CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6345

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: 61

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MS. 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: AUS. STATE: TX ZIP CODE 78703-0027

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE (512) PHONE NUMBER 524-0037 EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: MS. FIRST: CAROL MI:
NICKNAME LAST: HATFIELD SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 3404 NORTHWOOD CIR. APT / SUITE #: CITY: AUS. 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: 02 / 26 / 2006 THROUGH Month Day Year: 06 / 30 / 2006

11 ELECTION
ELECTION DATE Month Day Year: 11 / 07 / 2006
ELECTION TYPE ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): TRAVIS COUNTY COMMISSIONER PCT 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
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: People for Efficient Transportation PAC

COMMITTEE ADDRESS: P.O. Box 90715 Aus., TX 78709

COMMITTEE CAMPAIGN TREASURER NAME: Judy Hatton

COMMITTEE CAMPAIGN TREASURER ADDRESS: 7711 O'Connor Dr., #1805 Round Rock, TX 78681

[✓] additional pages

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 1,965.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 10,583.98

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 99,878.09

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 5,506.74

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 20,878.77

19 AFFIDAVIT

ABIGAIL CORIA
Notary Public, State of Texas
My Commission Expires
AUGUST 1, 2007

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 17th day of July, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Abigail Coria	Abigail Coria	Notary Public

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: Progressive Action PAC

COMMITTEE ADDRESS: 1100 Guadalupe Aus., Tx 78701

COMMITTEE CAMPAIGN TREASURER NAME: Brian Roark

COMMITTEE CAMPAIGN TREASURER ADDRESS: 1100 Guadalupe Aus., Tx 78701

- [x] additional pages

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	$

See previous page

19 AFFIDAVIT

See previous page

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 _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 19

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)
3/4/06	Adele & Creekmore Fath 1800 Vance Cir. Austin, TX 78701	$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)
4/17/06	Julya T. Kirkpatrick 16900 Lexington Blvd., #1120 Sugar Land, TX 77479	$200.00	

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)
6/14/06	Christina L. Lewis 8310 Cliffsage Ave. Austin, TX 78759	$100.00	

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)
6/5/06	Milton D. Lower 11702 Knollpark Dr. Austin, TX 78758	$100.00	

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)
2/28/06	William T. & Martina Bunch 905-B Robert E. Lee Rd. Austin, TX 78704	$100.00	

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. 19

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)
6/20/06	Ron Canada 401 South Detroit St., #204 Los Angeles, CA 90036	$75.00	

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)
3/1/06	N.W. Eckhardt 3906 Dixie Dr. Garland, TX 75041-4908	$300.00	

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)
6/13/06	Lambeth & Nancy Townsend 1408 Hartford Rd. Austin, TX 78703	$75.00	

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)
6/9/06	William Apt 1609 Shoal Creek, Ste. 300 Austin, TX 78701-1064	$250.00	

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)
3/3/06	Shudde Fath 1005 Bluebonnet Ln. Austin, TX 78704	$300.00	

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 Total pages Schedule A: 19

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)
6/10/06	Shudde Fath 1005 Bluebonnet Ln. Austin, TX 78704	$300.00	

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)
6/14/06	Jessica Zak 909 Nueces St. Austin, TX 78701	$250.00	

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)
6/21/06	Patricia Hayes 6433 Tasajillo Trail Austin, TX 78739	$125.00	

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)
3/1/06	Anne & Bill McAfee 4831 Timberline Dr. Austin, TX 78746	$50.00	

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)
3/2/06	Anne & Bill McAfee 4831 Timberline Dr. Austin, TX 78746	$50.00	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 19

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)
3/3/06	Perry Lorenz 1311-A East 6th St. Austin, TX 78702-3301	$2000.00	

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)
6/15/06	Marilyn Simpson 3705 Malone Dr. Austin, TX 78749	$100.00	

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)
3/2/06	Joe Pinnelli P.O. Box 50038 Austin, TX 78763	$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)
3/3/06	David N. Smith P.O. Box 537 Austin, TX 78767	$25.00	

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)
3/3/06	David N. Smith P.O. Box 537 Austin, TX 78767	$50.00	

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 Total pages Schedule A: 19

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission files):

4 Date	5 Full name of contributor / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/6/06	Annie Harding 3404A Grooms St. Austin, TX 78705	$100.00	

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/27/06	Leonard B. Gabbay 3216 Cherry Ln. Austin, TX 78703	$250.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/3/06	Mark & Melanie McAfee 6315 Spicewood Springs Rd. Austin, TX 78759	$75.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/3/06	Aubrey M. Farb 9043 Briar Forest Houston, TX 77024	$100.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/26/06	Robert Ayres 2408 Keating Lane Austin, TX 78703	$500.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A. 19

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/26/06	Carlos H. Barrera 1106 San Antonio St. Austin, TX 78701	$100.00	

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

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/26/06	Beverly & Balie Griffith 3711 Taylors Dr. Austin, TX 78703	$250.00	

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

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/24/06	Eleanor C. & Custis Wright 5304 Western Hills Dr. Austin, TX 78731-4822	$100.00	

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

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/26/06	Rodney Gibbs 3812 Duval St. Austin, TX 78751	$75.00	

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

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/27/06	Carol A. & Kenneth Koock 6106 Skahan Ln. Austin, TX 78739-1630	$100.00	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 19

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)
2/28/06	Carrin M. & William N. Patman 2702 Moonlight Bnd Austin, TX 78703	$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)
2/28/06	Wayne Rae P.O. Box 31900-164 Houston, TX 77231-1900	$200.00	

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)
3/1/06	Michael J. & Tracy K. Dileo 9 Niles Rd. 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)
3/1/06	Wayne David Meissner 812 San Antonio, Ste. 400 Austin, TX 78701-2224	$100.00	

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)
3/1/06	Nancy Wilson Scanlan 4513 Balcones Dr. Austin, TX 78731	$100.00	

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 Total pages Schedule A: 19

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)
3/2/06	John Eric Carlson P.O. Box 87 Elgin, TX 78621	$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)
3/2/06	Cary Ferchill 3524 Tanglewood Trail Austin, TX 78703	$300.00	

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)
3/2/06	Travis County Sheriffs Law Enforcement Association 400 W. 14th St., Ste. 220 Austin, TX 78701	$2,500.00	

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)
3/7/06	Travis County Sheriffs Law Enforcement Association 400 W. 14th St., Ste. 220 Austin, TX 78701	$3,000.00	

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)
3/7/06	Travis County Sheriffs Law Enforcement Association 400 W. 14th St., Ste. 220 Austin, TX 78701	$1,000.00	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 19

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)
3/2/06	Evan Williams 3403 Ledgestone Dr. Austin, TX 78731	$60.00	

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)
3/3/06	Norman D. Brown 15582 US Hwy 377 Mason, TX 76856	$100.00	

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)
3/3/06	Boyce Cabaniss 209 E. Elizabeth St. Austin, TX 78704-2443	$100.00	

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)
3/3/06	Bernadette T. & Wallace English 3616 Quiette Dr. Austin, TX 78754	$250.00	

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)
3/3/06	Linda & James W. Hargrove, Jr. 6100 Bend O Rive Dr. Austin, TX 78746-7201	$100.00	

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: 19

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/4/06	Hugh & Claudette Lowe 400 Academy Dr. Austin, TX 78704	$100.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/9/06	Hugh & Claudette Lowe 400 Academy Dr. Austin, TX 78704	$200.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/4/06	Kurt Sauer 1001 Lorrain St. Austin, TX 78703	$15,000.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/4/06	Ben Turner, Jr. 315 Bowie St. Austin, TX 78703-4608	$750.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/4/06	Jennifer F. Vickers & Lee Walker P.O. Box 4279 Austin, TX 78751-3816	$500.00	

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)
3/5/06	David Newberger 2905 San Gabriel #218 Austin, TX 78705	$250.00	

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)
3/6/06	C.T. & George Chang 13401 Wyoming Valley Dr. Austin, TX 78727	$100.00	

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)
3/6/06	Sarah Jane Wheat 1409 Newton St. Austin, TX 78704	$100.00	

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)
3/8/06	Mitchell J. Jacobson 2107 Bridle Path Austin, TX 78703	$100.00	

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)
3/8/06	H. Neil Kepple 2109 Wright St. Austin, TX 78704	$100.00	

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: 19

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission Ser.)

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)
3/10/06	Robert E. Knight 307 East 2nd St. Austin, TX 78701	$200.00	

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)
3/18/06	Guy Z. Kirkpatrick III P.O. Box 90228 Tucson, AZ 85752-0228	$1,500.00	

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)
3/19/06	Carol & Henry Gropper, Jr. 820 Frandora Ln. Houston, TX 77024	$100.00	

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)
4/26/06	Chris Riley 910 Laraca St. Austin, TX 78701-2330	$100.00	

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)
4/27/06	Rebecca Ashenafi 201 Loop 332 Liberty Hill, TX 78642-4206	$100.00	

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. 19

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)
4/27/06	Charles A. Betts 14741 Arrowhead Volente, TX 78641	$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)
4/27/06	Janelle L. Buchanan & Theodore J. Siff 604 W. 11th St. Austin, TX 78701	$100.00	

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)
4/27/06	Scott E. Dukette 901 South MoPac Expressway Austin, TX 78746	$250.00	

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)
4/27/06	Gary S. Farmer 401 Congress Ave., Ste. 1500 Austin, TX 78701	$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)
4/27/06	Gene N. Fondren 1115 W. 7th St., M-1 Austin, TX 78703	$250.00	

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: 19

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)
4/27/06	Mary Guerrero-McDonald P.O. Box 160518 Austin, TX 78716	$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)
4/27/06	Royce Jay Hailey, Jr. 3408 Mount Bonnell Rd. Austin, TX 78731	$100.00	

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)
4/27/06	Daniel L. Roth & Kathleen Kerr 1503 Wild Cat Hollow Austin, TX 78746	$100.00	

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)
4/28/06	Nikelle S. Meade 5363 Austral Loop Austin, TX 78739	$250.00	

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)
4/29/06	John C. Rosato P.O. Box 50164 Austin, TX 78763-0164	$100.00	

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. 19

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission Use)

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)
5/2/06	J. Bradley Greenblum 811 Barton Springs Rd., #500 Austin, TX 78704	$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)
6/9/06	Evan Koch 307 N. Cuernavaca Dr. J Austin, TX 78733	$100.00	

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)
6/14/06	Robert T. & Dee R. Jackson 200 Ridgewood Rd Austin, TX 78746	$100.00	

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)
6/16/06	Theresa R. Veach 1520 W. 31st Austin, TX 78703	$100.00	

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)
6/22/06	Kirk Mitchell P.O. Box 4023 Austin, TX 78765	$1,000.00	

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: 19

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address: City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/27/06	Ruth Epstein 5909 Highland Hills Dr. Austin, TX 78731	$100.00	

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/27/06	Bob & Kay Gregory 2939 Westlake Cove Austin, TX 78746	$500.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/27/06	John M. Joseph P.O. Box 1148 Aus., TX 78767	$1,000.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/2/06	Susan M. Briggs 2001 Goodrich Avenue Austin, TX 78704	$70.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/06	Ann Wier Jones & Arthur Jones 3453 Inwood Houston, TX 77019	$200.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 19

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)
3/3/06	Mary Jo & Don Kennard 16206 Remuda Trail Buda, TX 78610	$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)
3/3/06	Lineberger Goggan Blair & Sampson, LLP P.O. Box 17428 Austin, TX 78760	$15,000.00	

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)
3/4/06	Katherine deFoyd 349 Prospect St. S. Orange, NJ 07079	$250.00	

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)
3/4/06	Gopal K. & Vasumathi Guthikonda P.O. Box 684942 Austin, TX 78768	$100.00	

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)
3/4/06	Fred I. Lewis 4509 Edgemont Dr. Austin, TX 78731	$250.00	

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: 19

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)
3/1/06	Brenda Greene Mitchell 1002 Lorrain St. Austin, TX 78703	$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)
3/8/06	Carol Safran 5602 Dumfries Dr. Houston, TX 77096-3920	$118.00	

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)
3/10/06	Clint Oneal Campbell 2805 Trailview Mesa Cove Austin, TX 78746	$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)
4/17/06	Olive H. Spitzmiller 2415 Yupon St. Houston, TX 77006	$50.00	

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)
6/13/06	Olive H. Spitzmiller 2415 Yupon St. Houston, TX 77006	$50.00	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A. 19

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)
4/20/06	Armbrust & Brown, L.L.P. 100 Congress Ave., Suite 1300 Austin, TX 78701-2744	$500.00	

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)
2/28/06	Ron Marks 1608 S. 3rd St. Aus., TX 78704	320.00	Graphic Design

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)
3/11/06	Robert Knight 307 E. 2nd St. Aus., TX 78701	1,295.98	Office Space

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)
3/22/06	Linebarger Goggan Blair & Sampson LLP 1949 S. IH 35 Aus., TX 78741	255.00	Telephones & Refreshments

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)
3/24/06	Tommy & Laura Jacks 1108 W. 9th St. Aus., TX 78703	200.00	Telephones

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: 1 of 4

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ N/A

5 Date of loan: 6/13/2006

7 Name of lender: SARAH ECKHARDT ☐ out-of-state PAC (ID#:)

9 Loan Amount ($): 5,000.00

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: 1001 LORRAIN ST. AUS., TX 78703

10 Interest rate: N/A

11 Maturity date: N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☑ none

15 GUARANTOR INFORMATION ☑ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan: 5/31/2006

Name of lender: SARAH ECKHARDT ☐ out-of-state PAC (ID#:)

Loan Amount ($): 2,000.00

Is lender a financial institution? Y (N)

Lender address; City; State; Zip Code: 1001 LORRAIN ST. AUS., TX 78703

Interest rate: N/A

Maturity date: N/A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☑ none

GUARANTOR INFORMATION ☑ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 2 of 4

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 4/13/2006

7 Name of lender: SARAH ECKHARDT ☐ out-of-state PAC (ID#: _____)

9 Loan Amount ($): 3,000.00

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: 1001 LORRAIN ST. AUS., TX 78703

10 Interest rate: N/A

11 Maturity date: N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☑ none

15 GUARANTOR INFORMATION ☑ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan: 4/4/2006

Name of lender: SARAH ECKHARDT ☐ out-of-state PAC (ID#: _____)

Loan Amount ($): 3,000.00

Is lender a financial institution? Y (N)

Lender address; City; State; Zip Code: 1001 LORRAIN ST. AUS., TX 78703

Interest rate: N/A

Maturity date: N/A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☑ none

GUARANTOR INFORMATION ☑ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 3 of 4

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan 3/27/06

6 Is lender a financial Institution? Y (N)

7 Name of lender SARAH ECKHARDT ☐ out-of-state PAC (ID#:)

8 Lender address; City; State; Zip Code 1001 LORRAIN ST. AUS., TX 78703

9 Loan Amount ($) 500.00

10 Interest rate N/A

11 Maturity date N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☑ none

15 GUARANTOR INFORMATION ☑ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan 3/16/06

Is lender a financial Institution? Y (N)

Name of lender SARAH ECKHARDT ☐ out-of-state PAC (ID#:)

Lender address; City; State; Zip Code 1001 LORRAIN ST. AUS., TX 78703

Loan Amount ($) 500.00

Interest rate N/A

Maturity date N/A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☑ none

GUARANTOR INFORMATION ☑ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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If lender 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: 4 of 4

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 3/31/06

6 Is lender a financial Institution? Y (N)

7 Name of lender: SARAH ECKHARDT ☐ out-of-state PAC (ID#:)

8 Lender address; City; State; Zip Code: 1001 LORRAIN ST. AUS., TX 78703

9 Loan Amount ($): 1,000.00

10 Interest rate: N/A

11 Maturity date: N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☑ none

15 GUARANTOR INFORMATION ☑ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan

Name of lender ☐ out-of-state PAC (ID#:)

Loan Amount ($)

Is lender a financial Institution? Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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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: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/17/06	American Party Rental 10426 N. Lamar Aus., TX 78753	111.57

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

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 ($)
6/17/06	Tribe 13 13008 Loftin Cliff Dr. Del Valle, TX 78617	1,000.00

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

•• 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 ($)
6/14/06	Susan Harry Strategic Fundraising 2520 Longview #313 Aus., TX 78705	2,000.00

Purpose of payment (See instructions regarding type of information required.): Consulting/Admin

•• 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 ($)
6/5/06	Grande Communications 13505 Burnet Rd. Aus., TX 78727	92.87

Purpose of payment (See instructions regarding type of information required.): Telephone/Internet Service

•• 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: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/13/06	Rock & Roll Rentals 1420 Oltorf St. Aus., TX 78704	300.00

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

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 ($)
6/12/06	Austin Chronicle P.O. Box 49066 Aus., TX 78765	280.00

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

•• 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 ($)
6/8/06	Costco 10401 Research Blvd Aus., TX 78759	56.87

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

•• 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 ($)
6/6/06	MRS Houston 12000 Richmond #200 Hous., TX 77082	600.00

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

•• 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: 35

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/6/06	USPS Business Mail Aus., TX 78788	203.12

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 ($)
6/1/06	Judy Thomas 2607 Oakcrest Ave. Aus., TX 78704	200.00

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

•• 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 ($)
6/1/06	Loretta Fart 2200 S. Pleasant Valley #527 Aus., TX 78741	1,000.00

Purpose of payment (See instructions regarding type of information required.): Consult / Admin

•• 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 ($)
6/1/06	Worlie Printing 3217 N. IH35 Aus., TX 78722	228.41

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

•• 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: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/3/06	Office Max 907 W. 5th St. Aus., TX 78703	.68

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

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 ($)
5/29/06	Office Max 907 W. 5th St. Aus., TX 78703	22.72

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

** 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 ($)
5/26/06	Cartridge World 5732 Burnet Rd. Aus., TX 78756	48.71

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

** 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 ($)
5/30/06	Office Depot 2101 S. Lamar Aus., TX 78704	22.18

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

** 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: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/17/06	Nelda Wells Spears 5501 Airport Blvd. Aus., TX 78751	74.40

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

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 ($)
5/16/06	Loretta Fard 2200 S. Pleasant Valley #527 Aus., TX 78741	500.00

Purpose of payment (See instructions regarding type of information required.): Consult / Admin.

•• 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 ($)
5/3/06	Office Max 907 W. 5th St. Aus., TX 78703	.68

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

•• 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 ($)
5/1/06	Grande Communications 13505 Burnet Rd. Aus., TX 78727	36.34

Purpose of payment (See instructions regarding type of information required.): Telephone/Internet Services

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/1/06	Loretta Fard 2200 S. Pleasant Valley #527 Aus., TX 78741	500.00

8 Purpose of payment (See instructions regarding type of information required.): Consulting / Admin.

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 ($)
5/1/06	MRS Houston 1200 Richmond #200 Houston, TX 77082	600.00

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

** 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 ($)
5/1/06	Worrell Insurance 5762 FM 1960 Humble, TX 77346	1,223.90

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

** 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 ($)
5/1/06	Grande Communications 13505 Burnet Rd Aus., TX 78727	31.23

Purpose of payment (See instructions regarding type of information required.): Tele / Internet Services

** 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: 35

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/26/06	Clarke American 10931 Laureate Dr. San Antonio, TX 78249	14.06

8 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
Checks			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/20/06	Tops 1100 E. 5th St. Aus., TX 78702	37.89

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
Office Furniture			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/14/06	Cartridge World 5732 Burnet Rd. Aus., TX 78756	17.86

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
Office Supplies			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/13/06	Warlie Printing 3217 N. IH35 Aus., TX 78722	99.63

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
Printing			

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 35

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
4/12/06	Cartridge World 5732 Burnet Rd. Aus., TX 78756	17.00

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

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 ($)
4/12/06	Office Max 907 W. 5th St. Aus., TX 78703	14.04

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

•• 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 ($)
4/7/06	Office Max 907 W. 5th St. Aus., TX 78703	11.90

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

•• 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 ($)
3/13/06	Loretta Farb 2200 S. Pleasant Valley #527 Aus., TX 78741	1,000.00

Purpose of payment (See instructions regarding type of information required.): Consulting / Admin. Services

•• 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: 35

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
3/29/06	Drew Clinton 600 W. 26th St., #B115 Aus., TX 78705	106.50

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

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 ($)
3/29/06	Dawn Bishop 1003-A Romeria Dr. Aus., TX 78757	76.50

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

-- 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 ($)
3/28/06	Benchmark Internet Group 1777 Bellflower Blvd., #100 Long Beach, CA 90815	670.11

Purpose of payment (See instructions regarding type of information required.)
E-mail Services

-- 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 ($)
3/24/06	Ernest Rodriguez 2208 Enfield Aus., TX 78703	46.75

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

-- 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: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
3/24/06	Sarah Moore Requested	53.13

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

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 ($)
3/24/06	Prosperity Bank 900 Cong. Ave Aus., TX 78701	87.00

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

-- 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 ($)
3/23/06	Prosperity Bank 900 Cong. Ave Aus., TX 78701	29.00

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

-- 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 ($)
3/23/06	Shelby Brammer 12902 Buckwheat Pass Buda, TX 78610	210.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 35

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
3/22/06	Prosperity Bank 900 Cong. Ave Aus., TX 78701	58.00

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

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 ($)
3/22/06	Ignite Consulting 4032 S. Lamar Aus., TX 78704	420.00

Purpose of payment (See instructions regarding type of information required.): Graphic Design/Consulting

•• 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 ($)
3/21/06	Jim Patterson 2001 Cornell St. #103 Aus., TX 78702	180.63

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

•• 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 ($)
3/20/06	Checkmark Typesetting 3217 N. IH 35 Aus., TX 78722	173.20

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

•• 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: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
3/20/06	David Butts 1914 Patton Aus., TX 78723	304.50

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 ($)
3/20/06	Eugene Ortiz 315 Love Dr. Buda, TX 78610	114.75

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

•• 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 ($)
3/21/06	Prosperity Bank 900 Cong. Ave. Aus., TX 78701	145.00

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

•• 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 ($)
3/20/06	Chris Cones 4308 Ave. G Aus., TX 78751	53.13

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

•• 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: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
3/20/06	Tom Cronk 2406 Westover Rd. Aus., TX 78703	42.50

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

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 ($)
3/20/06	Allison Brock 4700 Staggerbrush #224 Aus., TX 78749	17.00

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

-- 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 ($)
3/20/06	Allison Brock 4700 Staggerbrush #224 Aus., TX 78749	25.50

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

-- 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 ($)
3/17/06	Braden Schulle 2207 Wickersham Ln. #121 Aus., TX 78741	28.05

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/17/06	Grayton Roberson 2207 Wichersham #1211 Aus., Tx 78741	59.26

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

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 ($)
3/15/06	Grande Communications 13505 Burnet Rd. Aus., Tx 78727	130.20

Purpose of payment (See instructions regarding type of information required.): Telephone/Internet Service

•• 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 ($)
3/15/06	Grassroots Solution 2100 Southern Oaks Dr. Aus., Tx 78745	335.44

Purpose of payment (See instructions regarding type of information required.): Telephone Messaging Service

•• 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 ($)
3/15/06	Joel Siegel 2504 E. 11th St. Aus., Tx 78702	189.13

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

•• 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: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/14/06	David Mauro 3507 Mt. Bonnell Rd. Aus., TX 78731	229.50

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

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 ($)
3/14/06	Nanette Neal 1624 Aquarena Springs #E140 San Marcos, TX 786666	96.05

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

•• 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 ($)
3/14/06	Stacey Langley 5516 Roosevelt, #203 Aus., TX 78756	150.88

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

•• 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 ($)
3/14/06	Felix Walker Gear Requested	20.00

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

•• 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: 35

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/13/06	Kinkos 2901 Medical Arts Aus., TX 78705	.17

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

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 ($)
3/13/06	Opinion Analysis Inc. 906 Rio Grande Aus., TX 78701	261.99

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

•• 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 ($)
3/13/06	Rindy Miller Media 2401 E. 6th St. # 1003 Aus., TX 78702	10,570.01

Purpose of payment (See instructions regarding type of information required.): Graphic Design/Printing/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 ($)
3/10/06	Eddie Garey 1108 Morrow St. Aus., TX 78757	75.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/10/06	Christie Young 1905 David St. Aus., TX 78705	142.38

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

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 ($)
3/9/06	Party Pig 2900 Anderson Ln. Aus., TX 78757	5.71

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

•• 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 ($)
3/9/06	PC Mailing Service 10711 Hilltopint, #100 San Antonio, TX 78217	503.90

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

•• 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 ($)
3/9/06	Opinion Analysis Inc. 906 Rio Grande Aus., TX 78701	609.93

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/9/06	Sharon Coleman 11266 Taylor Draper Lane #2022 Aus., TX 78759	500.00

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

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 ($)
3/8/06	Ignite Consulting 4032 S. Lamar #500 Aus., TX 78704	5,485.35

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

•• 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 ($)
3/8/06	PC Mailing 10711 Hillpoint #100 San Antonio, TX 78217	103.71

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

•• 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 ($)
3/8/06	Dawn Bishop 1003A Romeria Dr. Aus., TX 78757	34.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/8/06	Brian Mullen 6737 Hot Springs Dr. Aus., TX 78749	80.75

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

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 ($)
3/8/06	Judy Thomas 2607 Oakcrest Ave. Aus., TX 78704	$2,900

Purpose of payment (See instructions regarding type of information required.): Graphic Design/Admin.

•• 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 ($)
3/8/06	Starbucks S. Lamar Aus., TX 78704	6.82

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 ($)
3/8/06	Bruce Barrick 1513 Betty Joe Dr. Aus., TX 78704	500.00

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

•• 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: 35

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/8/06	Office Max 907 W. 5th St. Aus., Tx 78703	23.26

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

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 ($)
3/8/06	Austin Chronicle P.O. Box 490666 Aus., Tx 78765	711.00

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

•• 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 ($)
3/7/06	South Congress Beverage Barn 3612 S. Congress Aus., Tx 78704	28.11

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

•• 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 ($)
3/7/06	Kinkos 2901 Medical Arts Aus., Tx 78705	.09

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

•• 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: 35

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/7/06	USPS Business Mail Aus., Tx 78788	1807.58

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 ($)
3/7/06	Chipotle 4400 N. Lamar Aus., Tx 78756	11.75

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 ($)
3/6/06	Craig Reed 3000 Norfolk Aus., Tx 78745	500.00

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

•• 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 ($)
3/6/06	Prosperity Bank 900 Cong. Ave. Aus., Tx 78701	29.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/6/06	Fry's Electronics 12767 N. MoPAC Aus., Tx 78727	115.81

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

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 ($)
3/6/06	Office Max 907 W. 5th St. Aus., Tx 78703	25.97

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

•• 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 ($)
3/6/06	Rindy Miller Media 2401 E. 6th St #1003, Aus., Tx 78702	12,000.00

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

•• 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 ($)
3/6/06	Upper Crust Bakery 4508 Burnet Rd. Aus., Tx 78756	13.82

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

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POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/6/06	HEB 5808 Burnet Rd Aus., Tx 78756	9.73

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 ($)
3/6/06	Loretta Fart 2200 S. Pleasant Valley #627 Aus., Tx 78741	2,000.00

Purpose of payment (See instructions regarding type of information required.): Consulting / Admin

•• 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 ($)
3/6/06	Eddie Gary 1108 Morrow St Aus., Tx 78757	2,300.00

Purpose of payment (See instructions regarding type of information required.): Consulting / Field Coord.

•• 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 ($)
3/6/06	Nate Walwer 207 W. 45th St. Aus., Tx 78751	3,000.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/3/06	Office Depot 8116 Tirado Aus., TX 78752	46.04

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
Printing	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/3/06	Office Depot 8116 Tirado Aus., TX 78752	43.26

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
Printing	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/3/06	USPS Chimney Corners Station Aus., TX 78731	552.00

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
Postage	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/3/06	Rindy Miller Media 2401 E. 6th St., #1003 Aus., TX 78702	8,000.00

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
TV Advertising	

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/3/06	Sandra Ramos 5201 Valley Oak St. Austin, TX 78731	2,500.00

8 Purpose of payment (See instructions regarding type of information required.): Consult/Field Coord.

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 ($)
3/2/06	USPS Business Mail Aus., TX 78788	341.45

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 ($)
3/2/06	Rindy Miller Media 2401 E-6th St #1003 Aus., TX 78702	15,000.00

Purpose of payment (See instructions regarding type of information required.): T.V Advertising

•• 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 ($)
3/2/06	Suzi's Chinese Kitchen 7858 Shoal Creek Aus., TX 78757	14.89

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/1/06	Cartridge World 5732 Burnet Aus., TX 78756	21.60

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

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 ($)
3/1/06	Benchmark Internet Group 1777 Bellflower Blvd #100 Long Beach, CA 90815	117.00

Purpose of payment (See instructions regarding type of information required.): E-mail Services

•• 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 ($)
2/28/06	Prosperity Bank 900 Cong. Ave. Aus., TX 78701	39.50

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

•• 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 ($)
2/27/06	USPS Northcross Station Aus., TX 78757	720.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/27/06	Chris Cores 4308 Ave G Aus., TX 78751	80.75

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
Phone Bank	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/27/06	Office Max 5451 B N. IH35 Aus., TX 78723	21.64

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
Office Supplies	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/27/06	Office Max 5451 B N. IH35 Aus., TX 78723	109.51

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
Office Supplies	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/27/06	CVS 5256 Burnet Rd. Aus., TX 78756	16.91

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
Office Supplies	

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/27/06	HEB 5808 Burnet Rd. Aus., TX 78756	4.99

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 ($)
2/27/06	HEB 5808 Burnet Rd. Aus., TX 78756	3.64

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 ($)
3/4/06	Kinkos 9222 Burnet Rd Aus., TX 78758	3.23

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

•• 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 ($)
3/4/06	Einstein Bros. Bagels 3010 W. Anderson Ln Aus., TX 78757	19.88

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

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/29/06	Ernest Rodriguez 2208 Enfield Aus., TX 78703	42.50

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

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 ($)
3/15/06	David Butts 1914 Patton Aus, TX 78723	12,500.00

Purpose of payment (See instructions regarding type of information required.): Consulting / Coord.

** 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 ($)
6/12/06	American Party Rental 10426 N. Lamar Aus., TX 78753	128.20

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

** 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 ($)
2/26/06	HEB 5808 Burnet Aus., TX 78758	9.44

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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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/26/06	CVS 5256 Burnet Aus., TX 78758	14.56

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
Office Supplies	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/5/06	Papa John's 5343 Burnet Aus., TX 78756	25.47

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
Food	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/2/06	Papa John's 5343 Burnet Aus., TX 78756	41.01

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
Food	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/27/06	Richard McNairy 815A Brazos, #282 Aus., TX 78721	110.50

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
Phone Bank	

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/27/06	Stacey Langley 5516 Roosevelt #203 Aus., Tx 78756	17.00

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

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 ($)
2/27/06	Dawn Bishop 1003 A Romeria Dr. Aus., TX 78757	34.00

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

•• 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 ($)
2/27/06	Chris Cones 4308 Ave. G Aus., Tx 78751	110.50

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

•• 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 ($)
2/27/06	Brandon Schulle 2207 Wickersham Ln. #1211 Aus., Tx 78741	76.50

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/27/06	Drew Clinton 600 W. 26th St. #B115 Aus., TX 78705	106.25

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

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 ($)
2/27/06	Jael Siegel 2504 E. 11th St. Aus., TX 78702	129.63

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

-- 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 ($)
2/27/06	Ernest Rodriguez 2208 Enfield Aus., TX 78703	53.13

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

-- 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 ($)
2/27/06	Nanette Neal 1624 Aquarena Springs #E140 San Marcos, TX 78666	76.50

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/27/06	David Mauro 3507 Mt. Bonnell Rd. Aus., TX 78731	127.50

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

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 ($)
2/27/06	Jim Patterson 2001 Cornell St. #103 Aus., TX 78702	136.00

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

•• 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 ($)
2/27/06	Graylon Roberson 2207 Wickersham #1211 Aus., TX 78741	87.13

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

•• 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 ($)
2/27/06	Christen Young 1905 David St. Aus., TX 78705	82.88

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 35

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/27/06	Tom Crenk 2406 Westover Aus., TX 78703	59.50

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

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 ($)
6/12/06	Pflugerville Pflag P.O. Box 447 Pflugerville, TX 78691	139.50

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

•• 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 ($)
6/12/06	Fans 4 Less 5481 S.W. 60th St., #201 Ocala, FL 34474	245.25

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

•• 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 ($)
2/27/06	Ann Pierce 21 Waller Aus., TX 78702	136.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/27/06	Eugene Ortiz 315 Love Dr. Buda, Tx 78610	59.50

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
Phone Bank	

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

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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