</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ <u>0</u>	
5 Date <u>9/28/14</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brent & Ashley Chesney</u>	8 Amount of pledge (\$) <u>1250-</u>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code <u>5402 Holly Rd #2 CC, TX 78411</u>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date <u>9/29/14</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ann & Mike Lippincott</u>	Amount of pledge (\$) <u>250-</u>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <u>322 Catalina CC, TX 78411</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9/20/14</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jason Weeks</u>	Amount of pledge (\$) <u>225-</u>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <u>225 Ohio CC, TX 78404</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9/20/14</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bart Braselton</u>	Amount of pledge (\$) <u>250</u>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <u>5337 Younttown CC, TX 78413</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9/25/14</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Stephen Karp</u>	Amount of pledge (\$) <u>250-</u>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <u>PO Box 6469 CC, TX 78466</u>		(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.

1 Total pages Schedule F: 4	2 FILER NAME Kara Sands	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/14/14	5 Payee name Lowe's
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6 Amount (\$) 107.60	7 Payee address; City; State; Zip Code 1520 Airline CC, TX 78412
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8 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) T posts, etc <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 8/21/14	Payee name Lighthouse Graphics
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Amount (\$) 324.75	Payee address; City; State; Zip Code 5722 Escondido CC, TX 78417
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other	Description (If travel outside of Texas, complete Schedule T) signs, cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 8/29/14	Payee name Gulf Coast Mailing Services
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Amount (\$) 61.70	Payee address; City; State; Zip Code PO BOX 9312 CC, TX 78469
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other	Description (If travel outside of Texas, complete Schedule T) cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 8/29	Payee name A-T FT
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Amount (\$) 64.33	Payee address; City; State; Zip Code 2745 SPID CC, TX 78411
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other	Description (If travel outside of Texas, complete Schedule T) campaign phones <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

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.

1 Total pages Schedule F: 4	2 FILER NAME Kara Sands	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/30/14	5 Payee name C-Cause	
6 Amount (\$) 250	7 Payee address; City; State; Zip Code 525 Glazebrook CC, TX 78404	
8 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) Sponsorship Labor Day Picnic <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/2/14	Payee name Lighthouse Graphics	
Amount (\$) 622.44	Payee address; City; State; Zip Code 5722 Escanido CC, TX 78417	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other	Description (If travel outside of Texas, complete Schedule T) signs + shirts <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/25/14	Payee name Office Depot	
Amount (\$) 60.34	Payee address; City; State; Zip Code 5425 SPID CC, TX 78411	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other	Description (If travel outside of Texas, complete Schedule T) office supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/29/14	Payee name Lighthouse Graphics	
Amount (\$) 458.45	Payee address; City; State; Zip Code 5722 Escanido CC, TX 78417	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other	Description (If travel outside of Texas, complete Schedule T) signs cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F: 4	2 FILER NAME Kara Sands	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/29/14	5 Payee name AT & T
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6 Amount (\$) 62.32	7 Payee address; City; State; Zip Code 5425 SPID CC, TX 78111
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8 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 phone <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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