# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	aulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	м	OFFICE USE ONLY		
NAME	Kara Nickname Last Sands	SUFFIX	Pate Received FILED FOR RECORD AT 1.45 PM		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C P.O. BOY (438) CC, TX 78403	CITY; STATE; ZIP CODE	JUL 1 7 2017  KARA SANDS  CLED DEPOTE DEPUTY  DEPUTY		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 946-0185	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount S		
NAME	Nonica Nickname Last Ledesma	SUFFIX	Date Processed  Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 10321 Hercules CC TY 78410	UITE #; CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 688-5615	EXTENSION			
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH 6 /	Day Year   30   17		
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	ELECTION TYPE  Runofl Other Description Special			
12 OFFICE	Nueces County Clerk	Nucces Count			
GO TO PAGE 2					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME	Lara San	ds	5 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	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 350 -			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 4			
	4. TOTAL	POLITICAL EXPENDITURES	\$ \$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 3048 -					
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT						
	SYLVIA CASTILLO	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me			
State of Care	My Commission Expire August 23, 2020	_ mara_s	inds)			
Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscribed before me, by the said <u>kara SandS</u> , this the <u>17</u> th						
day of JUTY, 20 1 , to certify which, witness my hand and seal of office.						
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath						

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

		20 Filer ID (Ethics Com	mission Filers)
	Kara Sands		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. [	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 350 —
2. [	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
з. [	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 1250 <del>-</del>
4. [	SCHEDULE E: LOANS		\$
5. [	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. [	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. [	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kara Sands 5 Full name of contributor 4 Date uut-of-state PAC (ID#:\_\_\_\_\_ 7 Amount of contribution (\$) Brat Chesney 6 Contributor address; City: State; Zip Code 5402 Holly Rd COTY 78411 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self 350.∞ Attorney Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code 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.

#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kara Sands 4 TOTAL OF UNITEMIZED PLEDGES 1,250 5 Date 6 Full name of pledgor out-of-state PAC (ID#:\_ Amount . 9 In-kind contribution of Pledge \$ description 6/28 500.00 704 Lousiana CC,TX 78404 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Executive Date Amount In-kind contribution of Pledge \$ description 250,00 415 Start Street CC, TX 78403 Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Real estable Date Amount of In-kind contribution Pledge \$ description 500.00 3636 Woodlawn Farms SchotziTY 78164 \_\_ Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Amount of In-kind contribution Date Full name of pledgor Out-of-state PAC (ID#: Pledge \$ description Pledgor address; City; State; Zip Code Check 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.