

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

6194

1 ACCOUNT #	2 Total pages filed: <u>3</u>
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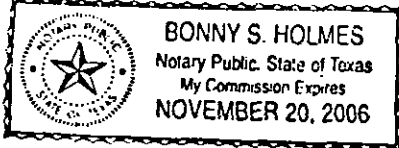
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST <u>SARAH</u> MI NICKNAME LAST <u>ECKHARDT</u> SUFFIX	OFFICE USE ONLY
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4 ORIGINAL REPORT TYPE <u>C/OH</u>	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Date Received Date Hand-delivered Receipt # Date Processed Date Imaged
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5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>01 / 01 / 06</u> THROUGH <u>01 / 26 / 06</u>	Legal Totals Date Processed Date Imaged
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6 EXPLANATION OF CORRECTION	<u>Clerical Error - Missed one expenditure for Printing.</u>
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7 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

[Handwritten Signature]
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by SARAH ECKHARDT this the 15th day of Feb., 20 06.

to certify which, witness my hand and seal of office.

[Handwritten Signature]
 Signature of officer administering oath

BONNY HOLMES
 Printed name of officer administering oath

Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

SARAH ECKHARDT

16 ACCOUNT # (Ethics Commission #/fns)

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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

\$ 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

\$ 15,659.48

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

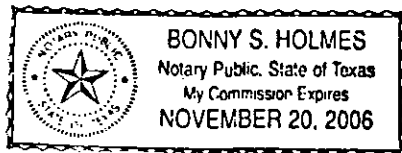
\$ 19,852.86

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5878.77

19 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SARAH ECKHARDT, this the 15th day of Feb, 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath

BONNY HOLMES
Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME **SARAH ECKHARDT**

3 ACCOUNT # (Ethics Commission #):

4 Date 1/26	5 Payee name RINDY Miller Media	7 Amount (\$) \$3003.94
6 Payee address: City: State: Zip Code 2401 E. 6th St. Suite 1003 Austin TX 78702		

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** 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.)	** Complete if direct expenditure to benefit C/OH ** 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.)	** Complete if direct expenditure to benefit C/OH ** 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.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED