CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains I	now to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / MS/MRS/MR OFFICEHOLDER	FIRST	MI	OFFICE USE ONLY
NAME	Kara		Date Received FOR RECORD AT 3:00 PM
NICKNAME	LAST	SUFFIX	
	Sands		JAN 1 5 2015
4 CANDIDATE / ADDRESS / PO BOX		STATE; ZIP CODE	KARA SANDS CLERK COUNTY COURT, NUECES COUNTY, TEXAS
MAILING Y.U. DU			Date Hand-delivered or Postmarked DEPUTY
change of address	78466		Descript #
5 CANDIDATE/ AREA CODE	PHONE NUMBER	EXTENSION	Receipt # Amount
	145-0185		Date Processed
6 CAMPAIGN MS/MRS/MR TREASURER	FIRST	MI	Date Imaged
NAME	Monica		
NICKNAME	LAST	SUFFIX	
	Ledesma		
	(NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE
ADDRESS 284 S	age Brush Drive		
(residence or business)	7840		
			<u> </u>
8 CAMPAIGN AREA CODE TREASURER (36)	PHONE NUMBER	EXTENSION	
PHONE (301)	688-5615		0
			2 ,
9 REPORT TYPE January 15	30th day before election	Runoff	15th day after campaign treasurer appointment
July 15	8th day before election	Exceeded \$500	(officeholder only) Final report (Attach C/OH - FR)
July 15	din day before election	limit 5500	I mai report (Attach G/OH - FK)
10 PERIOD Month Day	Year	Month Day	Year
10/24	/14 THROUGH	12/31/	14
11 ELECTION ELECTION Day	Year		
11/4	Primary	Runoff	General Special
12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	900
		NUPLES CO.	inty Clark
		N. Co.	" WOIF

GO TO PAGE 2

2015-023

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

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512) 463-5800

ara San	ds 15 A	CCOUNT # (Ethics Commission Filers)		
CANDIDATE / OFFICEI	HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE	e's or officeholder's knowledge or		
COMMITTEE TYPE	COMMITTEE NAME			
SPECIFIC	COMMITTEE ADDRESS	e e		
	COMMITTEE CAMPAIGN TREASURER NAME	e I		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
	그렇게 하는데 많아 하는데 보고 있는데 소프리아의 아이를 하면 하는데	\$ 20.00		
17 (-0.5)		\$ 3370.00		
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
4. TOTAL POLITICAL EXPENDITURES \$ 5045.50 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 3579.25				
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 3579, 25				
		\$		
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				
Sworn to and subscribed before me, by the said Kara Sands, this the day of				
	THIS BOX IS FOR NOTIC CANDIDATE / OFFICER CONSENT. CANDIDATE COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL F PLEDGE 2. TOTAL (OTHER 3. TOTAL P 4. TOTAL P 6. TOTAL P LAST DA CAMAHZOON-HAGHEGHI COMMITTEE TYPE 6. TOTAL P CAMAHZOON-HAGHEGHI COMMITTEE TYPE AND	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY CANDIDATE / OFFICEHOLDERS. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY COMMITTEE TYPE COMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE NAME		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The Ins	struction Guide explains how to complete this	form.	1 Total pages Schedule A:
2 FILER NAME	Kara Sands		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5	Full name of contributor out-of-state PAC (ID#:		7 Amount of 8 In-kind contribution
	George Antona		contribution (\$) description (if applicable)
9/37/14 6	Contributor address; City; State; Zip Code 316 316 Woodlawn Form;	<u> </u>	200.20
	Schutz, TX 78154		(If travel outside of Texas, complete Schedule T)
9 Principal occupati	ion / Job title (See Instructions)	10 Employer (See I	Instructions)
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of In-kind contribution contribution (\$) description (if applicable)
4	Dr. Vishau Keddy		osmisuusi (t)
Inlan III	Contributor address; City; State; Zip Code		
1017117	30 East Bar Leboc		50000
	CC, TX 78414		(If traval outside of Tayan complete Schodule T)
Principal occupati	ion / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete Schedule T) Instructions)
	Ambiditude of Ambiditude annotation. More record. Substitute legislatural assessments.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of In-kind contribution
	Rick Valls		contribution (\$) description (if applicable)
salady!	Contributor address: City: State: Zip Code	3 8 8 8 6 6 3 3 3 8 8	250.00
10/241	P.O. Bux 2505		290.
	CC , TX 78403		(If travel outside of Texas, complete Schedule T)
Principal occupat	ion / Job title (See Instructions)	Employer (See	Instructions)
			T
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of In-kind contribution contribution (\$) description (if applicable)
	Jerry Kane		Contribution (a) description (ii applicable)
10/2014	Contributor address; City; State; Zip Code		CA200
10/39/17	35 Hewit Dr.		500.
	CO.TX 78404		1
Principal accupat	ion / Job title (See Instructions)	Employer (See	(If travel outside of Texas, complete Schedule T)
Timopar occupat	ion / Job title (See Instructions)	Zimpleyer (eee	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of In-kind contribution
	Ashley Chesney		contribution (\$) description (if applicable)
201.1	Contributor address; City; State; Zip Code		-5000
10/30/14	5402 Holy Rd CCITX 78411		00.
	CCITX 78411		
		Empleyer (Cor	(If travel outside of Texas, complete Schedule T)
Principal occupat	cion / Job title (See Instructions)	Employer (See	msu ucuons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Kava Sands		3 ACCOUNT # (E	thics 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)
11/414	6 Contributor address; City; State; Zip Code 350 Dolphin		100.00	
	CC, TX 18911		(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Mike Lipper cott		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/6/14	Contributor address; City; State; Zip Code		50.00	6
	CC, TY 7841		(If travel outside of	of Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See I	***************************************	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/8/14	Contributor address; City; State; Zip Code 3916 Castle Valley		1000.00	
	CCITY 78410		(If travel outside	l 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 contribution (\$)	In-kind contribution description (if applicable)
11/10/14	Contributor address; City; State; Zip Code	sampson UP	500.00	
	Austro, Texas 70760		5.	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	8 00		
		3		
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
45-47-47				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Reimbur	CONTROL OF THE CONTRO
Accounting/Banking	Legal Services	Solicitation/Fundrai Travel In District	sing Expense	Transportation Equipment	The state of the s
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel Out Of District	rict	Contributions/Donations N Candidate/Officeholder	
Fees	Printing Expense	Office Overhead/R		OTHER (enter a category	CONTRACTOR AND
	The Instruction Guide	explains how to	complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME	0	-	3 ACCOUNT # (Ethi	cs Commission Filers)
H	Kara	Sand	7		
4 Date 10/24/14		st Mail	ing		
6 Amount (\$)		te; Zip Code			
61.70	6901 SPID	8412		and the second s	
8 PURPOSE	(a) Category (See categories listed at the top		(b) Description	(If travel outside of Texas, comp	lete Schedule T)
OF EXPENDITURE	printing expensi		Check if A	Austin, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	nt (Office held
Date / Sl. I	Payee name O IO C	et m.	:1:00		
10/29/14	Gult Co		11119		
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
136.40	CC,TX	78413			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, comp	lete Schedule T)
OF EXPENDITURE	printing express	re	(V		
EXPENDITORE	mid 5 Elpere		Check if A	Austin, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	ht	Office held
Date , ,	Payee name	1			
10/29/14	Faceboo				
Amount (\$)	The state of the s	ite; Zip Code			
537,79	1 Hacker Was) (1 01101	/		
0000	mento park	1 CA 990;	15		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, comp	lete Schedule T)
OF	Advertising exp	unse			
EXPENDITURE	7,00.01,10			Austin, TX, officeholder living of	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office soug	ht	Office held
Date 18/20/14	Payee name Light Hou	St Gra	ohics	7	
10100/11	Pavee address: City; Sta	ate; Zip Code			
Amount (\$)					
1262.43	CCITY	ondido 18417	1		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	1 (If travel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	printing expens	50	Check if.	Austin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office soug	ht	Office held
	ATTACH ADDITIONAL C	ODIES OF THIS	CCHEDIII E AS	NEEDED	

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense	CATEGORIES FO Salaries/Wages/Contr Solicitation/Fundraisir Travel In District Travel Out Of District Office Overhead/Ren	act Labor ng Expense	Loan Repayment/Reim Transportation Equipm Contributions/Donation	ent & Related Expense s Made By ider/Political Committee
	The Instruction Guide 6	explains how to co	mplete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME Lara Sand	'S		3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/3/14	5 Payee name Facebook				
6 Amount (\$) 454.59	7 Payee address: City: State Hacker Way Meno Park !!	e; Zip Code 3 LA 94025			
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (I	a) Description	(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Advertising Expe	nse	Check if A	Austin, TX, officeholder livir	ng expensé
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	nt	Office held
Date 11/5/14	Payee name Bucketwork				
Amount (\$) 950.00	Payee address; City: Sta 711 N Corono CC TY 1840	te: Zip Code Cahua, Svi I	He 1603		-
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Consulting Ex	pense	Check if	Austin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	ht	Office held
Date 11/7/14	Payee name BUNES E Not				
Amount (\$)	Payee address; City; Stat 5129 Blounch CUTY 78	te; Zip Code e Moore O 11(U.Ve		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of		_ &	(If travel outside of Texas, c Iff for County Austin, TX, officeholder livi	aparign Volunteers
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office soug	ht	Office held
Date 11/12/14	Payee name ATJT				
Amount (\$) 74,11	Payee address; City; Star 5\$25 SPIO CC, TX, 78	eri Annan nam i nam			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	_ Ca	n (If travel outside of Texas, of Company of P Austin, TX, officeholder livi	hone
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	ht	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SO	HEDULEAS	NEEDED	

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District	
Consulting Expense Event Expense	Polling Expense Travel In District Provide the District Travel Out Of District Travel Out Of District Travel Out Of District Travel Out Of District Travel In Distri	5 01 1055 1 11 15 00 10 10 10 10 10 10 10 10 10 10 10 10
Fees	Printing Expense Office Overhead/R	
	The Instruction Guide explains how to	
1 Total pages Schedule F:	2 FILER NAME Kara Sands	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/14/14	5 Payee name Bucketworks	
6 Amount (\$) 950,90	7 Payee address: City: State: Zip Code 711 N. Carancahva CC. TX 78401	Suite 1603
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date 1 1 1	Payee name Facebook	
Amount (\$)	Payee address; City; State; Zip Code	
168.76	Menlo Park, cA 94	025
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 19/8/14	Payee name ATJT	
Amount (\$)	Payee address; City; State; Zip Code	
72.19	5495 SPID	
	CC 114 1/8711	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Campansa phone
OF EXPENDITURE	other	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 181114	Payee name	
	Payee address: City: State: Zip Code	The state of the s
Amount (\$)	Payee address: City: State; Zip Code	
54.5	CC ITX -18418	
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Food Beverage - other	Check if Austh, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Texas Ethics Commission

EXPENDITURE CATEGORIES FOR BOX 8(a) 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.
1 Total pages Schedule F:	2 FILER NAME Kara Sands	3 ACCOUNT # (Ethics Commission Filers
4 Date	5 Payee name LoweS	
6 Amount (\$) 225, 18	7 Payee address; City; State; Zip Code 1530 Arrline Rd CC (TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Maken US For dismos Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought 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 (If travel outside of Texas complete Schedule T)
EXPENDITURE	1	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought 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 (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense Office sought Office held
Complete ONLY if direct expenditure to benefit C/	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 Texes, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED