

FORM COR-C/OH

**CORRECTION AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

7484

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY						
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST			MI	Date Received			
		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	Month	Day	Year	Receipt #	Amount	
		7	1	2009	THROUGH	12	31	2009	Legal	Totals
								Date Processed	Date Imaged	

6 EXPLANATION OF CORRECTION

1. Schedule A 8/25/09 \$500 from "AFSCME People" is amended to reflect full name of the PAC and full FEC number of the PAC.

(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 FIRST MI	Date Received
	NICKNAME LAST SUFFIX	Date Hand-delivered or Date Postmarked
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	Receipt # Amount Legal Totals Date Processed Date Imaged
	5 ORIGINAL PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2009 THROUGH 12 / 31 / 2009

6 EXPLANATION OF CORRECTION

2. Schedule A 10/5/09 \$250 contribution from "C.R. Coneway, Jr." is amended to reflect contributor's name as Rick Coneway.

3. Schedule F 7/17/09 \$31.30 reimbursement to Sarah Eckhardt for Coffee Jolt is corrected to reflect Einstein Bros Bagels as the reimbursement for which Sarah Eckhardt was paid and the purpose of the payment as food/beverage for 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #	Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Legal	Totals	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	2009	12	31	2009

6 EXPLANATION OF CORRECTION

4. Schedule A 8/19/09 \$100 contribution from "HPA, LLP" is amended to reflect full name of contributor as Hatch Partnership Architects

5. Schedule F 8/18/09 \$132.²¹ reimbursement to Sarah Eckhardt for gifts to Fundraiser Host is corrected to reflect \$122.¹⁵ expense for gifts incurred at Book People and \$10.⁰⁶ expense for office supply incurred at office Max, for a total of \$132.²¹ in reimbursements

6. 8/19/09 Schedule F \$56.⁷² purchase at Whole Foods is corrected to reflect "coffee Jolt" is a coffee meeting with constituted

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

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 Ms.	FIRST Sarah		
		NICKNAME	LAST Eckhardt	SUFFIX	
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 7 / 1 / 2009		THROUGH Month Day Year 12 / 31 / 2009	
				Date Hand-delivered or Date Postmarked	
				Receipt # Amount	
				Legal Totals	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

7 Schedule F 9/14/09 \$100 sponsorship to "CADW-PAC" is amended to reflect full name of payee as Capital Area Democratic Women.

8. Schedule F 10/12/09 \$55 reimbursement to Susan Harry is corrected to reflect vendor as Alf's Florist as the reimbursement for which Susan Harry was paid for the purpose of sending flowers to a fundraiser host.

9. Schedule F 10/12/09 \$88, ²² reimbursement to Sarah Eckhardt is corrected to reflect \$6.80 incurred to Sweetish Hill Bakery for food for Staff Retreat, (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	FIRST			MI	Date Received	
		<i>Ms.</i>	<i>Sarah</i>					
		NICKNAME	LAST	SUFFIX				
			<i>Eckhardt</i>					
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	Month	Day	Year	
		<i>7</i>	<i>1</i>	<i>2009</i>	THROUGH	<i>12</i>	<i>31</i>	<i>2009</i>
		Receipt #		Amount:				
		Legal		Totals				
		Date Processed						
		Date Imaged						

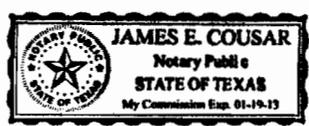
6 EXPLANATION OF CORRECTION

10. (cont.) \$38.38 incurred to Zocalo Restaurant for Staff Retreat Lunch and \$43.09 incurred to Hobby Lobby for office supplies for a total \$88.22 reimbursement.

11. Schedule F 12/21/09 \$120 Staff Holiday Lunch at "Frank" is amended to reflect Frank Restaurant.

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 29th 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 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 8/25/09	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00011114) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE 6 Contributor address; City; State; Zip Code 1625 L ST. NW Washington, DC 20036	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/5/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rick Conaway Contributor address; City; State; Zip Code 8701 Bluecreek Cove Austin TX 78735	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/19/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hatch Partnership Architects LLP Contributor address; City; State; Zip Code 702 San Antonio St. Austin TX 78701	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/15/09	5 Payee name Einstein Bros.	7 Amount (\$) 31.30
6 Payee address; City; State; Zip Code 1112 N. Lamar Austin TX 78703		
8 Purpose of payment (See instructions regarding type of information required.) Food/Beverage for a coffee meeting with constituents. Reimbursed Sarah Eckhardt (if travel outside of Texas, complete Schedule T) 7/17/09.		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5/11/09	Payee name Office Max	Amount (\$) 10.⁰⁶
Payee address; City; State; Zip Code 907 W. 5th St. Austin TX 78703		
Purpose of payment (See instructions regarding type of information required.) office supply. Reimbursed Sarah Eckhardt on 8/18/09 (if travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 6/25/09	Payee name Book People	Amount (\$) 122.¹⁵
Payee address; City; State; Zip Code 603 N. Lamar Austin TX 78703		
Purpose of payment (See instructions regarding type of information required.) Gifts to fundraiser hosts. Reimbursed Sarah Eckhardt on 8/18/09 (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	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)		

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 <i>SARAH ECKHARDT</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>8/19/09</i>	5 Payee name <i>Whole Foods</i>	7 Amount (\$) <i>56.72</i>
6 Payee address; City; State; Zip Code <i>525 N. Lamar Austin TX 78703</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Food Beverage for coffee meeting with constituents.</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>9/14/09</i>	Payee name <i>Capital Area Democratic Women - PAC</i>	Amount (\$) <i>100.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 12962 Austin TX 78711</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Event Sponsorship</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>10/5/09</i>	Payee name <i>A. Iffs Florist Austin</i>	Amount (\$) <i>55.00</i>
Payee address; City; State; Zip Code <i>600 Congress Austin TX 78701</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Flowers for fundraiser host. Reimbursed Susan Harry 10/12/09.</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>9/24/09</i>	Payee name <i>Sweetish Hill Bakery</i>	Amount (\$) <i>6.80</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>Staff Retreat Food. Reimbursed Sarah Eckhardt 10/12/09.</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Sarah Eckhardt</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/24/09</i>	5 Payee name <i>Zocalo Restaurant</i>	7 Amount (\$) <i>38.38</i>
6 Payee address; City; State; Zip Code <i>1110 West Lynn Austin TX 78703</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Staff Retreat Lunch. Reimbursed Sarah Eckhardt 10/12/09.</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>8/15/09</i>	Payee name <i>Hobby Lobby</i>	Amount (\$) <i>43.04</i>
Payee address; City; State; Zip Code <i>4040 S. Lamar Austin TX 78704</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Office Supplies. Reimbursed Sarah Eckhardt on 10/12/09.</i> <small>(If travel outside of Texas, complete Schedule T)</small>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>12/21/09</i>	Payee name <i>Frank Restaurant</i>	Amount (\$) <i>120.00</i>
Payee address; City; State; Zip Code <i>407 Colorado St. Austin TX 78701</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Staff Holiday Lunch</i> <small>(If travel outside of Texas, complete Schedule T)</small>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED