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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7514

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Ms.</i> <i>SARAH</i> . NICKNAME LAST SUFFIX <i>ECKHARDT</i>	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE <i>P.O. Box 301586 AUSTIN TX 78703</i>	DAN DEBBE AVONDA COUNTY CLERK TRAVIS COUNTY TEXAS FILED FOR RECORD JAN 18 PM 1:22	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 854-9222</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Ms.</i> <i>CAROL</i> . NICKNAME LAST SUFFIX <i>HATFIELD</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE <i>3404 NORTHWOOD CIR. AUSTIN TX 78703</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 459-5841</i>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>10 / 24 / 2010 12 / 31 / 2010</i>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>TRAVIS C. COMMISSIONER, Pct. 2</i>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	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		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

SARAH ECKHARDT

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

18 CONTRIBUTION TOTALS

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

\$ 100.00

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

\$ 2950.00

EXPENDITURE TOTALS

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

\$ 207.91

4. TOTAL POLITICAL EXPENDITURES

\$ 13,945.71

CONTRIBUTION BALANCE

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

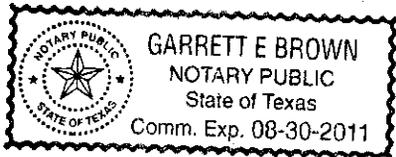
\$ 28,933.80

OUTSTANDING LOAN TOTALS

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

\$ N/A

19 AFFIDAVIT



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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SARAH ECKHARDT, this the 18th day of January, 20 11, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Garrett E Brown
Printed name of officer administering oath

Notary
Title of officer administering oath

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 3	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/31/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott Dukette	7 Amount of contribution (\$) 150.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4410 Twisted Tree Dr. Austin, TX 78735		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hon. Santiago S. Coronado	Amount of contribution (\$) 150.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5602 Palisade Ct. Austin, TX 78731-4508		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike Heiligenstein	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2724 Falcon Dr. Round Rock, TX 78681		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Nyfeler & Sally Ann Fly	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3215 Hampton Rd. Austin, TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patricia A. Mathis	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 429 30th St. West Palm Beach, FL 33407		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2 of 3

2 FILER NAME
SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission Filers)

4 Date
11/1/10

5 Full name of contributor out-of-state PAC (ID#)
Smith, Robertson, Elliott, Glen, Klein & Bell
6 Contributor address; City; State; Zip Code
221 W. 6th St., Ste. 1100 Austin, TX
78701

7 Amount of contribution (\$) 200.⁰⁰
8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
11/1/10

Full name of contributor out-of-state PAC (ID#)
Raymond Chan
Contributor address; City; State; Zip Code
1605 Churchwood Cv., Austin, TX
78746

Amount of contribution (\$) 250.⁰⁰
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/2/10

Full name of contributor out-of-state PAC (ID#)
Nikelle Meade
Contributor address; City; State; Zip Code
5363 Austral Loop Austin TX
78739

Amount of contribution (\$) 250.⁰⁰
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/12/10

Full name of contributor out-of-state PAC (ID#)
Hon. Herbert Evans
Contributor address; City; State; Zip Code
1302 West Ave. Austin TX
78701-1716

Amount of contribution (\$) 200.⁰⁰
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/12/10

Full name of contributor out-of-state PAC (ID#)
Chi-Kao Hsu
Contributor address; City; State; Zip Code
9900 Sausalito Dr. Austin TX
78759-6104

Amount of contribution (\$) 1,000.⁰⁰
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 SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:
3 of 3

2 FILER NAME: **SARAH ECKHARDT** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 11/12/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KBR, Inc. Political Action Committee	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 601 Jefferson St. KT3455 Houston TX 77002		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 11/12/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry Sauer	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1004 West Ave. Austin TX 78701-2019		(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 SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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: 1 of 11	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/25/10	5 Payee name Net Victories
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6 Amount (\$) 500.00	7 Payee address: City: State: Zip Code 500 San Marcos St. Ste. 207 Austin TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Web Site Maintenance
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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 10/25/10	Payee name The Austin Chronicle
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Amount (\$) 949.00	Payee address: City: State: Zip Code P.O. Box 49066 Austin TX 78765
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) 1/2 Page Campaign Ad
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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 10/26/10	Payee name Vertical Response
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Amount (\$) 30.01	Payee address: City: State: Zip Code 501 2nd St. Ste. 700 San Francisco CA 94107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) E-Mail Services
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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 10/26/10	Payee name Check Mark Typesetting
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Amount (\$) 175.91	Payee address: City: State: Zip Code 3217 N. IH 35 Austin, TX 78722
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) H-Frames for Yard Signs
------------------------	--	--

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

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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 of 11	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/28/10	5 Payee name Save Our Springs Alliance
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6 Amount (\$) 250. ⁰⁰	7 Payee address; City: State: Zip Code P.O. Box 684881 Austin, TX 78768
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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-Holiday Party
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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 10/28/10	Payee name Loretta Farb
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Amount (\$) 346. ³⁶	Payee address; City: State: Zip Code 1431 Briarcliff Blvd. Austin TX 78723
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) C/OH Reporting
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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 10/28/10	Payee name Kelly Graphics
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Amount (\$) 178. ²⁷	Payee address; City: State: Zip Code 1409 Quaker Ridge Austin TX 78746
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Lapel Stickers
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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 10/4/10	Payee name Parmer Lane Post Office
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Amount (\$) 100. ⁸⁰	Payee address; City: State: Zip Code 1700 W. Parmer Ln. #620 Austin, TX 78727
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Postcard Mailer reimbursed to Sukanya MISRA 10/28/10
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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

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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: 3 of 11	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/15/10	5 Payee name Office Max
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6 Amount (\$) 68.76	7 Payee address; City; State; Zip Code 907 West 5 th St. Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) office supplies reimbursed to
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Sukanya MISRA	Office held on 10/28/10
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Date 10/5/10	Payee name Office Max
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Amount (\$) 19.46	Payee address; City; State; Zip Code 907 West 5 th St. Austin TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) office supplies reimbursed to Sukanya MISRA 10/28/10
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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 10/22/10	Payee name Compu Signs
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Amount (\$) 121.78	Payee address; City; State; Zip Code 632 N. Lamar Blvd. Austin TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign signs reimbursed to Sukanya MISRA 10/28/10
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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 10/28/10	Payee name Kirk Watson Campaign
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Amount (\$) 100.00	Payee address; City; State; Zip Code P.O. Box 2004 Austin TX 78768
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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) Campaign Event
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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

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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: 4 of 11	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/1/10	5 Payee name Susan Harry
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6 Amount (\$) 2000.00	7 Payee address: City: State: Zip Code P.O. Box 301074 Austin TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Fundraising Bonus
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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 11/1/10	Payee name Austin Business Journal
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Amount (\$) 72.00	Payee address: City: State: Zip Code 111 Congress Ave. #750 Austin TX 78701-4074
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Subscription
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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 11/1/10	Payee name Blue Roots Strategies
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Amount (\$) 2162.38	Payee address: City: State: Zip Code P.O. Box 300053 Austin TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) campaign fee, Ad Design fee & Social Networking fee
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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 11/1/10	Payee name Sukanya Misra
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Amount (\$) 1000.00	Payee address: City: State: Zip Code 7110 Quail Trace San Antonio TX 78250
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) wages/salaries/contract labor	Description (If travel outside of Texas, complete Schedule T) Campaign Manager Fee
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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

(10) of (16)

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: 5 of 11	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/5/10	5 Payee name Hula Hut
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6 Amount (\$) 102.54	7 Payee address; City; State; Zip Code 3825 Lake Austin Blvd. Austin TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Staff Meeting
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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 11/8/10	Payee name Kathryn A. Pierce
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Amount (\$) 90.00	Payee address; City; State; Zip Code 21 Waller St. #1603 Austin TX 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Wages/Salaries/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Phonebanking/Voter Outreach
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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 11/11/10	Payee name Vertical Response
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Amount (\$) 30.01	Payee address; City; State; Zip Code 501 2nd St. Ste. 700 San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) E-Mail Services
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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 11/2/10	Payee name Compu Signs
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Amount (\$) 37.89	Payee address; City; State; Zip Code 632 N. Lamar Blvd. Austin TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Ad reimbursed to Sukanya MISRA on 11/12/10
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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

(11) of (16)

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: 6 of 11	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/12/10	5 Payee name Ron Swofford
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6 Amount (\$) 450.00	7 Payee address: City: State: Zip Code 2309 Pruett St., Apt. D Austin TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) 3 Pedicab Ads
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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 11/17/10	Payee name Eleanor Thompson
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Amount (\$) 100.00	Payee address: City: State: Zip Code 3313 B Pecan Springs Rd. Austin TX 78723
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Memorial Expense	Description (If travel outside of Texas, complete Schedule T) Contribution in memory of
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Kimberleigh Wynett Thompson	Office held
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Date 11/23/10	Payee name Greg Hamilton Campaign
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Amount (\$) 250.00	Payee address: City: State: Zip Code P.O. Box 5674 Austin TX 78763
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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 Sponsorship
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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 11/23/10	Payee name University Democrats
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Amount (\$) 100.00	Payee address: City: State: Zip Code Soc # 145 100-C W. Dean Keaton St. Austin, TX 78712
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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 Sponsorship
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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

(12) of (16)

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: 7 of 11	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/23/10	5 Payee name PHS (Pflugerville High School) Panther Celebration, Inc.
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6 Amount (\$) 100. ⁰⁰	7 Payee address; City: State; Zip Code 1301 West Pecan St. Pflugerville TX 78660
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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 11/23/10	Payee name United States Postal Service
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Amount (\$) 64. ⁸⁰	Payee address; City: State; Zip Code Central Park West Station Austin TX 78705
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental	Description (If travel outside of Texas, complete Schedule T) Postage and Renew P.O. Box
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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 11/27/10	Payee name Net Victories
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Amount (\$) 250. ⁰⁰	Payee address; City: State; Zip Code 500 San Marcos St. Ste. 207 Austin TX 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Web Site Maintenance
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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 12/9/10	Payee name Enoteca
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Amount (\$) 57. ⁵⁰	Payee address; City: State; Zip Code 1610 S. Congress Ave. Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Staff Meeting
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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

(13) of (16)

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: 8 of 11	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/9/10	5 Payee name Enoteca
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6 Amount (\$) 180. ⁰⁰	7 Payee address; City; State; Zip Code 1610 S. Congress Ave. Austin TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Staff Meeting
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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 12/6/10	Payee name Lott Brothers Investments, Ltd.
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Amount (\$) 200. ⁰⁰	Payee address; City; State; Zip Code P.O. Box 203594 Austin, TX 78720
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Returned Contribution
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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 12/8/10	Payee name Loretta Farb
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Amount (\$) 296.88	Payee address; City; State; Zip Code 206 W. Covington Dr. Austin TX 78753
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) C/OH Complaint Research & Prep Work
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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 12/14/10	Payee name Loretta Farb
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Amount (\$) 1,000. ⁰⁰	Payee address; City; State; Zip Code 206 W. Covington Dr. Austin TX 78753
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Holiday Bonus
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 9 of 11	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/14/10	5 Payee name Peter Einhorn
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6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 1205 Sahara Ave. Austin, TX 78745-3842
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Holiday Bonus
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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 12/14/10	Payee name Joe Hon
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Amount (\$) 1,000.00	Payee address; City; State; Zip Code 3929 Yarborough Ave. Austin, TX 78744
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Holiday Bonus
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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 12/27/10	Payee name Net Victories
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Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 5013 Austin, TX 78763
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Web Site Maintenance
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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 11/23/10	Payee name Vertical Response
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Amount (\$) 30.01	Payee address; City; State; Zip Code 501 2nd St. Ste. 700 San Francisco San Francisco CA 94107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) E-Mail Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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(15) of (16)

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: 10 of 11	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/10/10	5 Payee name Office Max
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6 Amount (\$) 15.47	7 Payee address: City: State: Zip Code 907 West 5 th St. Austin TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) Copies
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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 12/16/10	Payee name Vertical Response
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Amount (\$) 30.01	Payee address: City: State: Zip Code 501 2nd St. Ste. 700 San Francisco CA 94107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) E-Mail Services
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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 12/28/10	Payee name Office Max
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Amount (\$) 14.81	Payee address: City: State: Zip Code 907 West 5 th St. Austin TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Copies
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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 12/30/10	Payee name Office Max Office Max
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Amount (\$) 200 6.65	Payee address: City: State: Zip Code 5451-B N. IH35 Austin TX 78723
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Copies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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(16) of (16)

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: 11 of 11	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/30/10	5 Payee name Office Max
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6 Amount (\$) 6.50	7 Payee address: City: State: Zip Code 5451-B N. IH 35 Austin TX 78723
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) Copies
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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	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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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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