Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6155

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: 26

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS MRS / MR FIRST: SARAH MI:

NICKNAME LAST: ECKHARDT SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. BOX 301586 APT / SUITE #: CITY: AUSTIN STATE: TX ZIP CODE: 78703

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 524 - 0037 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS MRS / MR FIRST: CAROL MI: S.

NICKNAME LAST: HATFIELD SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 3404 NORTHWOOD CIRCLE APT / SUITE #: CITY: AUSTIN STATE: TX ZIP CODE: 78703

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 459 - 5841 EXTENSION:

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 01 / 1 / 2006 THROUGH Month Day Year: 01 / 26 / 2006

11 ELECTION

ELECTION DATE Month Day Year: 03 / 07 / 2006

ELECTION TYPE ☑ Primary ☐ Runoff ☐ General ☐ 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

** 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:

☐ additional pages

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

COMMITTEE NAME: NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 680 -
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 30,545.50
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 137.37
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 12,655.54
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 19,852.86
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 5878.77

19 AFFIDAVIT

BONNY S. HOLMES
Notary Public, State of Texas
My Commission Expires
NOVEMBER 20, 2006

AFFIX NOTARY STAMP / SEAL ABOVE

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 of Candidate or Officeholder

Sworn to and subscribed before me, by the said SARAH ECKHARDT, this the 6th day of Feb., 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: BONNY HOLMES | 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: 13

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/10/06	LORETTA Farb dba FARB MEDIA + COMMUNICATIONS 2200 S. PLEASANT VALLEY RD. #527 AUSTIN TX 78741	4,000-	CONT. SVCS - CONSULTING, ADMIN, DB mgmt.

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/18/06	JUDY THOMAS dba Sagebrush Prod. 2607 Oak Crest Ave. AUSTIN TX 78704	4,500	CONT. SVCS - WEB Design/Maint., Marketing/Writing, Admin.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/5/06	RON MARKS dba WORKMARKS P.O. BOX 3079 AUSTIN TX 78764	370-	Type Setting

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/15/06	GAIL FISHER WORRELL 3206 MEREDITH ST. AUSTIN TX 78703	500.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: 13

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/3/06	MILTON D. LOWER 11702 KNOLLPARK DR. AUSTIN TX 78758	100.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/3/06	William W. + MARIA E. F. DALTON 717 PATTERSON AVE. AUSTIN TX 78703	200 —	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/6/06	JOAN + MARK KINCAID 3302 GLEN ROSE DR. AUSTIN TX 78731	500 —	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/6/06	CHARLES E. + CHRISTINE H. AUBREY 1311 W. 10TH ST. AUSTIN TX 78703	100 —	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/6/06	JULYA T. KIRKPATRICK 16900 LEXINGTON BV, #1120 SUGAR LAND TX 77479	500 —	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address: City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/6/06	MARGARET DAHL 1502 BROADMOOR AUSTIN TX 78723	100 -	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/6/06	Travis Co. Sheriff's Officers Assoc. Political Action Comm. 400 W. 14th ST, Ste. 220 AUSTIN TX 78701	1,070 -	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/6/06	Silas Brooks dba BROOKS PROPERTIES 304 E. 49th St. AUSTIN TX 78751	100 -	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/6/06	ROBERT G. SHERRILL 316 OLD DIRT RD. TALLAHASSEE FL 32317	1,025 -	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/6/06	Christina L. LEWIS 8310 CLIFFSAGE AVE AUSTIN TX 78759	250 -	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/6/06	KATHLEEN F. NOXON 1710 Chimney Vine Ln. Kingwood TX 77339	100 —	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/6/06	William G + MARTINA Bunch P.O. Box 684381 AUSTIN TX 78768	100 —	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/6/06	Deborah FARROW GARDNER 2409 W. 49th ST. AUSTIN TX 78756	75 —	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/6/06	EDWIN A. SHRAKE, Jr. 3355 BEE CAVE Rd., Ste. 612 AUSTIN TX 78746	250 —	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/10/06	ROBERT SHERRILL 316 OLD DIRT RD. TALLAHASSEE FL 32317	862.50	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/10/06	SHELBY E. BRAMMER 12902 BUCKWHEAT PASS BUDA TX 78610	100 —	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/10/06	Lt. Col. JOSEPH W. STUDAK 3204 Benbrook Dr. AUSTIN TX 78757	100 —	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/10/06	JEAN WILLIAMS BARAC 6524 EAST HIL Dr. AUSTIN TX 78731	100 —	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/10/06	CHARLOTTE HERZELE 2804 CEDARVIEW DR. AUSTIN TX 78704	1,000 —	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/10/06	ROBERT + JEAN M. SHERRILL 316 OLD DIRT Rd. TALLAHASSEE FL 32317	138 —	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/13/06	LAMBETH + NANCY TOWNSEND 1408 HARTFORD RD. AUSTIN TX 78703	75 —	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/13/06	J. ROWLAND COOK + DIANE IRESON 2900 WADE AVE. AUSTIN TX 78703	100 —	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/13/06	RON CANADA 401 S. DETROIT ST. #204 LOS ANGELES CA 90036	100 —	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/13/06	R. JAMES, Jr. + CHERYL R. GEORGE 2501 STRATFORD DR. AUSTIN TX 78746	250 —	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/13/06	SUSAN + ABNER BURNET 1507 CHARLES ST. MISSION TX 78572	100 —	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/13/06	JEAN MARSHALL SHERRILL 316 OLD DIRT RD. TALLAHASSEE FL. 32317	250 —	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/13/06	JAMES L. & BELINDA S. WRIGHT 794 FM 3000 ELGIN TX 78621	150 —	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/13/06	DAVID D. DOBBS 9702 SWANSONS Ranch Rd. AUSTIN TX 78748	100 —	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/13/06	N. W. ECKHARDT 3906 DIXIE DR. GARLAND TX 75041	500 —	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/17/06	DAVID P. LANCASTER 802 BLANCO ST. AUSTIN TX 78703	250 —	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/17/06	VICTOR L. EMANUEL 1507 ALMEDA AUSTIN TX 78704	100 —	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/17/06	BILL H. YARBOROUGH 326 SOMERSET CIR. BEDFORD TX 76021	100 —	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/17/06	LYDIA P. TURNER 40 IH 35 N. # 3-B-4 AUSTIN TX 78701	100 —	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/18/06	JESSICA ZAK 909 NUECES AUSTIN TX 78701	1,000 —	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/20/06	JOE & JAYNE W. DIBRELL 2107 GRISWOLD LN. AUSTIN TX 78703	250 —	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1/20/06	JAY CABALLERO LAW OFFICE 404 W. 13th ST. AUSTIN TX 78701	100 -	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/20/06	P.T. + JAMIE L. BRUNS 5011 DUMFRIES HOUSTON TX 77096	500 -	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/20/06	SHUDDE FATH 1005 BLUE BONNET LN. AUSTIN TX 78704	500 -	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/20/06	BRUCE S. FOX 404 W. 13th ST. AUSTIN TX 78701	100 -	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/21/06	DANIEL L. + CLETA L. ERNST 14909 BESCOTT DR. AUSTIN TX 78728	100 -	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/21/06	LUCILE B. TENNANT 1210 WINDSOR RD, Apt. 110 AUSTIN TX 78703	200—	

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/21/06	MICHAEL POWERS & STACY LEON 2001 HOPI TRL. AUSTIN TX 78703	200—	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/21/06	DONALD MICHAEL WILLIAMS 1207 W. 10th AUSTIN TX 78703	100—	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/21/06	STANFORD R. YOUNG 603 W. 13th, Ste. 1A-206 AUSTIN TX 78701	100—	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/21/06	LAURIE K. & GEORGE SEREMETIS 1508 W. 29th ST. AUSTIN TX 78703	1,000—	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/21/06	BERNARD & AUDRE RAPOPORT P.O. BOX 21900 WACO TX 76702	200 —	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/21/06	CHAD D. HUSTON 2103 HARTFORD RD. AUSTIN TX 78703	1,500 —	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/24/06	PATRICIA HAYES 5903 LONESOME VALLEY TRL. AUSTIN TX 78731	200 —	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/24/06	PATRICIA A. MATHIS 429 30th ST. WEST PALM BEACH FL 33407	100 —	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/24/06	JOE GATELY 458 W. 20th ST., #4A NEW YORK NY 10011	100 —	

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

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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: 13

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/24/06	SUSAN L. MEEKINS 135 EASTERN PKY, #5A1 BROOKLYN NY 11238	200 -	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/24/06	OLGA SEELIG 8714 TALLWOOD DR. AUSTIN TX 78759	100 -	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/21/06	ELIZABETH D. WEINMANN 312 WOODLAND ST. HOUSTON TX 77009	500 -	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/21/06	JEFF A. & LORI C. MCDANIEL 3600 PEREGRINE FALCON AUSTIN TX 78746	1,500 -	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/21/06	KEVIN L. DAFFER 700 LAVACA ST. AUSTIN TX 78731	1,500 -	

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

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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: 13

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/21/06	LOUISE K. MILLER 4908 WOODCREEK RD. AUSTIN TX 78749	1,500	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address: City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
1/3/06	☐ out-of-state PAC (ID#:) SUSAN & JERRY WALKER 1306 Lorrain Austin 78703	500-	

10 Principal occupation / Job title (See Instructions): Musician / Management

11 Employer (See Instructions):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
1/9/06	☐ out-of-state PAC (ID#:) Travis Co. SHERIFF'S LAW ENFORCE. ASSOC. 8600 RR 620 N., A-210 AUSTIN TX 78726	10,000	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
1/9/06	☐ out-of-state PAC (ID#:) Travis Co. SHERIFF'S OFFICERS ASSOC. 400 W. 14th St., Ste. 220 AUSTIN TX 78701	3,500	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
1/1/06	☐ out-of-state PAC (ID#:) Ken Oden 1506 GASTON AUSTIN, TX 78703	2,000	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	☐ out-of-state PAC (ID#:)		

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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If contributor 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: 10

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City, State; Zip Code	7 Amount ($)
1/11/06	FEDEX Kinko's 2901-C Medical Arts AUSTIN TX 78705	337.18

8 Purpose of payment (See instructions regarding type of information required.): PRINTING SVCS.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/13/06	FED EX Kinko's 2901-C Medical Arts Austin TX 78705	77.92

Purpose of payment (See instructions regarding type of information required.): Printing Svcs.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/14/06	FED EX Kinko's 3300 Bee Caves Rd, Ste. 715 AUSTIN TX 78746	286.83

Purpose of payment (See instructions regarding type of information required.): Printing Svcs.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/15/06	FED EX Kinko's 3300 Bee Cave Rd., Ste. 715 AUSTIN TX 78746	57.51

Purpose of payment (See instructions regarding type of information required.): Printing Svcs.

•• 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: 10

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/15/06	FED EX KINKO'S 3300 BEE CAVE Rd AUSTIN TX 78746	91.80

8 Purpose of payment (See instructions regarding type of information required.): Printing Svcs.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/17/06	FED EX KINKO'S 2901-C Medical ARTS AUSTIN TX 78705	3.23

Purpose of payment (See instructions regarding type of information required.): Printing Svcs

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/17/06	FED EX KINKO'S 2901 Medical Arts AUSTIN TX 78705	16.37

Purpose of payment (See instructions regarding type of information required.): Printing Svcs.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/18/06	FED EX KINKO'S 327 Congress Ave. AUSTIN TX 78641	15.31

Purpose of payment (See instructions regarding type of information required.): Printing Svcs.

•• 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: 10

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
1/18/06	FED Ex Kinko's 327 Congress Ave. AUSTIN TX 78701	7.96

8 Purpose of payment (See instructions regarding type of information required.): Printing Svcs.

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

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
1/19/06	FED Ex Kinko's 2901-C Medical Arts AUSTIN TX 78705	42.82

Purpose of payment (See instructions regarding type of information required.): Print Svcs.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/21/06	FED Ex Kinko's 3300 BEE CAVE Rd. AUSTIN TX 78746	505.84

Purpose of payment (See instructions regarding type of information required.): Print Svcs.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/23/06	Fed Ex Kinko's 2901 Medical Arts AUSTIN TX 78705	32.67

Purpose of payment (See instructions regarding type of information required.): Print Svcs.

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/23/06	FED EX Kinko's 2901-C MEDICAL ARTS AUSTIN TX 78705	7.56

8 Purpose of payment (See instructions regarding type of information required.): PRINT SVCS.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/6/06	USPS CENTRAL PARK WEST STATION	53.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/7/06	USPS S. Congress STATION	44.03

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/6/06	WORLEY PRINTING 3217 N. IH35 AUSTIN TX 78722	137.21

Purpose of payment (See instructions regarding type of information required.): PRINT SVCS.

•• 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: 10

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/11/06	USPS Downtown Station AUSTIN TX 78701	336.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/12/06	USPS Downtown Station AUSTIN TX 78701	273.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/13/06	USPS Central Park West Station AUSTIN TX 78705	72.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/14/06	USPS S. Congress Station AUSTIN TX 78704	109.16

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F. 10

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/17/06	USPS Downtown Station AUSTIN TX 78701	35.20

8 Purpose of payment (See instructions regarding type of information required.) Postage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/18/06	USPS Downtown Station AUSTIN TX 78701	279.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/6/06	Office Depot 2101 S. Lamar AUSTIN TX 78704	20.98

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/11/06	Office Depot 2101 S. Lamar AUSTIN TX 78704	21.99

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/13/06	Office DEPOT 2101 S. LAMAR AUSTIN TX 78704	68.02

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/15/06	Office DEPOT 2101 S. Lamar AUSTIN TX 78704	15.12

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/12/06	Office MAX 907 W. 5TH ST. AUSTIN TX 78703	58.95

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/14/06	Office MAX 907 W. 5TH ST. AUSTIN TX 78703	113.66

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/7/06	H.E.B 2400 S. Congress AUSTIN TX 78704	32.71

8 Purpose of payment (See instructions regarding type of information required.): Food

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/5/06	H.E.B 2400 S. Congress AUSTIN TX 78704	40.54

Purpose of payment (See instructions regarding type of information required.): Food

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/11/06	FRY'S ELECTRONICS 12707 N. MOPAC EXWY. AUSTIN TX 78727	167.77

Purpose of payment (See instructions regarding type of information required.): Office Equipment

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/10/06	GRANDE Communications 13505 BURNET RD. AUSTIN TX 78727	51.81

Purpose of payment (See instructions regarding type of information required.): Internet + Phone Svc.

•• 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: 10

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/18/06	JUDY THOMAS dba Sagebrush Productions 2607 OAK CREST AVE. AUSTIN TX 78704	4,500--

8 Purpose of payment (See instructions regarding type of information required.): CONTRACT SVCS.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/10/06	LORETTA FARB dba FARB MEDIA & Communications 2200 S. PLEASANT VALLEY Rd. #527 AUSTIN TX 78741	4,000--

Purpose of payment (See instructions regarding type of information required.): CONTRACT SVCS.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/18/06	Ann PIERCE 21 WALLER ST. AUSTIN TX 78702	85.00

Purpose of payment (See instructions regarding type of information required.): CONTRACT SVCS.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/25/06	DELL CATALOGUE SALES one DELL WAY ROUND ROCK, TX 78682	79.02

Purpose of payment (See instructions regarding type of information required.): Printer Cartridges

•• 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: 10

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/5/06	Texpresso 2700 W Anderson Lane Austin, Tx	71.00

8 Purpose of payment (See instructions regarding type of information required.): Precinct Chair - Beverages

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/5/06	Ron Marks dba Workmarks P.O. Box 3079 AUSTIN TX 78764	370.00

Purpose of payment (See instructions regarding type of information required.): TYPE SETTING

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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

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