

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

7483

1 ACCOUNT #	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	DATE RECEIVED
	FIRST LAST SUFFIX	DATE HAND-DELIVERED OR DATE POSTMARKED
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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
	Other (specify)	RECEIPT # AMOUNT LEGAL TOTALS DATE PROCESSED DATE IMAGED
5 ORIGINAL PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 2009 6 / 30 / 2009	

6 EXPLANATION OF CORRECTION

1. Schedule A 5/11/09 \$100.00 contribution from J.R. Williams is amended to reflect name as "Joseph R. Williams."

2. Schedule F 4/17/09 \$88.00 Reimbursement to Sarah Eckhardt for Staff Lunch is corrected to reflect Kyoto Japanese Restaurant as the reimbursement for which Sarah Eckhardt was paid.

3. Schedule F 5/22/09 \$65.00 to Flora & Fauna's is corrected to reflect that a "Coffee Jolt" is a Coffee Meeting with Constituents. (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	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Ms.</i>	Date Received	
	FIRST <i>SARAH</i>		
	NICKNAME <i>ELKHARD ?</i>	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input checked="" 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)	Legal
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	Totals
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Date Processed
	<i>1 / 1 / 2009</i> THROUGH <i>6 / 30 / 2009</i>		Date Imaged

6 EXPLANATION OF CORRECTION

4. Schedule F 5/14/09 \$100.00 Event Ticket paid to S.O.S. is amended to reflect S.O.S. name as Save Our Springs Alliance and further corrected to reflect purchase of an event ticket.

5. Schedule F 5/5/09 \$60.86 to Whole Foods is corrected to reflect the purpose of the payment as a gift.

6. Schedule F 5/7/09 \$62.74 to Whole Foods is corrected to reflect the purpose of the payment as a gift.

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

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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>		
		NICKNAME	LAST <i>Eckhardt</i>	SUFFIX	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" 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 <i>1 / 1 / 2009</i>		THROUGH Month Day Year <i>6 / 30 / 2009</i>	
		Receipt #		Amount	
		Legal		Totals	
		Date Processed		Date Imaged	

6 EXPLANATION OF CORRECTION

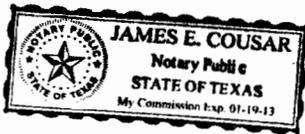
7. Schedule A 6/25/09 \$234.66 contribution from Michelle Soeur is corrected to reflect the dinner for 5 as an in-kind contribution.

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 SARAH ECKHARDT this the 29th day of DECEMBER

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

James E. Cousar
Signature of officer administering oath

James E. Cousar
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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

**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 <i>SARAH ECKHARDT</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/11/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph R. Williams</i>	7 Amount of contribution (\$) <i>100.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1105 Houston St. Austin TX 78756</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6/25/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michelle Soeur</i>	Amount of contribution (\$) <i>234.⁶⁶</i>	In-kind contribution description (if applicable) <i>Dinner for 5</i>
Contributor address; City; State; Zip Code <i>2004 E. Gann Hill Dr. Cedar Park TX 78613</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL 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>4/13/09</i>	5 Payee name <i>Kyoto Japanese Restaurant</i> 6 Payee address: City: State: Zip Code <i>315 Congress Austin TX 78701</i>	7 Amount (\$) <i>88.⁰⁰</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Staff Lunch - Reimbursed Sarah Eckhardt on 4/14/09</i> (If travel outside of Texas, complete Schedule T)		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>5/22/09</i>	Payee name <i>Flora & Fauna's</i> Payee address: City: State: Zip Code <i>904 W. 12th St. Austin TX 78703</i>	Amount (\$) <i>65.⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Food/Beverage for a coffee meeting with constituents.</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>5/14/09</i>	Payee name <i>Save Our Springs Alliance</i> Payee address: City: State: Zip Code	Amount (\$) <i>100.⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Event Ticket</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>5/5/09</i>	Payee name <i>Whole Foods</i> Payee address: City: State: Zip Code <i>525 N. Lamar Austin TX 78703</i>	Amount (\$) <i>60.⁸⁶</i>
Purpose of payment (See instructions regarding type of information required.) <i>Gift to Sen. Kirk Watson for legislative session.</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME SARAH GECKHARDT		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/7/09	5 Payee name Whole Foods 6 Payee address; City; State; Zip Code 525 N. Lamar Austin TX 78703	7 Amount (\$) 62.74
8 Purpose of payment (See instructions regarding type of information required.) Gift to Rep. Valinda Bolton for legislative session. (If travel outside of Texas, complete Schedule T)		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

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