

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6433

**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: **11**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: **MS.** FIRST: **SARAH** MI:
 NICKNAME: LAST: **ECKHARDT** SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: **P.O. Box 301586** APT / SUITE #: **AVS** CITY: **TX** STATE: **TX** ZIP CODE: **78703**
 Change of Address

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 #: **AVS** CITY: **TX** 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 Final report (Attach C/OH - FR) Exceeded \$500 Limit
 July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED
 Month: **10** Day: **29** Year: **2006** THROUGH Month: **12** Day: **31** Year: **2006**

11 ELECTION
 ELECTION DATE: Month: **11** Day: **7** Year: **2006** ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**

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

OFFICE USE ONLY
 Date Received: **2007 JAN 18 AM 6:41**
 Date Hand-delivered: **2007 JAN 18 AM 6:41**
 Date Postmarked:
 Receipt #: Amount:
 Date Processed:
 Date Imaged:

FILED FOR RECORD
 COUNTY CLERK
 TRAVIS COUNTY TEXAS

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. ***

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,650. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 458. ¹⁹
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,615. ⁴⁹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,708. ⁴⁶
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,000. ⁰⁰

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SARAH ECKHARDT, this the 18 day of January, 2007, to certify which, witness my hand and seal of office.

 _____ Signature of officer administering oath	<u>Jennifer Comer</u> _____ Printed name of officer administering oath	<u>Executive Assistant</u> _____ Title of officer administering oath
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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: 5	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission files)	
4 Date 11/3/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TIMOTHY TIMMERMAN	7 Amount of contribution (\$) 1,000.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 4903 WHITEHORN CT AUSTX 78746		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/1/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LARAIME LASDON	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 7134 VALBURN DR. AUSTX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN H. LANGMORE	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 1408 PRESTON AVE. AUSTX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GENE & STEPHANIE ARNOLD	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 10905 Olympia Fields Loop AUSTX 78747		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brenda & Scott Mitchell	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 1002 Lorrain St. AUSTX 78703		(If travel outside of Texas, complete Schedule T)	
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: 5	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission file #)	
4 Date 11/6/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jennifer Moreno - Williams	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8401 Birmingham Dr. Aus TX 78748		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/8/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WADE H. RUSSELL	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 404 W. 13th St. Aus TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/8/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PHIL BRUNS	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5011 DUMFRIES HOUSTON TX 77096		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/8/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT KING	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4212 PARK HOLLOW CT AUS TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/8/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MELANIE & BEN BARNES	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 98 SAN JACINTO BLVD STE 250 AUS TX 78701		(If travel outside of Texas, complete Schedule T)	
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: 5	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission files)	
4 Date 11/8/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERNARD & AUDRE RAPOPORT	7 Amount of contribution (\$) 200.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 21900 WACO, TX 76702		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/8/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HON. BRUCE TODD	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 823 CONGRESS AVE AUS TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/9/06	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) P.E.O.P.L.E. (AFSCME PAC)	Amount of contribution (\$) 1,000.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1625 L STREET NW WASHINGTON, DC 20036		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/8/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VERNICE WILLIAMS	Amount of contribution (\$) 1,000.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 809 W. RIOGRANDE, STE. 102 AUS TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/8/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHUDEE FATH	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1005 BLUEBONNET LN. AUS TX 78704		(If travel outside of Texas, complete Schedule T)	
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission files)	
4 Date 11/8/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): BRUCE S. FOX	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 404 W. 13th St. AUST TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): ROBERT G. SHERRILL	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 316 OLD DIRT RD. TALLAHASSEE FL 32317		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/16/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): E. SCOTT POLIKOV	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2105 WESTERN AV. FT. WORTH, TX 76107 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/16/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): RALPH REED	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1508 S. LAMAR AVE TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/1/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): PATRICIA HAYES	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6433 TASAJILLO TR. AUST TX 78739		(If travel outside of Texas, complete Schedule T)	
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: 5	
2 FILER NAME SARAH REKHARDT		3 ACCOUNT # (Ethics Commission files)	
4 Date 12/5/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHLEEN NOXON	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1710 CHIMNEY VINE LN. KINGWOOD TX 77339		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **4**

2 FILER NAME: **SARAH ECKHARDT** 3 ACCOUNT # (Ethics Commission filers)

4 Date 12/30/06	5 Payee name M & M Movers	7 Amount (\$) 400.00
6 Payee address: City, State, Zip Code 8500 Research Blvd. Ams TX 78758		

8 Purpose of payment (See instructions regarding type of information required.) Office Move <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date 12/28/06	Payee name PREMIERE TENTS & EVENTS	Amount (\$) 348.30
Payee address: City, State, Zip Code 2501 N. LAMAR AVE TX 78705		

Purpose of payment (See instructions regarding type of information required.) PATIO HEATER RENTAL - SWEARING IN <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date 12/14/06	Payee name MATT OMOHUNDRO	Amount (\$) 220.00
Payee address: City, State, Zip Code 739 E. Oltorf Ams TX 78704		

Purpose of payment (See instructions regarding type of information required.) Design & Production Services: Holiday Card & Swearing In <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date 12/14/06	Payee name U.S. Postal Service	Amount (\$) 216.00
Payee address: City, State, Zip Code Central Park West Station Ams TX 78705		

Purpose of payment (See instructions regarding type of information required.) Holiday Postcard Postage <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

4

2 FILER NAME

SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission files)

4 Date

12/5/06

5 Payee name

Loretta Farb

7 Amount (\$)

2,000.⁰⁰

6 Payee address: City: State: Zip Code

2700 S. Pleasant Valley Rd. #527 Aus TX 78741

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

Staff

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12/1/06

Payee name

Cartridge World

Amount (\$)

53.58

Payee address: City: State: Zip Code

1621 S. Lamar Aus TX 78704

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

Printer Cartridge Refill

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/16/06

Payee name

In Fact Daily

Amount (\$)

431.92

Payee address: City: State: Zip Code

P.O. Box 867 Aus TX 78767

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

Subscription

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/1/06

Payee name

Knowledge Messenger

Amount (\$)

59.90

Payee address: City: State: Zip Code

1342 S. Humboldt Denver, Co 80210

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

E-mail Services

(If travel outside of Texas, complete Schedule T)

** 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:

4

2 FILER NAME

SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission files)

4 Date

11/7/06

5 Payee name

Matt Omohundro

7 Amount (\$)

210.⁰⁰

6 Payee address: City: State: Zip Code

739 E. Oltorf Ave TX 78704

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

General Election Mailer-Design Services
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/10/06

Payee name

Worley Printing

Amount (\$)

516.³⁵

Payee address: City: State: Zip Code

3217 North IH 35 Ave TX 78722

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

Printing Services - General Election Mailer
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/7/06

Payee name

U.S. Postal Service

Amount (\$)

72.⁰⁰

Payee address: City: State: Zip Code

Central Park West Station Ave TX 78705

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

f.o. box renewal
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/30/06

Payee name

Susan Harry Consulting

Amount (\$)

78.⁰⁰

Payee address: City: State: Zip Code

2520 Longview St., Ste. 313 Ave TX 78705

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

Reimburse Postage - Fall Fundraiser
(If travel outside of Texas, complete Schedule T)

** 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: **4**

2 FILER NAME

SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission files)

4 Date

11/1/06

5 Payee name

Loretta Farb

6 Payee address; City; State; Zip Code

2200 S. Pleasant Valley Rd. #527 Aus Tx 78741

7 Amount (\$)

1,000.00

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

Staff

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

11/21/06

Payee name

Sandra Ramos

Payee address; City; State; Zip Code

5201 Valley Oak Dr. Aus Tx 78731

Amount (\$)

1,000.00

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

Staff

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

11/1/06

Payee name

United States Postal Service

Payee address; City; State; Zip Code

Central Park West Station Aus Tx 78705

Amount (\$)

551.25

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

Postage - General Election Mailer

(If travel outside of Texas, complete Schedule T)

.. 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.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED