

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

7486

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST	MI	Date Received
M.S.			SARAH		
NICKNAME			LAST	SUFFIX	
			ECKHARDT		
4 ORIGINAL REPORT TYPE		<input 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		
		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Amount
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month
		7	1	2010	9
		THROUGH		23	2010
					Legal
					Totals
					Date Processed
					Date Imaged

6 EXPLANATION OF CORRECTION

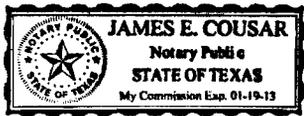
1. 7/23/10 Schedule A \$250 contribution from "LAN-PAC" is amended to reflect full name of contributor as Lockwood, Andrews & Newman, Inc. PAC.

2. 8/2/10 Schedule F \$250 contribution to "CADW-PAC" is amended to reflect full name of payee as Capital Area Democratic Women PAC.

3. 9/23/10 Schedule F \$125 to "JCAA" is amended to reflect full name of payee as Jewish Community Association of Austin.

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

2010, to certify which, witness my hand and seal of office.

[Signature] 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 7/23/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockwood, Andrews & Newnam, Inc. PAC	7 Amount of contribution (\$) 250.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2925 Briarpark Dr., Fl. 4 Houston TX 77042		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/2/10	5 Payee name Capital Area Democratic Women - PAC
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code P.O. Box 12962 Austin TX 78711
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution	(b) Description (If travel outside of Texas, complete Schedule T) Event Sponsorship
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/23/10	Payee name Jewish Community Association of Austin
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Amount (\$) 125.00	Payee address; City; State; Zip Code 7300 Hart Lane Austin TX 78731
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T) Event Ticket
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED