	E / OFFICEHOLDEF N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission File	rs) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MT Q	OFFICE USE ONLY
NAME	nickname Last Sands	SUFFIX	FILED FOR RECORD  AT 2011 M
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	15305 Muliny Ct CCTN 78478	GITY; STATE; ZIP GODE	JAN 1 5 2016  KARA SANDS  OVERK COUNTY COLS SUBCES COUNTY TEX
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 945-078	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS ) MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST LEGICS P	SUFFIX	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Rasidence or Business)	STREET ADDRESS (NO PO BOX PLEAGE): AI 10321 Hercules CC, TX 78410	2	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 488-56	EXTENSION EXTENSION	1
9 REPORT TYPE		tora election Exceeded \$500 ii	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FB)
10 PERIOD COVERED	Month Day Year 7 / 1 / 15		1 / 31 / 15
11 ELECTION	, , ,	ELECTION rimary Runoff Discrip	
12 OFFICE	Nuecas County	13 OFFICE SQUIGHT (II	known)
T W WASSESSEE		TO PAGE 2	
Forms provided by Texas	Ethics Commission www	/.ethics.state.tx.us	0-

## CANDIDATE / OFFICEHOLDER

## FORM C/OH COVER SHEET PG 2

CAMPAIGN	FINAIACI				
14 C/OH NAME	ara Sa	nds	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THIS SUPPORT THE CANDIDATE / OFFICENDIDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THIS INFORMATION OF THE CANDIDATE / OFFICENDIDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THIS INFORMATION OF THE PROPERTY OF THE P				
	COMMITTEE TYPE COMMITTEE NAME				
	GENÉRAL				
	SPECIFIĞ	COMMITTEE ADDRESS			
#1		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER 1 ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITE	THAN \$ Ø		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		s Ø		
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ \$		
2	4. TOTAL POLITICAL EXPENDITURES		\$ 470.01 ASTDAY \$ 2701.33		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	\$ 2701.33		
OUTSTANDING LOAN TOTALS	6. TOTAL	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVÍT	A BENTLEY RODRIGI	true and correct and includes al under Title 15, Election Code.	of perjury, that the accompanying report is		
Notar My	y Public, State of To Commission Expire e <mark>bruary 27, 2017</mark>	xcis Kona	Candidate or Officeholder		
AFFIX NOTARY ST	AMP/SEALABOVE				
Swom to and sub	11	e, by the said <u>Kara R. Sands</u> , to certify which, witness my hand and seal of of	this the 15-447		
Calia Bu	Hey Rudig	W CElia Bentley Podriquez	Notary Public Title of officer administering oath		

SUBTOTALS - C/OH	COVER SI	ORM C/OH HEET PG 3	
9 FILERNAME Kara Sands	20 Filer ID (Ethics Com	mission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. SCHEDULE A1; MONETARY POLITICAL CONTRIBUTIONS	Marin Control	\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	Name of the last o	\$	
4. SCHEDULE E: LOANS		\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	ः ५१०. ध	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11. \$CHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB	UTIONS	S	
	, 3		

POLITICAL FROM POL	EXPENDITURES MADE ITICAL CONTRIBUTIONS	sc	HEDULE F1
A A A A A A A A A A A A A A A A A A A	EXPENDITURE CATEGORIES FO		
A.dvertising Expanse Accounting/Banking Consulting Exponse Contributions/Constichts Made By Candidate/OfficeIndidat/Patitical Credit Card Paymant	Fods Overhee Food/Beverage Expense Polling Expens Gilli/Awards/Momorials Expense Printing Expense	e Travel in District se Travel Out Of Dis e/Contract Labor Other (enter a ce	quipment & Related Expense
Total pages Schedulo F1:	2 FILER NAME Kara Sands		thics Commission Filers)
10/15/15	5 Payas name Academy Starts		100000
2.70. 91	7 Payee address; City; State; Zip Code 5001 SPLD CC TY 784//	- 10 mm	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Dogations Ponetical enter Capoler to Kindan Contributions Contributions/Dogations Contributions Contribut	(b) Description  Check If ravel outside of Texes. Comp  Chock If Austin, TX, officeholder	living expansa
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 10/25/15	Carlos Lapez - Maj	c 104.5	1.00
Amount (\$)	Payee address; City; State; Zip Code 2209 N. Padre Island C CC, TY 78408	)r	8
PURPOSE OF EXPENDITURE	Advertising Expense Ads played before Collected	Description Check If wavel outside of Texes, Com Check If Austin, TX, officeholder	
Complete QNLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	- MARINE STATE OF THE STATE OF	4. Al-Andrews
Amount (\$)	Payee address; City; State; Zip Code	. LAMBOR CONTRACTOR OF THE CON	
PURPOŠÉ OF EXPENDITURE	Category (See Categories listed at the top of this schadula)	Description Check if travel outside of Texas, Cor Check if Auxlin, TX, officeholds	4.5
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	(2)