

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

6217

1	ACCOUNT #	2	Total pages filed: 5
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3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY
		NICKNAME	LAST	SUFFIX	

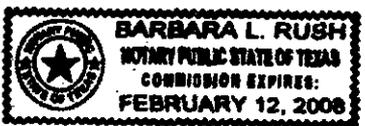
SARAH
ECKHARDT

4	ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	OFFICE USE ONLY
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officer/holder only)		
		<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		

5	ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	OFFICE USE ONLY
		01 / 27 / 2006			THROUGH	02 / 25 / 2006		

6	EXPLANATION OF CORRECTION	<ul style="list-style-type: none"> • Add second page of page 2 to include a 2nd direct expenditure • Correct original pg # for clerical error. • Correct name of Political Contributor
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7 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

[Handwritten Signature]
 Signature of Candidate or Officeholder

Sworn to and subscribed before me by Sarah Eckhardt this the 1st day of March 20 06

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

[Handwritten Signature] Barbara L. Rush Notary
 Signature of officer administering oath 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 CAMPAIGN FINANCE REPORT

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:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <p style="text-align: center; font-size: 1.2em;">SARAH</p> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">ECKHARDT</p>	OFFICE USE ONLY <hr/> Date Received <hr/> Date Hand-delivered or Date Postmarked <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount</td> </tr> </table> <hr/> Date Processed <hr/> Date Imaged		Receipt #	Amount						
Receipt #	Amount										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 1.2em;">PO Box 301586 Austin TX 78703</p>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(512) 524 0037</p>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align: center; font-size: 1.2em;">CAROL S</p> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">HATFIELD</p>										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 1.2em;">3404 Northwood Circle Austin TX 78703</p>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(512) 459-5841</p>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
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<input type="checkbox"/> July 15	<input checked="" 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 <p style="font-size: 1.2em;">01 / 27 / 06 THROUGH 02 / 25 / 06</p>										
11 ELECTION	ELECTION DATE Month Day Year <p style="font-size: 1.2em;">3 / 7 / 06</p>	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) <p style="font-size: 1.2em;">NONE</p>	13 OFFICE SOUGHT (if known) <p style="font-size: 1.2em;">Travis Co Comm - Pet 2</p>									
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 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 files)

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. ***

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	People for Efficient Transportation (PETPAK)
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
	PO Box 90715 Austin Tx 78709
COMMITTEE CAMPAIGN TREASURER NAME	
	Judy Hatton
COMMITTEE CAMPAIGN TREASURER ADDRESS	
	PO Box 90715 Austin Tx 78709

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 3540
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 87585.56
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 467.75
	4. TOTAL POLITICAL EXPENDITURES	\$ 56736.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 25129.29
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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sarah Eckhardt this the 1st day of March, 2006, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Barbara L. Rush
Printed name of officer administering oath

Notary
Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

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. **

<input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		Progressive Action PAC
	COMMITTEE ADDRESS	1100 Guadalupe Austin TX 78701
	COMMITTEE CAMPAIGN TREASURER NAME	Brian Rook / Aaron Mueller
	COMMITTEE CAMPAIGN TREASURER ADDRESS	1100 Guadalupe Austin TX 78701

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

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sarah Eckhardt, this the 1st day of March, 2006, to certify which, witness my hand and seal of office.

Barbara L. Rush Barbara L. Rush Notary
Signature of officer administering oath 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: **31**

2 FILER NAME **SARAH ECKHARDT**

3 ACCOUNT # - Ethics Commission (last)

4 Date
2/15/06

5 Full name of contributor out-of-state PAC ID#
MARK YZNAGA

7 Amount of contribution (\$) **250**

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
**2401 Briar Grove
Austin TX 78704**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
2/5/06

Full name of contributor out-of-state PAC ID#
Christine Demoll & William James

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

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**94770 Hwy. 101 S.
Kachiatz CR 97498**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/13/06

Full name of contributor out-of-state PAC ID#
BARRY MCGEE

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

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**3030 La Fuente St.
Houston TX 77024**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/14/06

Full name of contributor out-of-state PAC ID#
Nadine Eckhardt

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

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**2110 La Casa
Austin TX 78704**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/12/06

Full name of contributor out-of-state PAC ID#
Robert & Elizabeth Kidd

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

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**3200 W. Lamar St. #9
Houston TX 77019**

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.