Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7632

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filer)

2 Total pages filed

OFFICE USE ONLY

Date Received: JUL 15 PM 2:28 TRAVIS COUNTY CLERK TRAVIS COUNTY, TEXAS

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Ms. FIRST: SARAH MI:

NICKNAME: LAST: ECKHARDT SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS (PO BOX): P.O. Box 301586 APT / SUITE #: CITY: AUSTIN STATE: TX ZIP CODE: 78703

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 854-9222 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms. FIRST: CAROL MI:

NICKNAME: LAST: HATFIELD SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 3404 NORTHWOOD CIR. APT / SUITE #: CITY: AUSTIN STATE: TX ZIP CODE: 78703

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 459-5841 EXTENSION:

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FA)

10 PERIOD COVERED

Month / Day / Year: 1 / 1 / 2011 THROUGH Month / Day / Year: 6 / 30 / 2011

11 ELECTION

ELECTION DATE Month / Day / Year: / /

ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (If any): TRAVIS CO. COMMISSIONER, PCT. 2

13 OFFICE SOUGHT (If known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

[ ] additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ Ø
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ Ø
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS UNLESS ITEMIZED	$ 278.43
	4. **TOTAL POLITICAL EXPENDITURES**	$ 4,396.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 21,185.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ N/A

19 AFFIDAVIT

JOE HON
Notary Public, State of Texas
My Commission Expires
February 17, 2015

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE.

Sworn to and subscribed before me, by the said SARAH ECKHARDT, this the 15TH day of JULY, 20 11, 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
	JOE HON	NOTARY PUBLIC

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 6
2 FILER NAME: SARAH ECKHARDT
3 ACCOUNT # (Ethics Commission Filers):
4 Date: 1/11/11
5 Payee name: CHARLES COX, CPA
6 Amount ($): 75.00
7 Payee address: City, State, Zip Code: 614 CAPITAL OF TX HWY S. AUSTIN TX 78746
8 PURPOSE OF EXPENDITURE
(a) Category (See categories listed at the top of this schedule): ACCOUNTING
(b) Description (If travel outside of Texas, complete Schedule T): TAX PREPARATION
9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

Date: 1/24/11
Payee name: VERTICAL RESPONSE
Amount ($): 30.01
Payee address: City, State, Zip Code: 501 2nd St. Ste. 700 SAN FRANCISCO CA 94107
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): Advertising
Description (If travel outside of Texas, complete Schedule T): Email Services
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

Date: 2/2/11
Payee name: Net Victories
Amount ($): 250.00
Payee address: City, State, Zip Code: P.O. Box 5013 Austin TX 78763
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): Consulting Expense
Description (If travel outside of Texas, complete Schedule T): Website Maintenance
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

Date: 2/2/11
Payee name: Capital Area Asian American Democrats Progress PAC
Amount ($): 100.00
Payee address: City, State, Zip Code: P.O. Box 300595 Austin TX 78703
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
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 6

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 2/9/11

5 Payee name: LORETTA FARB

6 Amount ($): 395.84

7 Payee address: City: State: Zip Code: 206 W. COVINGTON DR. AUSTIN TX 78753

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): CAMPAIGN REPORT PREPARATION

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 2/14/11

Payee name: CONGRESS AUSTIN RESTAURANT

Amount ($): 122.77

Payee address: City: State: Zip Code: 200 CONGRESS AVE. AUSTIN TX 78701

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): FOOD EXPENSE

Description (If travel outside of Texas, complete Schedule T): STAFF LUNCH

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 2/13/11

Payee name: VERTICAL RESPONSE

Amount ($): 30.01

Payee address: City: State: Zip Code: 501 2nd St. Ste. 700 SAN FRANCISCO CA 94107

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Advertising

Description (If travel outside of Texas, complete Schedule T): Email Services

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 2/18/11

Payee name: American Association of Notaries

Amount ($): 85.94

Payee address: City: State: Zip Code: 8811 Westheimer, Ste. 207 Houston TX 77063

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): OFFICE OVERHEAD

Description (If travel outside of Texas, complete Schedule T): NOTARY JOB HON

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 6

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 2/24/11

5 Payee name: NET VICTORIES

6 Amount ($): 250.00

7 Payee address: P.O. Box 5013 AUSTIN TX 78763

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): Website Maintenance

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

---

Date: 3/29/11

Payee name: NET VICTORIES

Amount ($): 250.00

Payee address: P.O. Box 5013 AUSTIN TX 78763

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Consulting Expense

Description (If travel outside of Texas, complete Schedule T): Website Maintenance

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

---

Date: 3/31/11

Payee name: VERTICAL RESPONSE

Amount ($): 15.00

Payee address: 501 2nd St. Ste. 700 San Francisco CA 94107

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Advertising

Description (If travel outside of Texas, complete Schedule T): Email Services

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 4/8/11

Payee name: W AUSTIN LIVING ROOM

Amount ($): 179.81

Payee address: 200 LAVACA ST. AUSTIN TX 78701

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

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 6

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 3/31/11

5 Payee name: GREATER AUSTIN HISPANIC CHAMBER OF COMMERCE

6 Amount ($): 250.00

7 Payee address, City, State, Zip Code: 2800 S. IH-35 Ste. 260 AUSTIN TX 78704

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): MEMBERSHIP DUES

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 4/11/11

Payee name: BLACK AUSTIN DEMOCRATS

Amount ($): 100.00

Payee address, City, State, Zip Code: P.O. Box 212 AUSTIN TX 78767

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

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 4/13/11

Payee name: JOE HON

Amount ($): 289.20

Payee address, City, State, Zip Code: 3929 Yarborough Ave. Austin TX 78744

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): Website & Social Media Work

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 4/25/11

Payee name: RON DAVIS CAMPAIGN

Amount ($): 100.00

Payee address, City, State, Zip Code: P.O. Box 5674 AUSTIN TX 78763

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

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 6

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 5/12/11

5 Payee name: ELFANT FOR CONSTABLE CAMPAIGN

6 Amount ($): 100.00

7 Payee address City, State, Zip Code: P.O. Box 49051 AUSTIN TX 78765

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

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: | Office sought: | Office held:

Date: 5/16/11

Payee name: VERTICAL RESPONSE

Amount ($): 30.01

Payee address City, State, Zip Code: 501 2nd St. Ste. 700 San Francisco CA 94107

PURPOSE OF EXPENDITURE — Category (See categories listed at the top of this schedule): Advertising — Description (If travel outside of Texas, complete Schedule T): Email Services

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: | Office sought: | Office held:

Date: 6/6/11

Payee name: Cisco WEBEX

Amount ($): 647.46

Payee address City, State, Zip Code: 3979 Freedom Cir. SANTA CLARA CA 95054

PURPOSE OF EXPENDITURE — Category (See categories listed at the top of this schedule): OFFICE OVERHEAD — Description (If travel outside of Texas, complete Schedule T): DATABASE ANNUAL FEE

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: | Office sought: | Office held:

Date: 5/23/11

Payee name: OPAL DIVINE'S PENN FIELD

Amount ($): 66.57

Payee address City, State, Zip Code: 3601 S. CONGRESS AUSTIN TX 78704

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 RETREAT LUNCH

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: | Office sought: | Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee
Event Expense	Postage Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 6

2 FILER NAME: SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 6/15/11

5 Payee name: HADDINGTON'S

6 Amount ($): 171.00

7 Payee address, City, State, Zip Code: 601 W. 6th St. Austin TX 78701

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 LUNCH

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 6/27/11

Payee name: HADDINGTON'S

Amount ($): 28.50

Payee address, City, State, Zip Code: 601 W. 6th St. AUSTIN TX 78701

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): w/ TRAVIS COUNTY EXECUTIVE

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 6/30/11

Payee name: ERGOGENESIS

Amount ($): 551.14

Payee address, City, State, Zip Code: One Body Bilt Pl. NAVASOTA TX 77868

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): OFFICE OVERHEAD

Description (If travel outside of Texas, complete Schedule T): CHAIRS FOR STAFF

Complete ONLY 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 EXPENDITURE

Category (See categories listed at the top of this schedule):

Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 3

2 FILER NAME: Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 1/20/11

5 Payee name: Cash to Sarah Eckhardt

6 Amount ($): $400

7 Payee address: City: State: Zip Code: 1001 Lorrain St. Aus., Tx. 78703

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Other - Banking Error

(b) Description (See instructions regarding type of information required.): withdrawal intended for personal account erroneously withdrawn from campaign account

---

Date: 1/25/11

Payee name: Cash to Sarah Eckhardt

Amount ($): $200

Payee address: City: State: Zip Code: 1001 Lorrain St. Aus., Tx. 78703

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Other - Banking Error

Description (See instructions regarding type of information required.): withdrawal intended for personal account erroneously withdrawn from campaign account

---

Date: 1/25/11

Payee name: South Lamar Animal Hospital

Amount ($): $144.23

Payee address: City: State: Zip Code: 2414-B S. Lamar, Aus., Tx 78704

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Other - Banking Error

Description (See instructions regarding type of information required.): withdrawal intended for personal account erroneously withdrawn from campaign account

---

Date: 1/26/11

Payee name: Safelite Auto Glass

Amount ($): $303.69

Payee address: City: State: Zip Code: 2400 Farmers Dr, Columbus, OH 43235

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Other - Banking Error

Description (See instructions regarding type of information required.): withdrawal intended for personal account erroneously withdrawn from campaign account

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
3	Sarah Eckhardt	

4 Date	5 Payee name
1/26/11	Danny Smith

6 Amount ($)	7 Payee address City, State, Zip Code
$85.00	2300 Lake Austin Blvd., Aus., Tx 78703

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
	Other - Banking Error	withdrawal intended for personal account erroneously withdrawn from campaign account

Date	Payee name
1/28/11	Dana Smith

Amount ($)	Payee address, City, State, Zip Code
$80.00	4700 Santa Ana, Aus., Tx 78721

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	Other - Banking Error	withdrawal intended for personal account erroneously withdrawn from campaign account

Date	Payee name
2/1/11	Ashley Moreland

Amount ($)	Payee address, City, State, Zip Code
$300	1506 IH35, #2521, San Marcos, Tx 78666

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	Other - Banking Error	withdrawal intended for personal account erroneously withdrawn from campaign account

Date	Payee name
2/1/11	Dr. Kelly Keith

Amount ($)	Payee address, City, State, Zip Code
$75.20	3800 Speedway, Aus., Tx 78751

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	Other - Banking Error	withdrawal intended for personal account erroneously withdrawn from campaign account

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form

1 Total pages Schedule I: 3

2 FILER NAME: Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 2/2/11

5 Payee name: Willie Eckhardt

6 Amount ($): $40

7 Payee address; City, State Zip Code: 4505 Round Up Trail, Aus., Tx 78745

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Other - Banking Error

(b) Description (See instructions regarding type of information required): Withdrawal intended for personal account erroneously withdrawn from campaign account

Date: 2/11/11

Payee name: Texas Freedom Network

Amount ($): $275

Payee address City State; Zip Code: P.O. Box 1624, Aus., Tx 78767

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Other - Banking Error

Description (See instructions regarding type of information required): Withdrawal intended for personal account erroneously withdrawn from campaign account

Date: 2/2/11

Payee name: Toyota Financial Services

Amount ($): $400

Payee address. City, State Zip Code: P.O. Box 5855, Carol Stream, IL 60197-5855

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Other - Banking Error

Description (See instructions regarding type of information required): Withdrawal intended for personal account erroneously withdrawn from campaign account

Date: 4/1/11

Payee name: Sarah Eckhardt

Amount ($): $4,848.90

Payee address City: State. Zip Code: 1001 Lorrain St Aus., Tx 78703

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Other - Banking Correction

Description (See instructions regarding type of information required): Transfer from campaign account to personal account to correct two erroneous deposits

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CREDITS (optional)

SCHEDULE **K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME: Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Payor name / 6 Payor address, City, State, Zip Code	7 Reason for credit	8 Amount ($)
2/1/11	Territory Ahead 419 State St., Santa Barbara, CA 93101	Deposit intended for personal account erroneously deposited into campaign account	$34.99
2/1/11	Travis County 314 W. 11th St., Aus., TX 78701	Deposit intended for personal account erroneously deposited into campaign account	$2,424.45
3/1/11	Travis County 314 W. 11th St., Aus., TX 78701	Deposit intended for personal account erroneously deposited into campaign account	$2,424.45
7/14/11 See 1/15/2012 Report, Sch. K	Sarah Eckhardt 1001 Lorrain St., Aus., TX 78703	Transfer from personal account to campaign account to correct eleven erroneous withdrawals less one erroneous deposit	$2,268.13

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED