

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

7482

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI			
NICKNAME		LAST SUFFIX		Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify)	
5 ORIGINAL PERIOD COVERED		Month Day Year		Receipt # Amount	
		7 / 1 / 08 THROUGH 12 / 31 / 08		Legal Totals	
				Date Processed	
				Date imaged	

6 EXPLANATION OF CORRECTION

1. Schedule F 7/16/08 CADW-PAC Sponsorship Expense is amended to Capital Area Democratic Women-PAC \$100.00 Expenditure P.O. Box 12962 Austin, TX 78711

2. Schedule F 8/15/08 \$54.67 to Joe Hon for Staff Lunch reimbursement is corrected to reflect Flip Happy as the reimbursement for which Joe Hon was being paid.

(cont.)

7 AFFIDAVIT

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

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by _____ this the _____ day of _____

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

FORM COR-C/OH

**CORRECTION AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY				
CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST			MI		
NICKNAME		LAST		SUFFIX				
ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report				
ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		7	1	08	THROUGH	12	31	08
				Date Received				
				Date Hand-delivered or Date Postmarked				
		Receipt #		Amount				
		Legal		Totals				
				Date Processed				
				Date Imaged				

6 EXPLANATION OF CORRECTION

3. Schedule F 9/17/08 \$12.99 to Joe Hon for Coffee Jolt reimbursement is corrected to reflect Starbucks as the reimbursement for which Joe Hon was being paid and correcting "Coffee Jolt" to Coffee Meeting with Constituents.

4. Schedule F 9/18/08 \$14.50 to Sweetish Hill Bakery is amended to reflect that a "Coffee Jolt" is a Coffee Meeting with constituents.

5. Schedule F 11/19/08 \$29.60 to Sweetish Hill Bakery is amended to reflect that a "Coffee Jolt" is a coffee meeting with constituents.

7 AFFIDAVIT

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

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by _____ this the _____ day of _____

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #	2 Total pages filed:	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Ms.</i>	FIRST <i>Sarah</i>	MI
	NICKNAME	LAST <i>Eckhardt</i>	SUFFIX
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	<i>7 / 1 / 2008</i>		<i>12 / 31 / 2008</i>
6 EXPLANATION OF CORRECTION		Receipt #	Amount
<p><i>6. Schedule F 11/30/08 contribution ^{\$27.52} office supply reimbursement to Joe Han is corrected to reflect Crate & Barrel as the payee for which Joe Han was reimbursed.</i></p> <p><i>7. Schedule F 12/2/08 "AWPC" is amended to reflect Payee Name as Austin Women's Political Caucus.</i></p> <p><i>8. Schedule A 8/18/08 \$100.00 contribution from M.K. Ward is amended to reflect donor's name as Martha Ward.</i></p>		Legal	Totals
		Date Processed	
		Date Imaged	

6. Schedule F 11/30/08 ~~contribution~~ ^{\$27.52} office supply reimbursement to Joe Han is corrected to reflect Crate & Barrel as the payee for which Joe Han was reimbursed.

7. Schedule F 12/2/08 "AWPC" is amended to reflect Payee Name as Austin Women's Political Caucus.

8. Schedule A 8/18/08 \$100.00 contribution from M.K. Ward is amended to reflect donor's name as Martha Ward.

7 AFFIDAVIT

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

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by _____ this the _____ day of _____,

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

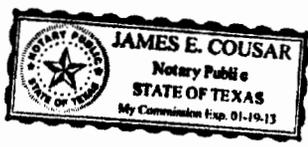
FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY Date Received		
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <i>Ms.</i>	FIRST <i>Sarah</i>			MI
		NICKNAME	LAST <i>Eckhardt</i>	SUFFIX		
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year THROUGH Month Day Year <i>7 / 1 / 2008</i> <i>12 / 31 / 2008</i>			Receipt # Amount	
					Legal Totals	
					Date Processed	
					Date Imaged	

6 EXPLANATION OF CORRECTION
 9. Schedule A \$250 contribution of \$250 from "J.O. Robinson" is amended to reflect Mr. Robinson's full name as John Oscar Robinson.

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



Check ONLY if applicable:
 I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Signature]
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by SARAH ECKHARDT this the 29 day of DECEMBER

20 10, to certify which, witness my hand and seal of office.

James E. Cousar James E. Cousar Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>SARAH ECKHARDT</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>7/16/08</i>	5 Payee name <i>CAPITAL AREA DEMOCRATIC WOMEN - PAC</i>	7 Amount (\$) <i>100.⁰⁰</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 12962 AUSTIN TX 78711</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>EVENT SPONSORSHIP</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
Date <i>8/15/08</i>	Payee name <i>FLIP HAPPY</i>	Amount (\$) <i>54.67</i>
Payee address; City; State; Zip Code <i>400 JESSIE ST. AUSTIN, TX 78704</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Staff Lunch - Reimbursed Joe Hon</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
Date <i>9/17/08</i>	Payee name <i>STARBUCKS</i>	Amount (\$) <i>12.99</i>
Payee address; City; State; Zip Code <i>1001 Congress Austin TX 78701</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Beverages for a coffee meeting with constituents. Reimbursed Joe Hon.</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
Date <i>9/18/08</i>	Payee name <i>Sweetish Hill Bakery</i>	Amount (\$) <i>14.50</i>
Payee address; City; State; Zip Code <i>1120 W. 6th St. Austin TX 78703</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Food for a coffee meeting with constituents.</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">SARAH ECKHARDT</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date <p style="font-size: 1.5em;">11/19/08</p>	5 Payee name <p style="font-size: 1.2em;">Sweetsh. Hill Bakery</p>	7 Amount (\$) <p style="font-size: 1.5em;">29.60</p>
6 Payee address; City; State; Zip Code <p style="font-size: 1.2em;">1120 W. 6th St. Austin TX 78703</p>		
8 Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 1.2em;">Food/beverage for a coffee meeting with constituents.</p> <p style="font-size: 0.8em;">(If travel outside of Texas, complete Schedule T)</p>		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <p style="font-size: 1.5em;">11/30/08</p>	Payee name <p style="font-size: 1.2em;">Crate & Barrel</p>	Amount (\$) <p style="font-size: 1.5em;">27.56</p>
Payee address; City; State; Zip Code <p style="font-size: 1.2em;">9607 Research Blvd. Austin TX 78759</p>		
Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 1.2em;">Office supply - reimbursed Joe Hon</p> <p style="font-size: 0.8em;">(If travel outside of Texas, complete Schedule T)</p>		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <p style="font-size: 1.5em;">12/2/08</p>	Payee name <p style="font-size: 1.2em;">Austin Women's Political Caucus</p>	Amount (\$) <p style="font-size: 1.5em;">100.00</p>
Payee address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. Box 12838 Austin TX 78711</p>		
Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 1.2em;">Sponsorship</p> <p style="font-size: 0.8em;">(If travel outside of Texas, complete Schedule T)</p>		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 0.8em;">(If travel outside of Texas, complete Schedule T)</p>		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/18/08

5 Full name of contributor out-of-state PAC (ID#: _____)

MARTHA WARD

6 Contributor address; City; State; Zip Code

905 E. 55 1/2 St., Austin, TX
78751

7 Amount of contribution (\$)

100.⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/20/08

Full name of contributor out-of-state PAC (ID#: _____)

John Oscar Robinson

Contributor address; City; State; Zip Code

P.O. Box 9556 Austin TX 78766

Amount of contribution (\$)

250.⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.