

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

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:

6

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Kara

NICKNAME LAST SUFFIX
Sands

OFFICE USE ONLY

Date Received

FILED FOR RECORD
AT 5:00 P M

OCT 27 2014

Date Hand-delivered or Postmarked

DIANA T. BARBERA

County Court, Nueces County, Texas
By Deputy

Date Processed

Deirdre

Date Imaged

Syamken

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 8914
C.C., TX 78466

change of address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 945-0185

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Monica

NICKNAME LAST SUFFIX
Ledesma

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2829 Sage Brush Drive
C.C., TX 78410

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 688-5615

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 6th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year MONTH DAY YEAR
9 / 26 / 2014 THROUGH 10 / 25 / 2014

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 04 / 14

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Nueces County Clerk

GO TO PAGE 2

2014-155

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME Kara Sands 15 ACCOUNT # (Ethics Commission Filers)

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

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 71.94
	4. TOTAL POLITICAL EXPENDITURES	\$ 2297.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5254.81
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 27th day of Oct, 20 14, to certify which, witness my hand and seal of office.

Tom Kesteron
Signature of officer administering oath

Tom Kesteron
Printed name of officer administering oath

Owner
Title of officer administering oath

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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: 1	
2 FILER NAME Kara Sands		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/10/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Andrew & Betsy Greenwell	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 800 N Shoreline C.C., TX 78401		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Thomas Knight	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1202 Southbay Drive C.C., TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Stephen Karp	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 234 Bayshore Drive C.C., TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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.

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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.

1 Total pages Schedule F: 3		2 FILER NAME Kara Sands		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/14/14		5 Payee name Lowe's			
6 Amount (\$) 82.42		7 Payee address; City; State; Zip Code 1520 SPID CC, TX 78412			
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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/14/14		Payee name AT&T			
Amount (\$) 73.18		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) campaign phone <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 10/20/14		Payee name Party City			
Amount (\$) 73.37		Payee address; City; State; Zip Code 5425 SPID C.C., 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) decorations & prizes for parade <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 10/20/14		Payee name Walmart			
Amount (\$) 94.16		Payee address; City; State; Zip Code 3828 Highway 77 CC, TX 78380			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) other		Description (If travel outside of Texas, complete Schedule T) candy & water for parade <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	

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SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| 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 Expenses | Food/Beverage Expense | Travel in District | Contributions/Donations Made By |
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1 Total pages Schedule F: 3	2 FILER NAME Kara Sands	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/1/14	5 Payee name Facebook
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6 Amount (\$) 38.50	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (if travel outside of Texas, complete Schedule T) <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 10/7/14	Payee name Raina Foster
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Amount (\$) 62.00	Payee address; City; State; Zip Code 7209 Lindenwood Dr C.C., TX 78414
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement	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 10/10/14	Payee name Facebook
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Amount (\$) 255.80	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	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 10/14/14	Payee name Gulf Coast Printing
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Amount (\$) 70.36	Payee address; City; State; Zip Code 6901 SPID C.C., TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	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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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 Expenses | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

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1 Total pages Schedule F: 3	2 FILER NAME Kara Sands	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/20/14	5 Payee name Bucket Works
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 711 N Carancahua, Suite1603 CC, TX 78401
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <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 10/22/14	Payee name Northwest Business Association
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Amount (\$) 50.00	Payee address; City; State; Zip Code P.O. Box 260994 CC, TX 78426
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Taste of the Northwest - Sponsorship <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 10/22/14	Payee name Light House Graphics
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Amount (\$) 1000.00	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) Printing Expense	Description (If travel outside of Texas, complete Schedule T) signs, tshirts <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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