

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|---|-------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 2 |
| 3 CANDIDATE / OFFICEHOLDER NAME | <input checked="" type="radio"/> MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Kara</div> | OFFICE USE ONLY <hr/> Date Received FILED FOR RECORD AT 4:05 PM JUL 15 2016 BY KARA SANDS CLERK COUNTY CLERK, NUECES COUNTY, TEXAS DEPUTY | |
| | NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Sands</div> | | |
| 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; margin-top: 10px;">15305 mutiny Ct, CC, TX 78418</div> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; margin-top: 10px;">(361) 945-0185</div> | | |
| 6 CAMPAIGN TREASURER NAME | <input checked="" type="radio"/> MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Monica</div> | Receipt # Amount \$ | |
| | NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Ledesma</div> | Date Processed | |
| | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; margin-top: 10px;">10321 Hercules Dr CC, TX 78410</div> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; margin-top: 10px;">(361) 688-5615</div> | | |
| 9 REPORT TYPE | <input 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 checked="" 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 <div style="font-size: 1.2em; margin-top: 10px;">01 / 01 / 16 6 / 30 / 16</div> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <div style="font-size: 1.2em; margin-top: 10px;">/ /</div> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| <div style="font-size: 1.2em; margin-top: 10px;">Nueces County Clerk</div> | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Kara Sands 15 Filer ID (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
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

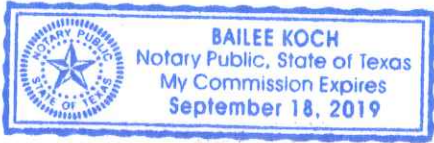
Additional Pages

| | | |
|-------------------------|---|------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2698.01 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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 15th day of July, 2016, to certify which, witness my hand and seal of office.

Bailee Koch Signature of officer administering oath
Bailee Koch Printed name of officer administering oath
Notary Public Title of officer administering oath