

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6570

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)  
00000006

2 PAGE #  
1 of 47

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Sarah  
NICKNAME LAST SUFFIX  
Eckhardt

OFFICE USE ONLY

Date Received  
2007 JUL 16 5:07  
FILED FOR RECORD  
DANA DEBALDOR  
COUNTY CLERK  
TRAVIS COUNTY TEXAS  
Date Hand-delivered or Date Postmarked  
Receipt # Amount

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
PO Box 301586  
Austin, TX 78703

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Carol S.  
NICKNAME LAST SUFFIX  
Hatfield

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE  
3404 Northwood Circle  
Austin, TX 78703

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 459-5841

8 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)

9 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
01/01/2007 06/30/2007

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
 Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
County Commissioner, Pct. 2

12 OFFICE SOUGHT (if known)

13 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

Eckhardt, Sarah

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

80.00

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 16,365.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 342.21

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 14,894.99

4. TOTAL POLITICAL EXPENDITURES

\$ 13,502.37

CONTRIBUTION BALANCE

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

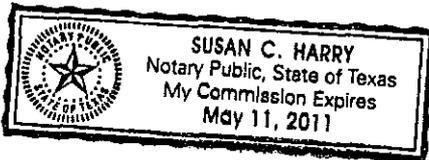
\$ 4,000.00

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



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 16<sup>th</sup> day of JULY, 2007, to certify which, witness my hand and seal of office.

Susan C. Harry  
Signature of officer administering oath

Susan C. Harry  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/24 Report: 3/47	
2 FILER NAME Eckhardt, Sarah				3 ACCOUNT # (Ethics Commission filers) 00000006	
4 Date  05/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Armbrust & Brown, L.L.P.			7 Amount of contribution (\$)  \$500.00	
6 Contributor address; City; State; Zip Code 100 Congress Ave., Ste. 1300 Austin, TX 78701					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  05/25/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barnes, Ben			7 Amount of contribution (\$)  \$1,000.00	
6 Contributor address; City; State; Zip Code 98 San Jacinto Blvd., Ste. 250 Austin, TX 78701					
8 Principal occupation / Job title (See Instructions) consultant			9 Employer (See Instructions) self		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 2/24 Report: 4/47

**2 FILER NAME** Eckhardt, Sarah

**3 ACCOUNT #** (Ethics Commission filers)  
00000006

**4 Date**  
  
05/23/2007

**5 Full name of contributor**  out-of-state PAC(ID# \_\_\_\_\_)  
Betts, Charles

**7 Amount of contribution (\$)**  
  
\$100.00

**6 Contributor address; City; State; Zip Code**  
14741 Arrowhead Dr.  
Volente, TX 78641

**8 Principal occupation / Job title (See Instructions)**

**9 Employer (See Instructions)**

**10 In-kind contribution**  
 Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11 In-kind description (if applicable)**

**12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**

**13 Departure city / location**

**14 Departure date**

**15 Destination city / location**

**16 Arrival date**

**17 Means of transportation**

**18 Purpose of travel**

**4 Date**  
  
05/23/2007

**5 Full name of contributor**  out-of-state PAC(ID# \_\_\_\_\_)  
Bible, Philip

**7 Amount of contribution (\$)**  
  
\$100.00

**6 Contributor address; City; State; Zip Code**  
3200 Stevenson  
Austin, TX 78703

**8 Principal occupation / Job title (See Instructions)**

**9 Employer (See Instructions)**

**10 In-kind contribution**  
 Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11 In-kind description (if applicable)**

**12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**

**13 Departure city / location**

**14 Departure date**

**15 Destination city / location**

**16 Arrival date**

**17 Means of transportation**

**18 Purpose of travel**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 3/24 Report: 5/47

**2 FILER NAME** Eckhardt, Sarah

**3 ACCOUNT #** (Ethics Commission filers)  
00000006

<b>4 Date</b>	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) BMcPAC	<b>7 Amount of contribution (\$)</b>
05/22/2007	<b>6 Contributor address; City; State; Zip Code</b> 111 Congress Ave. Austin, TX 78701	\$1,000.00

<b>8 Principal occupation / Job title (See Instructions)</b>	<b>9 Employer (See Instructions)</b>
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<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11 In-kind description (if applicable)</b>
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**12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**

<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
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<b>17 Means of transportation</b>	<b>18 Purpose of travel</b>
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<b>4 Date</b>	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Daugherty, Gerald	<b>7 Amount of contribution (\$)</b>
05/21/2007	<b>6 Contributor address; City; State; Zip Code</b> 1403 Club Ridge Cove Austin, TX 78735	\$100.00

<b>8 Principal occupation / Job title (See Instructions)</b>	<b>9 Employer (See Instructions)</b>
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<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11 In-kind description (if applicable)</b>
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**12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**

<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
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<b>17 Means of transportation</b>	<b>18 Purpose of travel</b>
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 4/24 Report: 6/47

**2 FILER NAME** Eckhardt, Sarah

**3 ACCOUNT #** (Ethics Commission filers)  
00000006

<b>4 Date</b>  05/23/2007	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Dwyer, Peter  <b>6 Contributor address; City; State; Zip Code</b> 9900 US Highway 290 E. Manor, TX 78653	<b>7 Amount of contribution (\$)</b>  \$500.00
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<b>8 Principal occupation / Job title (See Instructions)</b> real estate	<b>9 Employer (See Instructions)</b> Dwyer Realty
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<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11 In-kind description (if applicable)</b>
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**12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**

<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
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<b>17 Means of transportation</b>	<b>18 Purpose of travel</b>
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<b>4 Date</b>  05/17/2007	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Ellis, Christopher  <b>6 Contributor address; City; State; Zip Code</b> 3005 Sparkling Brook Lane Austin, TX 78746	<b>7 Amount of contribution (\$)</b>  \$250.00
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<b>8 Principal occupation / Job title (See Instructions)</b>	<b>9 Employer (See Instructions)</b>
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<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11 In-kind description (if applicable)</b>
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**12 Name of person(s) travelling on whose behalf the travel was accepted (attach additional pages if necessary)**

<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
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<b>17 Means of transportation</b>	<b>18 Purpose of travel</b>
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/24 Report: 7/47	
2 FILER NAME Eckhardt, Sarah				3 ACCOUNT # (Ethics Commission filers) 00000006	
4 Date  05/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Erwin, Alan			7 Amount of contribution (\$)  \$250.00	
6 Contributor address; City; State; Zip Code 3 Jeffrey Cove Austin, TX 78746					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  05/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Erwin, Gay			7 Amount of contribution (\$)  \$250.00	
6 Contributor address; City; State; Zip Code 3 Jeffrey Cove Austin, TX 78746					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 6/24 Report: 8/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)  
00000006

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Evans, Bruce	7 Amount of contribution (\$)
05/23/2007	6 Contributor address; City; State; Zip Code 11406 Toledo Dr. Austin, TX 78759	\$100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable)
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12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Graves, Dougherty, Hearon & Moody, P.C.	7 Amount of contribution (\$)
05/14/2007	6 Contributor address; City; State; Zip Code PO Box 98 Austin, TX 78767	\$500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable)
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12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1 PAGE #**  
Schedule: 7/24 Report: 9/47

**2 FILER NAME** Eckhardt, Sarah

**3 ACCOUNT #** (Ethics Commission filers)  
00000006

<b>4 Date</b>  05/14/2007	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Gregory, Bob  <b>6 Contributor address; City; State; Zip Code</b> 2939 Westlake Cove Austin, TX 78746	<b>7 Amount of contribution (\$)</b>  \$1,000.00
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<b>8 Principal occupation / Job title (See Instructions)</b> CEO	<b>9 Employer (See Instructions)</b> Texas Disposal Systems
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<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11 In-kind description (if applicable)</b>
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**12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**

<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
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<b>17 Means of transportation</b>	<b>18 Purpose of travel</b>
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<b>4 Date</b>  05/17/2007	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Half Associates PAC  <b>6 Contributor address; City; State; Zip Code</b> 8616 Northwest Plaza Dr. Dallas, TX 75225	<b>7 Amount of contribution (\$)</b>  \$500.00
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<b>8 Principal occupation / Job title (See Instructions)</b>	<b>9 Employer (See Instructions)</b>
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<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11 In-kind description (if applicable)</b>
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**12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**

<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
-------------------------------------	--------------------------	---------------------------------------	------------------------

<b>17 Means of transportation</b>	<b>18 Purpose of travel</b>
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 8/24 Report: 10/47

**2** FILER NAME Eckhardt, Sarah

**3** ACCOUNT # (Ethics Commission filers)  
00000006

**4** Date

05/13/2007

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Heidrick, Clarke

**6** Contributor address; City; State; Zip Code  
3702 Eastledge Dr.  
Austin, TX 78731

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

\$100.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

**13** Departure city / location

**14** Departure date

**15** Destination city / location

**16** Arrival date

**17** Means of transportation

**18** Purpose of travel

**4** Date

05/22/2007

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Home Builders Assn of Greater Austin HOMEPAAC

**6** Contributor address; City; State; Zip Code  
7952 Anderson Square  
Austin, TX 78757

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

\$250.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

**13** Departure city / location

**14** Departure date

**15** Destination city / location

**16** Arrival date

**17** Means of transportation

**18** Purpose of travel

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 9/24 Report: 11/47	
2 FILER NAME Eckhardt, Sarah			3 ACCOUNT # (Ethics Commission filers) 00000006		
4 Date  05/18/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Knight, James		7 Amount of contribution (\$)  \$500.00		
6 Contributor address; City; State; Zip Code 221 West 6th St., Ste. 600 Austin, TX 78701					
8 Principal occupation / Job title (See Instructions) Principal			9 Employer (See Instructions) Endeavor		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Langmore, John		7 Amount of contribution (\$)  \$500.00		
6 Contributor address; City; State; Zip Code 1508 S. Lamar Blvd. Austin, TX 78704					
8 Principal occupation / Job title (See Instructions) consultant			9 Employer (See Instructions) self		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/24 Report: 12/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/17/2007

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
LAN-PAC

6 Contributor address; City; State; Zip Code  
2925 Briarpark Dr.  
Houston, TX 77042

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/17/2007

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Lebermann, Lowell

6 Contributor address; City; State; Zip Code  
3834 Promontory Point Dr.  
Austin, TX 78744

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)  
Chairman

9 Employer (See Instructions)  
Centex Beverage

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 11/24 Report: 13/47	
2 FILER NAME Eckhardt, Sarah				3 ACCOUNT # (Ethics Commission filers) 00000006	
4 Date  05/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Linehan, Paul			7 Amount of contribution (\$)  \$250.00	
	6 Contributor address; City; State; Zip Code 3205 Lost Creek Blvd. Austin, TX 78735				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  05/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lloyd Gosselink Blevins Rochelle & Townsend, P.C.			7 Amount of contribution (\$)  \$500.00	
	6 Contributor address; City; State; Zip Code PO Box 1725 Austin, TX 78767				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 12/24 Report: 14/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)  
00000006

4 Date  05/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lorenz, Perry	7 Amount of contribution (\$)  \$1,000.00
6 Contributor address; City; State; Zip Code 1311-A East 6th St. Austin, TX 78702		

8 Principal occupation / Job title (See Instructions) real-estate	9 Employer (See Instructions) self
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable)

12 Name of person(s) travelling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

4 Date  05/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Maier, Richard	7 Amount of contribution (\$)  \$100.00
6 Contributor address; City; State; Zip Code 1704 Newning Ave. Austin, TX 78704		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 13/24 Report: 15/47

**2** FILER NAME Eckhardt, Sarah

**3** ACCOUNT # (Ethics Commission filers)  
00000006

**4** Date

05/17/2007

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Martin, Don

**6** Contributor address; City; State; Zip Code  
1221 S. Mopac, Ste. 115  
Austin, TX 78746

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

\$100.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

**13** Departure city / location

**14** Departure date

**15** Destination city / location

**16** Arrival date

**17** Means of transportation

**18** Purpose of travel

**4** Date

05/15/2007

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
McGinnis, Lochridge & Kilgore, LLP

**6** Contributor address; City; State; Zip Code  
600 Congress Ave., Ste. 2100  
Austin, TX 78701

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

\$500.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

**13** Departure city / location

**14** Departure date

**15** Destination city / location

**16** Arrival date

**17** Means of transportation

**18** Purpose of travel

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 14/24 Report: 16/47	
2 FILER NAME Eckhardt, Sarah				3 ACCOUNT # (Ethics Commission filers) 00000006	
4 Date  01/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Meade, Nikelle			7 Amount of contribution (\$)  \$250.00	
	6 Contributor address; City; State; Zip Code 111 Congress Avenue, Suite 1400 Austin, TX 78701				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  05/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Michel, Lorri			7 Amount of contribution (\$)  \$250.00	
	6 Contributor address; City; State; Zip Code 917 West Lynn St. Austin, TX 78703				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 15/24 Report: 17/47

**2 FILER NAME** Eckhardt, Sarah

**3 ACCOUNT #** (Ethics Commission filers)  
00000006

<b>4 Date</b>  05/17/2007	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Miller, Bryce  <b>6 Contributor address; City; State; Zip Code</b> 221 W. 6th St., Ste. 1300 Austin, TX 78701	<b>7 Amount of contribution (\$)</b>  \$250.00
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<b>8 Principal occupation / Job title (See Instructions)</b>	<b>9 Employer (See Instructions)</b>
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<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11 In-kind description (if applicable)</b>
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**12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**

<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
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<b>17 Means of transportation</b>	<b>18 Purpose of travel</b>
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<b>4 Date</b>  05/23/2007	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Nabers, Lynn  <b>6 Contributor address; City; State; Zip Code</b> 6034 W. Courtyard Dr., Ste. 100-B Austin, TX 78730	<b>7 Amount of contribution (\$)</b>  \$250.00
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<b>8 Principal occupation / Job title (See Instructions)</b>	<b>9 Employer (See Instructions)</b>
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<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11 In-kind description (if applicable)</b>
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**12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**

<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
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<b>17 Means of transportation</b>	<b>18 Purpose of travel</b>
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 16/24 Report: 18/47

**2** FILER NAME Eckhardt, Sarah

**3** ACCOUNT # (Ethics Commission filers)  
00000006

<b>4</b> Date  05/24/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Newberg, Jeffrey	<b>7</b> Amount of contribution (\$)  \$250.00
<b>6</b> Contributor address; City; State; Zip Code 3830 Hunterwood Point Austin, TX 78746		

<b>8</b> Principal occupation / Job title (See instructions)	<b>9</b> Employer (See instructions)
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<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11</b> In-kind description (if applicable)
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**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

<b>13</b> Departure city / location	<b>14</b> Departure date	<b>15</b> Destination city / location	<b>16</b> Arrival date
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<b>17</b> Means of transportation	<b>18</b> Purpose of travel
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<b>4</b> Date  05/17/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nias, James	<b>7</b> Amount of contribution (\$)  \$500.00
<b>6</b> Contributor address; City; State; Zip Code 116 Reagan Terrace Austin, TX 78704		

<b>8</b> Principal occupation / Job title (See instructions) attorney	<b>9</b> Employer (See instructions) Jackson Walker L.L.P.
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<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11</b> In-kind description (if applicable)
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**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

<b>13</b> Departure city / location	<b>14</b> Departure date	<b>15</b> Destination city / location	<b>16</b> Arrival date
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<b>17</b> Means of transportation	<b>18</b> Purpose of travel
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 17/24 Report: 19/47

**2 FILER NAME** Eckhardt, Sarah

**3 ACCOUNT #** (Ethics Commission filers)  
00000006

<b>4 Date</b>  05/23/2007	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Nyfeler, John	<b>7 Amount of contribution (\$)</b>  \$100.00
<b>6 Contributor address; City; State; Zip Code</b> 3215 Hampton Rd. Austin, TX 78705		

<b>8 Principal occupation / Job title (See Instructions)</b>	<b>9 Employer (See Instructions)</b>
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<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11 In-kind description (if applicable)</b>
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**12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**

<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
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<b>17 Means of transportation</b>	<b>18 Purpose of travel</b>
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<b>4 Date</b>  05/18/2007	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Pastor, Andy	<b>7 Amount of contribution (\$)</b>  \$250.00
<b>6 Contributor address; City; State; Zip Code</b> 2908 Sparkling Brook Lane Austin, TX 78746		

<b>8 Principal occupation / Job title (See Instructions)</b>	<b>9 Employer (See Instructions)</b>
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<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11 In-kind description (if applicable)</b>
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**12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**

<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
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<b>17 Means of transportation</b>	<b>18 Purpose of travel</b>
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 18/24 Report: 20/47

**2** FILER NAME Eckhardt, Sarah

**3** ACCOUNT # (Ethics Commission filers)

00000006

**4** Date

05/17/2007

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Pederson, Craig

**6** Contributor address; City; State; Zip Code  
4703 Trail Crest Circle  
Austin, TX 78735

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

\$250.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if In-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

**13** Departure city / location

**14** Departure date

**15** Destination city / location

**16** Arrival date

**17** Means of transportation

**18** Purpose of travel

**4** Date

05/17/2007

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Pence, Bert

**6** Contributor address; City; State; Zip Code  
708 Rio Grande  
Austin, TX 78701

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

\$100.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if In-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

**13** Departure city / location

**14** Departure date

**15** Destination city / location

**16** Arrival date

**17** Means of transportation

**18** Purpose of travel

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.			<b>1</b> PAGE # Schedule: 19/24 Report: 21/47		
<b>2</b> FILER NAME Eckhardt, Sarah			<b>3</b> ACCOUNT # (Ethics Commission filers) 00000006		
<b>4</b> Date  05/23/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pinnelli, Joe		<b>7</b> Amount of contribution (\$)  \$300.00		
<b>6</b> Contributor address; City; State; Zip Code PO Box 50038 Austin, TX 78763					
<b>8</b> Principal occupation / Job title (See Instructions)			<b>9</b> Employer (See Instructions)		
<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			<b>11</b> In-kind description (if applicable)		
<b>12</b> Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
<b>13</b> Departure city / location		<b>14</b> Departure date	<b>15</b> Destination city / location		<b>16</b> Arrival date
<b>17</b> Means of transportation			<b>18</b> Purpose of travel		
<b>4</b> Date  05/20/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pittman, Leslie		<b>7</b> Amount of contribution (\$)  \$250.00		
<b>6</b> Contributor address; City; State; Zip Code 1405 Wildcat Hollow Austin, TX 78746					
<b>8</b> Principal occupation / Job title (See Instructions)			<b>9</b> Employer (See Instructions)		
<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			<b>11</b> In-kind description (if applicable)		
<b>12</b> Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
<b>13</b> Departure city / location		<b>14</b> Departure date	<b>15</b> Destination city / location		<b>16</b> Arrival date
<b>17</b> Means of transportation			<b>18</b> Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 20/24 Report: 22/47

**2** FILER NAME Eckhardt, Sarah

**3** ACCOUNT # (Ethics Commission filers)  
00000006

<b>4</b> Date 05/25/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ramirez, Andrew	<b>7</b> Amount of contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code 10301 River Plantation Austin, TX 78747		

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

**13** Departure city / location

**14** Departure date

**15** Destination city / location

**16** Arrival date

**17** Means of transportation

**18** Purpose of travel

<b>4</b> Date 05/23/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Read, Julian	<b>7</b> Amount of contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code 327 Congress Ave., Ste. 500 Austin, TX 78701		

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

**13** Departure city / location

**14** Departure date

**15** Destination city / location

**16** Arrival date

**17** Means of transportation

**18** Purpose of travel

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 21/24 Report: 23/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/18/2007

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Roche, David

6 Contributor address; City; State; Zip Code  
1600 Mount Larson  
Austin, TX 78746

7 Amount of  
contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/17/2007

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Rudy, Kirk

6 Contributor address; City; State; Zip Code  
2111 Highgrove Terrace  
Austin, TX 78703

7 Amount of  
contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 22/24 Report: 24/47

**2 FILER NAME** Eckhardt, Sarah

**3 ACCOUNT #** (Ethics Commission filers)  
00000006

<b>4 Date</b>  05/20/2007	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Smith, Robertson, Elliott, Glen, Klein & Bell, LLP	<b>7 Amount of contribution (\$)</b>  \$250.00
<b>6 Contributor address; City; State; Zip Code</b> 221 W. 6th St., Ste. 1100 Austin, TX 78701		

<b>8 Principal occupation / Job title (See Instructions)</b>	<b>9 Employer (See Instructions)</b>
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<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11 In-kind description (if applicable)</b>
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**12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**

<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
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<b>17 Means of transportation</b>	<b>18 Purpose of travel</b>
-----------------------------------	-----------------------------

<b>4 Date</b>  05/23/2007	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Soeur, Channy	<b>7 Amount of contribution (\$)</b>  \$500.00
<b>6 Contributor address; City; State; Zip Code</b> 2004 E. Gann Hill Dr. Cedar Park, TX 78613		

<b>8 Principal occupation / Job title (See Instructions)</b> Principal	<b>9 Employer (See Instructions)</b> CAS Consulting & Services, Inc.
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<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11 In-kind description (if applicable)</b>
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**12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**

<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
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<b>17 Means of transportation</b>	<b>18 Purpose of travel</b>
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 23/24 Report: 25/47

**2** FILER NAME Eckhardt, Sarah

**3** ACCOUNT # (Ethics Commission filers)

00000006

**4** Date

05/23/2007

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
TCB PAC

**6** Contributor address; City; State; Zip Code  
5757 Woodway, Ste. 101W  
Houston, TX 77057

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

\$500.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

**13** Departure city / location

**14** Departure date

**15** Destination city / location

**16** Arrival date

**17** Means of transportation

**18** Purpose of travel

**4** Date

05/22/2007

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Todd, Bruce

**6** Contributor address; City; State; Zip Code  
823 Congress Ave., Ste. 1505  
Austin, TX 78701

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

\$100.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

**13** Departure city / location

**14** Departure date

**15** Destination city / location

**16** Arrival date

**17** Means of transportation

**18** Purpose of travel

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 24/24 Report: 26/47

**2** FILER NAME Eckhardt, Sarah

**3** ACCOUNT # (Ethics Commission filers)  
00000006

<b>4</b> Date  05/23/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tucker, Larry	<b>7</b> Amount of contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 2210 White Dove Pass Austin, TX 78734		

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

**13** Departure city / location

**14** Departure date

**15** Destination city / location

**16** Arrival date

**17** Means of transportation

**18** Purpose of travel

<b>4</b> Date  05/11/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Workman, Paul	<b>7</b> Amount of contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 4415 R.O. Drive Spicewood, TX 78669		

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

**13** Departure city / location

**14** Departure date

**15** Destination city / location

**16** Arrival date

**17** Means of transportation

**18** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 1/21 Report: 27/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)  
00000006

<b>4</b> Date  05/23/2007	<b>5</b> Payee name Austin Business Journal ..... <b>6</b> Payee address; City; State; Zip Code 111 Congress Ave., Ste. 750 Austin, TX 78701	<b>7</b> Amount (\$)  \$178.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
subscription Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

<b>4</b> Date  04/13/2007	<b>5</b> Payee name Austin Independent School District ..... <b>6</b> Payee address; City; State; Zip Code 1111 W. 6th Street Austin, TX 78703	<b>7</b> Amount (\$)  \$109.58
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
monitor Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 2/21 Report: 28/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)  
00000006**4** Date

03/15/2007

**5** Payee name

Bickerstaff, Heath, Pollan &amp; Caroom, L.L.P.

**7** Amount  
(\$)

\$150.00

**6** Payee address; City; State; Zip Code816 Congress Ave., Ste. 1700  
Austin, TX 78701**8** Purpose of payment  
(See instructions regarding type of information required.)  
event registration Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

01/01/2007

**5** Payee name

Bistrolli's

**7** Amount  
(\$)

\$275.00

**6** Payee address; City; State; Zip Code11th & San Antonio  
Austin, TX 78701**8** Purpose of payment  
(See instructions regarding type of information required.)  
catering Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 3/21 Report: 29/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)  
00000006

<b>4</b> Date  03/26/2007	<b>5</b> Payee name Butts, David  ..... <b>6</b> Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723	<b>7</b> Amount (\$)  \$2,000.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) consulting  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  06/01/2007	<b>5</b> Payee name Butts, David  ..... <b>6</b> Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723	<b>7</b> Amount (\$)  \$4,500.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) consulting  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 4/21 Report: 30/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)  
00000006**4** Date

02/02/2007

**5** Payee name  
Charles Cox CPA**6** Payee address; City; State; Zip Code  
614 Capital of Texas Highway South  
Austin, TX 78746**7** Amount  
(\$)

\$185.00

**8** Purpose of payment  
(See instructions regarding type of information required.)  
accounting services Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

05/29/2007

**5** Payee name  
Eurway**6** Payee address; City; State; Zip Code  
2236 W. Braker Lane  
Austin, TX 78758**7** Amount  
(\$)

\$1,477.61

**8** Purpose of payment  
(See instructions regarding type of information required.)  
office furniture Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

# POLITICAL EXPENDITURES

## SCHEDULE F

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**1 PAGE #**  
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**2 FILER NAME** Eckhardt, Sarah

**3 ACCOUNT #** (Ethics Commission filers)  
00000006

<b>4 Date</b>  01/09/2007	<b>5 Payee name</b> Farb, Loretta  ..... <b>6 Payee address; City; State; Zip Code</b> 2200 S. Pleasant Valley Rd. #527 Austin, TX 78741	<b>7 Amount (\$)</b>  \$1,000.00
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<b>8 Purpose of payment</b> (See instructions regarding type of information required.) staff  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
--	---

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	

<b>4 Date</b>  01/10/2007	<b>5 Payee name</b> Grande  ..... <b>6 Payee address; City; State; Zip Code</b> 13505 Burnet Rd Austin, TX 78727	<b>7 Amount (\$)</b>  \$37.61
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<b>8 Purpose of payment</b> (See instructions regarding type of information required.) telephone  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
--	---

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	

# POLITICAL EXPENDITURES

# SCHEDULE F

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**2** FILER NAME Eckhardt, Sarah

**3** ACCOUNT # (Ethics Commission filers)  
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<b>4</b> Date	<b>5</b> Payee name Grande	<b>7</b> Amount (\$)
02/12/2007	<b>6</b> Payee address; City; State; Zip Code 13505 Burnet Rd Austin, TX 78727	\$31.80

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

Payment for travel outside Texas (complete boxes 10-16)

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:  
Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date	<b>5</b> Payee name Grande	<b>7</b> Amount (\$)
03/13/2007	<b>6</b> Payee address; City; State; Zip Code 13505 Burnet Rd Austin, TX 78727	\$31.08

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

Payment for travel outside Texas (complete boxes 10-16)

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:  
Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

# POLITICAL EXPENDITURES

## SCHEDULE F

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Schedule: 7/21 Report: 33/47

**2** FILER NAME Eckhardt, Sarah

**3** ACCOUNT # (Ethics Commission filers)  
00000006

<b>4</b> Date	<b>5</b> Payee name Grande	<b>7</b> Amount (\$)
04/10/2007	<b>6</b> Payee address; City; State; Zip Code 13505 Burnet Rd Austin, TX 78727	\$31.08

<b>8</b> Purpose of payment (See instructions regarding type of information required.) telephone  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
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<b>15</b> Means of transportation	<b>16</b> Purpose of travel
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<b>4</b> Date	<b>5</b> Payee name Grande	<b>7</b> Amount (\$)
05/11/2007	<b>6</b> Payee address; City; State; Zip Code 13505 Burnet Rd Austin, TX 78727	\$31.08

<b>8</b> Purpose of payment (See instructions regarding type of information required.) telephone  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
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<b>15</b> Means of transportation	<b>16</b> Purpose of travel
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# POLITICAL EXPENDITURES

# SCHEDULE F

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1 PAGE #  
Schedule: 8/21 Report: 34/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)  
00000006

4 Date	5 Payee name Grande	7 Amount (\$)
06/11/2007	6 Payee address; City; State; Zip Code 13505 Burnet Rd Austin, TX 78727	\$31.08

8 Purpose of payment (See instructions regarding type of information required.) telephone	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date	5 Payee name Harry, Susan	7 Amount (\$)
05/18/2007	6 Payee address; City; State; Zip Code 2520 Longview St. Ste. 313 Austin, TX 78705	\$1,000.00

8 Purpose of payment (See instructions regarding type of information required.) consulting	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

# POLITICAL EXPENDITURES

# SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

**1 PAGE #**  
Schedule: 9/21 Report: 35/47

**2 FILER NAME** Eckhardt, Sarah

**3 ACCOUNT #** (Ethics Commission filers)  
00000006

<b>4 Date</b>  06/07/2007	<b>5 Payee name</b> Harry, Susan  ..... <b>6 Payee address; City; State; Zip Code</b> 2520 Longview St. Ste. 313 Austin, TX 78705	<b>7 Amount (\$)</b>  \$1,000.00
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<b>8 Purpose of payment</b> (See instructions regarding type of information required.) consulting  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
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<b>15 Means of transportation</b>	<b>16 Purpose of travel</b>
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<b>4 Date</b>  02/02/2007	<b>5 Payee name</b> HEB  ..... <b>6 Payee address; City; State; Zip Code</b> 200 S. Congress Austin, TX 78704	<b>7 Amount (\$)</b>  \$46.78
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<b>8 Purpose of payment</b> (See instructions regarding type of information required.)  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
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<b>15 Means of transportation</b>	<b>16 Purpose of travel</b>
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**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
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00000006

<b>4</b> Date  04/12/2007	<b>5</b> Payee name HEB  ..... <b>6</b> Payee address; City; State; Zip Code 200 S. Congress Austin, TX 78704	<b>7</b> Amount (\$)  \$15.53
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
office supplies**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)Office sought:  
Office held:**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

<b>4</b> Date  01/11/2007	<b>5</b> Payee name PC Mailing Services  ..... <b>6</b> Payee address; City; State; Zip Code 10711 Hillpoint, Ste. 100 San Antonio, TX 78217	<b>7</b> Amount (\$)  \$225.50
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
mailing services**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)Office sought:  
Office held:**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**

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1 PAGE #  
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2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)  
00000006

4 Date  03/05/2007	5 Payee name PODER ..... 6 Payee address; City; State; Zip Code PO Box 6237 Austin, TX 78762	7 Amount (\$)  \$100.00
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8 Purpose of payment  
(See instructions regarding type of information required.)  
advertising9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date  01/01/2007	5 Payee name Ramos, Sandra ..... 6 Payee address; City; State; Zip Code 5201 Valley Oak Dr. Austin, TX 78731	7 Amount (\$)  \$1,000.00
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8 Purpose of payment  
(See instructions regarding type of information required.)  
staff9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

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**1** PAGE #  
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00000006

<b>4</b> Date  01/23/2007	<b>5</b> Payee name Target  ..... <b>6</b> Payee address; City; State; Zip Code 5300 S Mo Pac Expy Austin, TX 78749	<b>7</b> Amount (\$)  \$108.24
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
office supplies Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

<b>4</b> Date  01/29/2007	<b>5</b> Payee name Target  ..... <b>6</b> Payee address; City; State; Zip Code 5300 S Mo Pac Expy Austin, TX 78749	<b>7</b> Amount (\$)  \$128.09
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
office supplies Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

# POLITICAL EXPENDITURES

# SCHEDULE F

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**1 PAGE #**  
Schedule: 13/21 Report: 39/47

**2 FILER NAME** Eckhardt, Sarah

**3 ACCOUNT #** (Ethics Commission filers)  
00000006

<b>4 Date</b>	<b>5 Payee name</b> Target	<b>7 Amount (\$)</b>
05/18/2007	..... <b>6 Payee address; City; State; Zip Code</b> 5300 S Mo Pac Expy Austin, TX 78749	\$23.26

<b>8 Purpose of payment</b> (See instructions regarding type of information required.) office supplies  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
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<b>15 Means of transportation</b>	<b>16 Purpose of travel</b>
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<b>4 Date</b>	<b>5 Payee name</b> Target	<b>7 Amount (\$)</b>
06/19/2007	..... <b>6 Payee address; City; State; Zip Code</b> 5300 S Mo Pac Expy Austin, TX 78749	\$53.98

<b>8 Purpose of payment</b> (See instructions regarding type of information required.) office supplies  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
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<b>15 Means of transportation</b>	<b>16 Purpose of travel</b>
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**POLITICAL EXPENDITURES****SCHEDULE F**

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**1** PAGE #  
Schedule: 14/21 Report: 40/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)  
00000006

<b>4</b> Date  01/10/2007	<b>5</b> Payee name Texas Jail Re-Entry Conference ..... <b>6</b> Payee address: City; State; Zip Code 501 W. 11th St. Austin, TX 78701	<b>7</b> Amount (\$)  \$75.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
conference fees Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  05/23/2007	<b>5</b> Payee name True Courage Action Network ..... <b>6</b> Payee address: City; State; Zip Code P.O. Box 700008 San Antonio, TX 78270	<b>7</b> Amount (\$)  \$250.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
contribution Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 15/21 Report: 41/47

**2** FILER NAME Eckhardt, Sarah

**3** ACCOUNT # (Ethics Commission filers)  
00000006

<b>4</b> Date	<b>5</b> Payee name Vertical Response	<b>7</b> Amount (\$)
01/02/2007	..... <b>6</b> Payee address; City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107	\$14.30

<b>8</b> Purpose of payment (See instructions regarding type of information required.) email service  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date	<b>5</b> Payee name Vertical Response	<b>7</b> Amount (\$)
01/05/2007	..... <b>6</b> Payee address; City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107	\$13.97

<b>8</b> Purpose of payment (See instructions regarding type of information required.) email service  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 16/21 Report: 42/47

**2 FILER NAME** Eckhardt, Sarah

**3 ACCOUNT #** (Ethics Commission filers)  
00000006

<b>4 Date</b>  01/16/2007	<b>5 Payee name</b> Vertical Response  ..... <b>6 Payee address; City; State; Zip Code</b> 501 2nd St, Suite 700 San Francisco, CA 94107	<b>7 Amount (\$)</b>  \$14.94
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<b>8 Purpose of payment</b> (See instructions regarding type of information required.) email service  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
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<b>15 Means of transportation</b>	<b>16 Purpose of travel</b>
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<b>4 Date</b>  01/18/2007	<b>5 Payee name</b> Vertical Response  ..... <b>6 Payee address; City; State; Zip Code</b> 501 2nd St, Suite 700 San Francisco, CA 94107	<b>7 Amount (\$)</b>  \$13.88
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<b>8 Purpose of payment</b> (See instructions regarding type of information required.) email service  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
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<b>15 Means of transportation</b>	<b>16 Purpose of travel</b>
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/21 Report: 43/47	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000006	
4 Date  02/02/2007	5 Payee name Vertical Response  6 Payee address; City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107	7 Amount (\$)  \$13.77	
8 Purpose of payment (See instructions regarding type of information required.) email service  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  03/05/2007	5 Payee name Vertical Response  6 Payee address; City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107	7 Amount (\$)  \$14.04	
8 Purpose of payment (See instructions regarding type of information required.) email service  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 18/21 Report: 44/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)  
00000006

<b>4</b> Date  03/13/2007	<b>5</b> Payee name Vertical Response  <b>6</b> Payee address; City; State; Zip Code ..... 501 2nd St, Suite 700 San Francisco, CA 94107	<b>7</b> Amount (\$)  \$31.08
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
email service Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

<b>4</b> Date  03/20/2007	<b>5</b> Payee name Vertical Response  <b>6</b> Payee address; City; State; Zip Code ..... 501 2nd St, Suite 700 San Francisco, CA 94107	<b>7</b> Amount (\$)  \$13.97
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
email service Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 19/21 Report: 45/47

**2 FILER NAME** Eckhardt, Sarah

**3 ACCOUNT #** (Ethics Commission filers)  
00000006

<b>4 Date</b>  04/09/2007	<b>5 Payee name</b> Vertical Response  <b>6 Payee address; City; State; Zip Code</b> 501 2nd St, Suite 700 San Francisco, CA 94107	<b>7 Amount (\$)</b>  \$13.69
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<b>8 Purpose of payment</b> (See instructions regarding type of information required.) email service  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
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<b>15 Means of transportation</b>	<b>16 Purpose of travel</b>
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<b>4 Date</b>  04/10/2007	<b>5 Payee name</b> Vertical Response  <b>6 Payee address; City; State; Zip Code</b> 501 2nd St, Suite 700 San Francisco, CA 94107	<b>7 Amount (\$)</b>  \$31.08
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<b>8 Purpose of payment</b> (See instructions regarding type of information required.) email service  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
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<b>15 Means of transportation</b>	<b>16 Purpose of travel</b>
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# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 20/21 Report: 46/47	
<b>2</b> FILER NAME Eckhardt, Sarah		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000006	
<b>4</b> Date  04/16/2007	<b>5</b> Payee name Vertical Response  ..... <b>6</b> Payee address; City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107	<b>7</b> Amount (\$)  \$18.63	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) email service  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  05/30/2007	<b>5</b> Payee name Vertical Response  ..... <b>6</b> Payee address; City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107	<b>7</b> Amount (\$)  \$17.32	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) email service  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

# POLITICAL EXPENDITURES

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 21/21 Report: 47/47	
<b>2</b> FILER NAME Eckhardt, Sarah		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000006	
<b>4</b> Date  01/11/2007	<b>5</b> Payee name Worley Printing  ..... <b>6</b> Payee address; City; State; Zip Code 3217 N IH 35 Austin, TX 78722	<b>7</b> Amount (\$)  \$246.81	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) printing  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	