

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6114

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: <b>17</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS <input checked="" type="checkbox"/> MRS / MR FIRST: SARAH MI: NICKNAME: LAST: ECKHARDT SUFFIX:	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received: JAN 17 PM 11:58                      Date Hand-delivered: Date Postmarked:                      Receipt # Amount:                      Date Processed:                      Date Imaged:                 </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. BOX 301586 AUSTIN TX 78703		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (512) 524-0037		
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS / MR FIRST: CAROL MI: S. NICKNAME: LAST: HATFIELD SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 3404 NORTHWOOD CIRCLE AUSTIN TX 78703		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (512) 459-5841		
9 REPORT TYPE	<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	Month Day Year    THROUGH    Month Day Year 11 / 18 / 2005    12 / 31 / 2005		
11 ELECTION	ELECTION DATE Month Day Year 03 / 07 / 2006	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) NONE	13 OFFICE SOUGHT (if known) TRAVIS COUNTY COMMISSIONER PRECINCT 2	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  Name: NONE  Address / PO Box: Apt. / Suite #: City: State: Zip Code:		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME SARAH ECKHARDT 16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

*\*\* This box is for notice of political expenditures 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

additional pages

COMMITTEE NAME  
NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 525.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,541.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 126.82
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,455.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,837 <sup>-</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,878.77

19 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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SARAH ECKHARDT, this the 16<sup>th</sup> day of JAN., 20 06, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

BONNY S. HOLMES  
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: <b>7</b>	
2 FILER NAME <b>SARAH ECKHARDT</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11-15-05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK or KAREN MAXWELL</b>	7 Amount of contribution (\$) <b>100-</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>436 A HIGH GROVE RD. CEDAR CREEK, TX 78612</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11-15-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SCOTT OR JOVITA DILLON</b>	Amount of contribution (\$) <b>100-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>524 S. Church St. LOCKHART, TX 78644</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11-15-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DANIEL VOLKHS</b>	Amount of contribution (\$) <b>100-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1952 HWY 21 W. CEDAR CREEK TX 78612</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11-9-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RAMIRO + LETICIA QUIROGA</b>	Amount of contribution (\$) <b>100-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>128 TRINITY DR. KYLE TX 78640</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11-30-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CREEK MORE FATH</b>	Amount of contribution (\$) <b>1,000-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1800 VANCE CIRCLE AUSTIN TX 78701</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM 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:

7

2 FILER NAME

SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission files)

4 Date

12-5-05

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

TRAVIS CO. SHERIFFS LAW  
ENFORCEMENT ASSOC.

6 Contributor address; City; State; Zip Code

8600 RANCH ROAD 620 N., A-210  
AUSTIN TX 78726

7 Amount of contribution (\$)

1,500-

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12-2-05

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JAMES M. HODGE

Contributor address; City; State; Zip Code

6102 BEGONIA CIR.  
AUSTIN TX 78741

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-17-05

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DONALD + SHARON BANKS

Contributor address; City; State; Zip Code

9302 GRANADA HILLS DR.  
AUSTIN TX 78737

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-18-05

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RAUL QUIROGA

Contributor address; City; State; Zip Code

9360 BERNOULLI DR.  
AUSTIN TX 78748

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-14-05

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ALEX + JACQUELINE LEO

Contributor address; City; State; Zip Code

2309 HAIG POINT COVE  
PFLUGERVILLE TX 78660

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM 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: **7**

2 FILER NAME **SARAH ECKHARDT**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11-17-05**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**STACY L. SHANK**

7 Amount of contribution (\$)  
**100-**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**111 SAGUARD DR.  
BUDA TX 78610**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**12-2-05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**VALERIE WHITNEY  
ELIZABETH JURICA**

Amount of contribution (\$)  
**200-**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**12712 PICKET ROPE LN.  
AUSTIN TX 78727**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**11-30-05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**WES + ERIKA PRIDDY**

Amount of contribution (\$)  
**100-**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1607 COURTNEY LN.  
CEDAR PARK TX 78613**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12-1-05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ROBERT or BELINDA REDPATH**

Amount of contribution (\$)  
**150-**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**607 CORNELL DR.  
PFLUGERVILLE TX 78660**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12-4-05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**MARK JONES**

Amount of contribution (\$)  
**100-**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**8101 RICHARD KING TRAIL  
AUSTIN TX 78749**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM 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: **7**

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

12-1-05

GREG MARTINEZ, III

100-

6 Contributor address; City; State; Zip Code

4303 MALAGA DR.  
GEORGETOWN TX 78628

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12-13-05

MARK McCRIMMON

100-

Contributor address; City; State; Zip Code

704 W. 9TH  
AUSTIN TX 78701

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)

12-17-05

SHELBY BRAMMER

100-

Contributor address; City; State; Zip Code

12902 BUCKWHEAT PASS  
BUDA TX 78610

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)

12-20-05

ROBIN SCHNEIDER

200-

Contributor address; City; State; Zip Code

2609 SHERWOOD LN.  
AUSTIN TX 78704

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)

12-24-05

Cheryl + PAUL DROWN

200-

Contributor address; City; State; Zip Code

2000 EASTSIDE DR.  
AUSTIN TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM 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: **7**

2 FILER NAME **SARAH ECKHARDT**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12-24-05**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**WILLIAM ECKHARDT**

7 Amount of contribution (\$)  
**100 -**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**4505 ROUND UP TRAIL  
AUSTIN TX 78745**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**12-17-05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**CECILE FISCHER**

Amount of contribution (\$)  
**300 -**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**2515 HARRIS BLVD.  
AUSTIN TX 78703**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12-28-05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**PHYLLIS or GARY CARTWRIGHT**

Amount of contribution (\$)  
**100 -**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**904 W. 18<sup>th</sup>  
AUSTIN TX 78701**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12-28-05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**CECILE + SAMUEL KEEPER**

Amount of contribution (\$)  
**100 -**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**2929 BUFFALO SPEEDWAY, 203  
HOUSTON TX 77098**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12-30-05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**LISA C. FANCHER**

Amount of contribution (\$)  
**100 -**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**3007 HARRIS BLVD.  
AUSTIN TX 78703**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM 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 **7**

2 FILER NAME **SARAH ECKHARDT**

3 ACCOUNT # (Ethics Commission filers)

4 Date **11-16-05** 5 Full name of contributor  out-of-state PAC (ID#) **KURT SAUER**

7 Amount of contribution (\$) **296.00** 8 In-kind contribution description (if applicable) **DOMAIN REGISTRATION PAYMENT**

6 Contributor address; City; State; Zip Code  
**1001 LORRAINE ST, AUSTIN TX 78703**

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date **11-30-05** Full name of contributor  out-of-state PAC (ID#) **DEBA WORKMARKS (RON MARKS)**

Amount of contribution (\$) **270.00** In-kind contribution description (if applicable) **PRINT DESIGN + PRODUCTION**

Contributor address; City; State; Zip Code  
**PO BOX 3079 AUSTIN TX 78764**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **12-9-05** Full name of contributor  out-of-state PAC (ID#) **DEBA WORKMARKS (RON MARKS)**

Amount of contribution (\$) **240.00** In-kind contribution description (if applicable) **PRINT DESIGN + PRODUCTION**

Contributor address; City; State; Zip Code  
**PO BOX 3079 AUSTIN TX 78764**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **12-23-05** Full name of contributor  out-of-state PAC (ID#) **LORETTA FARB**

Amount of contribution (\$) **1,260.-** In-kind contribution description (if applicable) **CONSULTING/ ADMIN. SVCS.**

Contributor address; City; State; Zip Code  
**2200 S. PLEASANT VALLEY, #527 AUSTIN TX 78741**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **12-31-05** Full name of contributor  out-of-state PAC (ID#) **DEBA SAGEBRUSH PRODUCTIONS (JUDY THOMAS)**

Amount of contribution (\$) **2,500.-** In-kind contribution description (if applicable) **WEBSITE DESIGN/ MARKETING/ ADMIN**

Contributor address; City; State; Zip Code  
**2607 OAK CREST AVE. AUSTIN TX 78704**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM 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: **7**

2 FILER NAME

**SARAH ECKHARDT**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**12-28-05**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**RICHARD C. HARTGROUE**

6 Contributor address; City; State; Zip Code

**4907 BULL MOUNTAIN COVE  
AUSTIN TX 78746**

7 Amount of contribution (\$)

**100<sup>-</sup>**

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 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

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

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

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>SARAH ECKHARDT</u>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan <u>12-26-05</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SARAH ECKHARDT</u>	9 Loan Amount (\$) <u>3,878.77</u>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <u>1001 LORRAIN ST. AUSTIN TX 78703</u>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code	
19 Principal Occupation		20 Employer
Date of loan <u>12-27-05</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SARAH ECKHARDT</u>	Loan Amount (\$) <u>2,000<sup>-</sup></u>
Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code <u>1001 LORRAIN ST. AUSTIN TX 78703</u>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation		Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **7**

2 FILER NAME **SARAH ECKHARDT**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11-16-05**

5 Payee name  
**OFFICE MAX #408**

6 Payee address; City; State; Zip Code  
**5451-B N. IH35 AUSTIN TX 78723**

7 Amount (\$)  
**5.40**

8 Purpose of payment (See instructions regarding type of information required.)  
**NAME TAGS**

9. **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**11-18-05**

Payee name  
**TRAVIS COUNTY**

Payee address; City; State; Zip Code  
**Nelda Wells Spears, Tax Assessor-Coll. TRAVIS CO, TX**

Amount (\$)  
**24.00**

Purpose of payment (See instructions regarding type of information required.)  
**PURCHASE MAP**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**11-22-05**

Payee name  
**OFFICE MAX #337**

Payee address; City; State; Zip Code  
**907 W. 5TH AUSTIN TX 78703**

Amount (\$)  
**11.89**

Purpose of payment (See instructions regarding type of information required.)  
**OFFICE SUPPLY**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**11-22-05**

Payee name  
**U.S. POSTAL SVC.**

Payee address; City; State; Zip Code  
**CENTRAL PK. WEST STATION AUSTIN TX 78703**

Amount (\$)  
**68.00**  
**2.00**  

---

**70.00**

Purpose of payment (See instructions regarding type of information required.)  
**POST OFFICE BOX RENTAL  
1 YR. + LOBBY SVC.**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **7**

2 FILER NAME **SARAH ECKHARDT**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11-27-05**

5 Payee name  
**OFFICE MAX**  
6 Payee address: City: State: Zip Code  
**907 W. 5<sup>th</sup> AUSTIN TX 78703**

7 Amount (\$)  
**9.18**

8 Purpose of payment (See instructions regarding type of information required.)  
**Office Supply**

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**11-29-05**

Payee name  
**Office Max**  
Payee address: City: State: Zip Code  
**907 W. 5<sup>th</sup> AUSTIN TX 78703**

Amount (\$)  
**5.79**

Purpose of payment (See instructions regarding type of information required.)  
**office supply**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**11-29-05**

Payee name  
**Office Max**  
Payee address: City: State: Zip Code  
**907 W. 5<sup>th</sup> AUSTIN TX 78703**

Amount (\$)  
**86.59**

Purpose of payment (See instructions regarding type of information required.)  
**OFFICE FAX**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**12-1-05**

Payee name  
**SOFTWARE MEDIA .COM**  
Payee address: City: State: Zip Code  
**6415 N. BUSINESS PARK LOOP RD.  
STE. 1  
PARK CITY UT 84098**

Amount (\$)  
**263.00**

Purpose of payment (See instructions regarding type of information required.)  
**FILE MAKER SOFTWARE**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F. **7**

2 FILER NAME **SARAH ECKHARDT**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12-6-05</b>	5 Payee name <b>OFFICE DEPOT</b>	7 Amount (\$) <b>104.14</b>
6 Payee address; City; State; Zip Code <b>2101 S. LAMAR AUSTIN TX 78704</b>		

8 Purpose of payment (See instructions regarding type of information required.)  
**OFFICE SUPPLY**

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date <b>12-9-05</b>	Payee name <b>US POSTAL SVC.</b>	Amount (\$) <b>37.00</b>
Payee address; City; State; Zip Code <b>DOWNTOWN STATION AUSTIN TX 78701</b>		

Purpose of payment (See instructions regarding type of information required.)  
**STAMPS**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date <b>12-17-05</b>	Payee name <b>OFFICE MAX</b>	Amount (\$) <b>37.89</b>
Payee address; City; State; Zip Code <b>907 W. 5<sup>th</sup> AUSTIN TX 78703</b>		

Purpose of payment (See instructions regarding type of information required.)  
**PRINTING (Letter)**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date <b>12-27-05</b>	Payee name <b>US POSTAL SVC.</b>	Amount (\$) <b>77.41</b>
Payee address; City; State; Zip Code <b>GMF STATION AUSTIN TX 78710</b>		

Purpose of payment (See instructions regarding type of information required.)  
**POSTAGE**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **7**

2 FILER NAME **SARAH ECKHARDT**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12-19-05**

5 Payee name  
**CHECK MARK TYPESETTING**

7 Amount (\$)  
**3,878.77**

6 Payee address; City; State; Zip Code  
**3217 N. IH35  
AUSTIN TX 78722**

8 Purpose of payment (See instructions regarding type of information required.)  
**SIGNS, STICKERS**

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**12-18-05**

Payee name  
**WORLEY PRINTING**

Amount (\$)  
**1,108.48**

Payee address; City; State; Zip Code  
**3217 N. IH35  
AUSTIN TX 78722**

Purpose of payment (See instructions regarding type of information required.)  
**PRINT / DESIGN**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**12-20-05**

Payee name  
**WORLEY PRINTING**

Amount (\$)  
**67.66**

Payee address; City; State; Zip Code  
**3217 N. IH35 AUSTIN TX 78722**

Purpose of payment (See instructions regarding type of information required.)  
**PRINT / DESIGN**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**11-30-05**

Payee name  
**WORK MARKS**

Amount (\$)  
**270 -**

Payee address; City; State; Zip Code  
**PO BOX 3079 AUSTIN TX 78764**

Purpose of payment (See instructions regarding type of information required.)  
**DESIGN + PRODUCTION**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **7**

2 FILER NAME **SARAH ECKHARDT**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12-31-05</b>	5 Payee name <b>OFFICE DEPOT</b>	7 Amount (\$) <b>11.95</b>
6 Payee address; City; State; Zip Code <b>2101 S. LAMAR AUSTIN TX 78704</b>		

8 Purpose of payment (See instructions regarding type of information required.)  
**OFFICE SUPPLY**

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date <b>12-23-05</b>	Payee name <b>LORETTA FARB</b>	Amount (\$) <b>1,760-</b>
Payee address; City; State; Zip Code <b>2200 S. PLEASANT VALLEY RD, #527 AUSTIN TX 78741</b>		

Purpose of payment (See instructions regarding type of information required.)  
**SERVICES**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date <b>12-31-05</b>	Payee name <b>JUDY THOMAS / SAGEBRUSH PROD.</b>	Amount (\$) <b>3,000-</b>
Payee address; City; State; Zip Code <b>2607 OAK CREST AVE. AUSTIN TX 78704</b>		

Purpose of payment (See instructions regarding type of information required.)  
**SERVICES**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date <b>11-16-05</b>	Payee name <b>REGISTER.COM</b>	Amount (\$) <b>296-</b>
Payee address; City; State; Zip Code <b>575 8<sup>th</sup> AVE. NEW YORK NY 10018</b>		

Purpose of payment (See instructions regarding type of information required.)  
**DOMAIN NAME REGISTRATION**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **7**

2 FILER NAME **SARAH ECKHARDT**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12-28-05**

5 Payee name  
**OFFICE DEPOT**  
6 Payee address; City; State; Zip Code  
**2101 S. LAMAR AUSTIN TX 78704**

7 Amount (\$)  
**25.74**

8 Purpose of payment (See instructions regarding type of information required.)  
**OFFICE SUPPLY**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**12-28-05**

Payee name  
**BRUCE BARRICK**  
Payee address; City; State; Zip Code  
**1513 BETTY JO DR. #B  
AUSTIN TX 78704**

Amount (\$)  
**500.00**

Purpose of payment (See instructions regarding type of information required.)  
**SERVICES**

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**12-28-05**

Payee name  
**GRANDE COMMUNICATIONS**  
Payee address; City; State; Zip Code  
**PO BOX 671260 DALLAS TX 75267**

Amount (\$)  
**51.92**

Purpose of payment (See instructions regarding type of information required.)  
**OFFICE  
DEC. INTERNET / TELEPHONE**

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**12-30-05**

Payee name  
**TRAVIS CO. DEM. PARTY**  
Payee address; City; State; Zip Code  
**PO BOX 684263 AUSTIN TX 78768**

Amount (\$)  
**1250.00**

Purpose of payment (See instructions regarding type of information required.)  
**FILING FEE**

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **7**

2 FILER NAME **SARAH ECKHARDT**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12-9-05</b>	5 Payee name <b>WORK MARKS</b>	7 Amount (\$) <b>240 -</b>
6 Payee address; City; State; Zip Code <b>PO BOX 3079 AUSTIN TX 78764</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>DESIGN + PRODUCTION</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>12-14-05</b>	Payee name <b>CLARKE AMERICAN CHECKS, INC.</b>	Amount (\$) <b>13.12</b>
Payee address; City; State; Zip Code <b>10931 LAUREATE DR. SAN ANTONIO TX 78249</b>		

Purpose of payment (See instructions regarding type of information required.) <b>CHECKS</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>12-19-05</b>	Payee name <b>U.S. POSTAL SVC.</b>	Amount (\$) <b>250 -</b>
Payee address; City; State; Zip Code <b>Central Park W. Station AUSTIN TX 78703</b>		

Purpose of payment (See instructions regarding type of information required.) <b>BULK MAIL FEE</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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