

# 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: <span style="font-size: 2em; font-family: cursive;">8</span>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI  <div style="text-align: center; font-size: 1.5em; font-family: cursive;">Kara</div> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX  <div style="text-align: center; font-size: 1.5em; font-family: cursive;">Sands</div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <div style="text-align: center; color: blue; font-weight: bold;">FILED FOR RECORD</div> <div style="text-align: center; color: blue; font-weight: bold;">AT 3:00 PM</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">JAN 15 2015</div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 0.8em;">KARA SANDS CLERK COUNTY COURT, NUECES COUNTY, TEXAS BY <span style="font-family: cursive;">[Signature]</span> DEPUTY</div> <div style="text-align: center; font-size: 0.8em;">Date Received</div> <hr/> <div style="text-align: center; font-size: 0.8em;">Date Hand-delivered or Postmarked</div> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged			
Receipt #	Amount										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  <div style="font-size: 1.2em; font-family: cursive;">P.O. Box 6914 CC, TX 78466</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION  <div style="font-size: 1.2em; font-family: cursive;">(361) 945-0185</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI  <div style="text-align: center; font-size: 1.5em; font-family: cursive;">Monica</div> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX  <div style="text-align: center; font-size: 1.5em; font-family: cursive;">Ledesma</div>										
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  <div style="font-size: 1.2em; font-family: cursive;">2829 Sage Brush Drive CC, TX 78410</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION  <div style="font-size: 1.2em; font-family: cursive;">(361) 688-5615</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input 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)
<input checked="" type="checkbox"/> January 15	<input 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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center; font-size: 0.8em;">Month      Day      Year</td> <td style="text-align: center; font-size: 0.8em;">THROUGH</td> <td style="text-align: center; font-size: 0.8em;">Month      Day      Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em; font-family: cursive;">10 / 26 / 14</td> <td></td> <td style="text-align: center; font-size: 1.2em; font-family: cursive;">12 / 31 / 14</td> </tr> </table>			Month      Day      Year	THROUGH	Month      Day      Year	10 / 26 / 14		12 / 31 / 14		
Month      Day      Year	THROUGH	Month      Day      Year									
10 / 26 / 14		12 / 31 / 14									
11 ELECTION	ELECTION DATE Month      Day      Year  <div style="font-size: 1.5em; font-family: cursive;">11 / 4 / 14</div>	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)  <div style="font-size: 1.5em; font-family: cursive; text-align: center;">Nueces County Clerk</div>										

GO TO PAGE 2

2015-023

# 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  <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 20.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3370.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ /
	4. TOTAL POLITICAL EXPENDITURES	\$ 5045.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3579.25
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 15 day of January 20 15, to certify which, witness my hand and seal of office.

Veronica Mahzoon-Hagheghi Veronica Mahzoon-Hagheghi, Notary Public

Signature of officer administering oath Printed name of officer administering oath 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: <u>2</u>	
2 FILER NAME <u>Kara Sands</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>9/30/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>George Antona</u>	7 Amount of contribution (\$) <u>200.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3636 Woodlawn Farms Schertz, TX 78154</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10/21/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Dr. Vishnu Reddy</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>38 East Bar Le Doc CC, TX 78414</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/27/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Rick Valls</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 2505 CC, TX 78403</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/30/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jerry Kane</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>35 Hewitt Dr. CC, TX 78404</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/30/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Ashley Chesney</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5402 Holly Rd CC, TX 78411</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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME Kara Sands

3 ACCOUNT # (Ethics Commission Filers)

4 Date 11/4/14 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Keely Hunsaker

7 Amount of contribution (\$) 100.00 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
350 Dolphin CC, TX 78411

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 11/6/14 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mike Lippencoth

Amount of contribution (\$) 50.00 In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
322 Catalina CC, TX 7841

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/8/14 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mike Pusley

Amount of contribution (\$) 1000.00 In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
3916 Castle Valley CC, TX 78410

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/10/14 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Linebarger, Goggin, Blair & Sampson LLP

Amount of contribution (\$) 500.00 In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
P.O. Box 17428 Austin, Texas 78760

(If travel outside of Texas, complete Schedule T)

Principal occupation / 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)

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.

# 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: <b>4</b>	2 FILER NAME <b>Kara Sands</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	--

4 Date <b>10/24/14</b>	5 Payee name <b>Gulf Coast Mailing</b>
---------------------------	---

6 Amount (\$) <b>61.70</b>	7 Payee address: City: State: Zip Code <b>6901 SPID CC, TX 78712</b>
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>printing expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <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 <b>10/29/14</b>	Payee name <b>Gulf Coast mailing</b>
-------------------------	---

Amount (\$) <b>136.40</b>	Payee address: City: State: Zip Code <b>6901 SPID CC, TX 78712</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>printing expense</b>	Description (If travel outside of Texas, complete Schedule T) <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 <b>10/29/14</b>	Payee name <b>Facebook</b>
-------------------------	-------------------------------

Amount (\$) <b>537.79</b>	Payee address: City: State: Zip Code <b>1 Hacker Way menlo Park, CA 94025</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising expense</b>	Description (If travel outside of Texas, complete Schedule T) <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 <b>10/30/14</b>	Payee name <b>LightHouse Graphics</b>
-------------------------	--

Amount (\$) <b>1262.43</b>	Payee address: City: State: Zip Code <b>5722 Escondido CC, TX 78417</b>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>printing expense</b>	Description (If travel outside of Texas, complete Schedule T) <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: <b>4</b>	2 FILER NAME <b>Kara Sands</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>11/3/14</b>	5 Payee name <b>Facebook</b>	
6 Amount (\$) <b>454.59</b>	7 Payee address: City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <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 <b>11/5/14</b>	Payee name <b>Bucketworks</b>	Amount (\$) <b>950.00</b>
Payee address: City; State; Zip Code <b>711 N Carancahua, Suite 1603 CC, TX 78401</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description (If travel outside of Texas, complete Schedule T) <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 <b>11/7/14</b>	Payee name <b>Barnes &amp; Noble</b>	Amount (\$) <b>98.31</b>
Payee address: City; State; Zip Code <b>5129 Blanche Moore Drive CC, TX 78411</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Gift/Awards/Memorials</b>	Description (If travel outside of Texas, complete Schedule T) <b>Gifts for Campaign Volunteers</b> <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 <b>11/12/14</b>	Payee name <b>AT&amp;T</b>	Amount (\$) <b>74.17</b>
Payee address: City; State; Zip Code <b>5425 SP10 CC, TX 78411</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>other</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign phone</b> <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: <b>4</b>	2 FILER NAME <b>Kara Sands</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>11/14/14</b>	5 Payee name <b>Bucketworks</b>	
6 Amount (\$) <b>950.00</b>	7 Payee address: City: State: Zip Code <b>711 N. Carancahua, Suite 1603 CC, TX 78401</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <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 <b>10/1/14</b>	Payee name <b>Facebook</b>	
Amount (\$) <b>168.74</b>	Payee address: City: State: Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <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 <b>10/8/14</b>	Payee name <b>AT&amp;T</b>	
Amount (\$) <b>72.14</b>	Payee address: City: State: Zip Code <b>5425 SPID CC, TX 78411</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>other</b>	Description (If travel outside of Texas, complete Schedule T) <b>campers phone</b> <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 <b>10/31/14</b>	Payee name <b>Wal mart</b>	
Amount (\$) <b>54.09</b>	Payee address: City: State: Zip Code <b>1250 Flour #101 Dr. CC, TX 78418</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage - other</b>	Description (If travel outside of Texas, complete Schedule T) <b>water, snacks for hall workers, printer ink</b> <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       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>4</i>	<b>2</b> FILER NAME <i>Kara Sands</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>11/1/14</i>	<b>5</b> Payee name <i>LOWE'S</i>	
<b>6</b> Amount (\$) <i>225.18</i>	<b>7</b> Payee address; City; State; Zip Code <i>1530 Airline Rd CC, TX 78412</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>other</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>materials for signs</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED