

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

7717

**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 NICKNAME LAST SUFFIX Ms. Sarah Eckhardt	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p>Date Received: 12 JAN</p> <p>Date Hand Delivered or Date Postmarked: 12 JAN</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p> </div> <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-top: 10px;">FILED FOR RECEIPT</p>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 301586 Austin TX 78703 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 854-9222		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Ms. Carol Hatfield		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3404 Northwood Cir. Austin TX 78703		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 459-5841		
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 7 / 1 / 2011 12 / 31 / 2011		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special / / /		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
TRAVIS Co. Commissioner, Pct. 2			
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 <input type="checkbox"/> additional pages		
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 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, ADDRESS, CAMPAIGN TREASURER NAME, ADDRESS. additional pages

Table with 6 rows: 18 CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS. Columns include description and amount. Handwritten amounts: \$885.00, \$30,250.00, \$289.88, \$22,810.57, \$30,728.90.

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. Signature of Candidate or Officeholder: SARAH ECKHARDT. Notary Public: JOE HON, My Commission Expires February 17, 2015. Sworn to and subscribed before me, by the said SARAH ECKHARDT, this the 17th day of January, 2012, to certify which, witness my hand and seal of office. Signature of officer administering oath: JOE HON, Title of officer administering oath: NOTARY.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS** **SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:
27

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

4 Date 7/12/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VERA MASSARO	7 Amount of contribution (\$) 250.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3000 Savoy Pl. Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	

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

Date 7/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Claunch	Amount of contribution (\$) 250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 305 McConnell Dr. West Lake Hills, TX 78746		(If travel outside of Texas, complete Schedule T)	

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

Date 7/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neel White	Amount of contribution (\$) 500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4220 River Garden Tr. Austin TX 78746		(If travel outside of Texas, complete Schedule T)	

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

Date 7/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrell Blodgett	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4100 Jackson Ave. #250 Austin TX 78731		(If travel outside of Texas, complete Schedule T)	

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

Date 8/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry Gilmore	Amount of contribution (\$) 250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3821 Steck Ave. Austin, TX 78759		(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**

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

4 Date 8/8/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Cofer	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3306 Gentry Dr. Austin TX 78746		(If travel outside of Texas, complete Schedule T)	

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

Date 8/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gail Worrell	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3206 Meredith St. Austin TX 78703		(If travel outside of Texas, complete Schedule T)	

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

Date 8/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Haley	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 Congress Ave. #1700 Austin TX 78701		(If travel outside of Texas, complete Schedule T)	

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

Date 8/16/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Grayum	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7909 Northforest Austin TX 78759		(If travel outside of Texas, complete Schedule T)	

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

Date 8/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald H. Baum	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8608 Tallwood Dr. Austin TX 78759		(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:
27

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

4 Date 7/28/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron & Newburger, PC	7 Amount of contribution (\$) 250. ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1212 Guadalupe, Ste. 104 Austin, TX 78701-1801		(If travel outside of Texas, complete Schedule T)	

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

Date 8/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chet E. Brooks	Amount of contribution (\$) 50. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 12491 Austin, TX 78711-2491		(If travel outside of Texas, complete Schedule T)	

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

Date 7/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown McCarroll - PAC	Amount of contribution (\$) 1,000. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 111 Congress Ave. Ste. 1400 Austin TX 78701		(If travel outside of Texas, complete Schedule T)	

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

Date 7/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald F. Carnes	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 404 W. 32nd St. Austin TX 78705		(If travel outside of Texas, complete Schedule T)	

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

Date 8/1/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Cooksey	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2208 Matthews Dr. Austin TX 78703		(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
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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: 27	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/26/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas B. Coopwood II	7 Amount of contribution (\$) 100.⁰⁰	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 6717 Valburn Dr. Austin TX 78731	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/16/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tommy Neal Cowan	Amount of contribution (\$) 250.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5407 Bull Run Circle Austin TX 78727	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/29/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rhett M. Dawson	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4409 Sacred Arrow Dr. Austin TX 78735-6363	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/28/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott Dukette	Amount of contribution (\$) 500.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4410 Twisted Tee Dr. Austin TX 78735-6432	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/3/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray & Mary Margaret Farabee	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2702 Rockingham Dr. Austin TX 78704	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS** **SCHEDULE A**

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

4 Date 7/26/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip C. Friday, Jr.	7 Amount of contribution (\$) 100.⁰⁰-	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 700 Lavaca St., Ste. 1150 Austin TX 78701	(If travel outside of Texas, complete Schedule T)	

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

Date 8/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack W. Gullahorn, P.C.	Amount of contribution (\$) 250.⁰⁰-	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. Box 140045 Austin TX 78714	(If travel outside of Texas, complete Schedule T)	

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

Date 8/1/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jody L. Hagemann	Amount of contribution (\$) 250.⁰⁰-	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1808 Barton Parkway Austin TX 78704	(If travel outside of Texas, complete Schedule T)	

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

Date 7/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard C. Hartgrove	Amount of contribution (\$) 250.⁰⁰-	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4907 Bull Mountain Cove Austin TX 78746	(If travel outside of Texas, complete Schedule T)	

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

Date 7/28/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecile & Samuel Keeper	Amount of contribution (\$) 100.⁰⁰-	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2929 Buffalo Speedway #203 Houston TX 77098	(If travel outside of Texas, complete Schedule T)	

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

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**POLITICAL CONTRIBUTIONS
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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **27**

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

4 Date 7/28/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan & Mark Kincaid	7 Amount of contribution (\$) 250.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3302 Glen Rose Dr. Austin TX 78731		(If travel outside of Texas, complete Schedule T)	

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

Date 8/3/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina L. Lewis	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8310 Cliffsage Ave. Austin TX 78759-6004		(If travel outside of Texas, complete Schedule T)	

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

Date 8/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giovanni Mastromatteo	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15228 Katies Corner Ln. Pflugerville TX 78660		(If travel outside of Texas, complete Schedule T)	

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

Date 8/9/11	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)

Date 7/29/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E. Scott Polikov	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2105 Western Ave. Ft. Worth TX 76107		(If travel outside of Texas, complete Schedule T)	

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

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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: 27	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/8/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Saver & Judith Doran	7 Amount of contribution (\$) 100.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6117 Highlandale Dr. Austin TX 78731		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A.R. "Babe" & Marilyn Schwartz	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1122 Colorado St. #2102 Austin TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/31/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Laurie K. & Dr. George M. Seremetis	Amount of contribution (\$) 250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1016 Shelley Ave. Austin TX 78703-4839		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/5/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Todd & Elizabeth Christian	Amount of contribution (\$) 125.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7629 Rockpoint Dr. Austin TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/5/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Apt	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7004 Bee Cave Rd. Bldg. 1 Ste. 205 Austin TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS** **SCHEDULE A**

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

4 Date **8/15/11** 5 Full name of contributor out-of-state PAC (ID#: _____)
Charles & Sylvia Betts
6 Contributor address; City; State; Zip Code
**14741 Arrowhead Dr.
Volente TX 78641** 7 Amount of contribution (\$) **150.⁰⁰** 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 **8/15/11** Full name of contributor out-of-state PAC (ID#: _____)
Santiago S. Coronado
Contributor address; City; State; Zip Code
**5602 Palisade Ct.
Austin TX 78731-4508** Amount of contribution (\$) **100.⁰⁰** In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

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

Date **8/15/11** Full name of contributor out-of-state PAC (ID#: _____)
George Cofer
Contributor address; City; State; Zip Code
**3306 Gentry Dr. Austin TX
78746** Amount of contribution (\$) **20.⁰⁰** In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

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

Date **8/12/11** Full name of contributor out-of-state PAC (ID#: _____)
William W. & Maria-Eugenica Dalton
Contributor address; City; State; Zip Code
**3911 N. Charles St. Baltimore, MD
21218-1733** Amount of contribution (\$) **75.⁰⁰** In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

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

Date **8/12/11** Full name of contributor out-of-state PAC (ID#: _____)
Joe & Jayne W. Dibrell
Contributor address; City; State; Zip Code
**2107 Griswold Ln. Austin TX
78703-3009** Amount of contribution (\$) **100.⁰⁰** In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

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

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

4 Date 8/12/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselink Rochelle & Townsend, P.C.	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code p.o. Box 1725 Austin TX 78767		(If travel outside of Texas, complete Schedule T)	

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

Date 8/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali Raza & Nahid Khataw	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7914 Bee Caves Rd. Austin TX 78746-4903		(If travel outside of Texas, complete Schedule T)	

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

Date 8/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Fellows	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 412 Hogg Pecan Pass Austin TX 78748		(If travel outside of Texas, complete Schedule T)	

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

Date 8/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Half Associates State PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1201 North Bowsea Rd. Richardson TX 75081		(If travel outside of Texas, complete Schedule T)	

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

Date 8/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pix D. & Catherine E. Howell	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code p.o. Box 663 Wimberley TX 78670		(If travel outside of Texas, complete Schedule T)	

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

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

4 Date 8/15/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nikelle S. Meade	7 Amount of contribution (\$) 250.⁰⁰	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 5363 Austral Loop Austin TX 78739	(If travel outside of Texas, complete Schedule T)	

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

Date 8/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pasar Public Affairs Consulting LLP	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2313 Lake Austin Blvd. Ste. 207 Austin TX 78703-4545	(If travel outside of Texas, complete Schedule T)	

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

Date 8/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis County Sheriff's Officers PAC	Amount of contribution (\$) 250.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 400 W. 14th St. Ste. 220 Austin TX 78701	(If travel outside of Texas, complete Schedule T)	

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

Date 8/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harry John Trube	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2707 Scenic Dr. Austin TX 78703	(If travel outside of Texas, complete Schedule T)	

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

Date 8/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Bradford	Amount of contribution (\$) 150.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2929 A E. 13th St. Austin TX 78702	(If travel outside of Texas, complete Schedule T)	

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

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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: **27**

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

4 Date **8/18/11** **5** Full name of contributor out-of-state PAC (ID#:) **Smith, Robertson, Elliott, Glen, Klein & Douglas, LLP**
6 Contributor address; City; State; Zip Code **221 W. 6th St. Ste. 1100 Austin TX 78701** **7** Amount of contribution (\$) **100.00** **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 **8/19/11** Full name of contributor out-of-state PAC (ID#:) **David HARTMAN**
Contributor address; City; State; Zip Code **300 Bowie St. #1008 Austin TX 78703** Amount of contribution (\$) **100.00** In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

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

Date **8/12/11** Full name of contributor out-of-state PAC (ID#:) **James G. Parish**
Contributor address; City; State; Zip Code **P.O. Box 13145 Austin TX 78711** Amount of contribution (\$) **100.00** In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

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

Date **8/22/11** Full name of contributor out-of-state PAC (ID#:) **Cheryl & Paul Drown**
Contributor address; City; State; Zip Code **2000 Eastside Dr. Austin TX 78704** Amount of contribution (\$) **50.00** In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

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

Date **9/6/11** Full name of contributor out-of-state PAC (ID#:) **Herbert Evans**
Contributor address; City; State; Zip Code **1302 West Ave. Austin, TX 78701-1716** Amount of contribution (\$) **100.00** In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

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

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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: 27	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/23/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay C. Evans	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4002 Gaines Ct. Austin TX 78735		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAN-PAC Llockwood, Andrews & Newnam, Inc.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2925 Briarpark Dr. 4th Fl. Houston, TX 77042		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/13/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Sanger	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 704 Carolyn Ave. Austin TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinson & Elkins Texas PAC	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2300 First City Tower Houston TX 77002-6760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/21/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James A. Adkins	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8406 Greenflint Ln. Austin TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A: **27**

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

4 Date **9/18/11** **5** Full name of contributor out-of-state PAC (ID#: _____) **Gay Taylor Erwin**
6 Contributor address; City; State; Zip Code **No. 3 Jeffrey Cove Austin TX 78746**
7 Amount of contribution (\$) **250.00**
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 **9/20/11** Full name of contributor out-of-state PAC (ID#: _____) **Mary Scott Nabers**
Contributor address; City; State; Zip Code **Barton Oaks Plaza, Ste. 100 901 S. Mopac Expressway 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 **10/25/11** Full name of contributor out-of-state PAC (ID#: _____) **Philip Spertus**
Contributor address; City; State; Zip Code **901 W. 9th St. #1101 Austin TX 78703**
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 **10/25/11** Full name of contributor out-of-state PAC (ID#: _____) **Matt Snapp**
Contributor address; City; State; Zip Code **3409 Westside Cove Austin TX 78731**
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 **10/28/11** Full name of contributor out-of-state PAC (ID#: _____) **Martha Dickie**
Contributor address; City; State; Zip Code **503 Brookhaven Tr. Austin TX 78746**
Amount of contribution (\$) **125.00**
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

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

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 27	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/2/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Soifer	7 Amount of contribution (\$) 250.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5408 Hurlock Dr. Austin TX 78731		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/3/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hank Smith	Amount of contribution (\$) 250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12409 Cascade Caverns Tr. Austin TX 78739		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armbrust & Brown, PLLC	Amount of contribution (\$) 1,000.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 Congress Ave. Ste. 1300 Austin TX 78701-2744		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Cofer	Amount of contribution (\$) 125.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3306 Gentry Dr. Austin TX 78746-5507		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhett M. Dawson	Amount of contribution (\$) 125.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4409 Sacred Arrow Dr. Austin TX 78735-6363		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 27	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/24/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselink Rochelle & Townsend, P.C.	7 Amount of contribution (\$) 125.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 1725 Austin TX 78767		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald H. Baum	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8608 Tallwood Dr. Austin TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chet E. Brooks	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 12491 Austin TX 78711-2491		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Epstein	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5909 Highland Hills Dr. Austin TX 78731-4018		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip C. Friday, Jr.	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 700 Lavaca St. Ste. 1150 Austin TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 27	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/22/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Weaver	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7002 Windrift Way Austin TX 78745-5442		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Rowland Cook & Diane Ileson	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2900 Wade Ave. Austin TX 78703-1017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Dale & Elizabeth Ann Linebarger	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3 Niles Rd. Austin TX 78703-3137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald G. Martin	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1221 S. Mopac Ste. 115 Austin TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Sanger	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 704 Carolyn Ave Austin TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 27	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/1/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn Schwartz	7 Amount of contribution (\$) 125.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1122 Colorado #2102 Austin TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Nias	Amount of contribution (\$) 500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1116 Reagan Terrace Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Sackrider	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10026 FM 1660 S. Hutto TX 78634		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert (Bob) Gregory	Amount of contribution (\$) 1,000.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2939 Westlake Cove Austin TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Carlton	Amount of contribution (\$) 500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4903 Southcrest Dr. Austin TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 27	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/10/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Raymond Chan	7 Amount of contribution (\$) 250.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1605 Churchwood Cove Austin TX 78746		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/3/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James A. Adkins	Amount of contribution (\$) 125.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8406 Greenflint Ln. Austin TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/3/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Apt	Amount of contribution (\$) 125.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 812 San Antonio St. Ste. 401 Austin TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rhett M. Dawson	Amount of contribution (\$) 250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4409 Sacred Arrow Dr. Austin TX 78735-6363		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe & Jayne W. Dibrell	Amount of contribution (\$) 125.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2107 Griswold Ln. Austin TX 78703-3009		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME

SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/1/11

5 Full name of contributor out-of-state PAC (ID#)

Cheryl & Paul Drown

6 Contributor address; City; State; Zip Code
2000 Eastside Dr. Austin TX
78704

7 Amount of contribution (\$)

50.00

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

11/3/11

Full name of contributor out-of-state PAC (ID#)

Cynthia H. & Gregory A. Koznetsky

Contributor address; City; State; Zip Code
P.O. Box 684924 Austin TX
78768-4924

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/3/11

Full name of contributor out-of-state PAC (ID#)

Perry Lorenz

Contributor address; City; State; Zip Code
1311-A E. 6th St. Austin TX
78702-3301

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)

Date

11/3/11

Full name of contributor out-of-state PAC (ID#)

John Reiser

Contributor address; City; State; Zip Code
900-B W. 18th St. Austin TX
78701

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2/11

Full name of contributor out-of-state PAC (ID#)

Theodore J. Siff

Contributor address; City; State; Zip Code
604 W. 11th St. Austin TX
78701

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **27**

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

4 Date 11/4/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Weaver	7 Amount of contribution (\$) 100.⁰⁰-	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 7002 Windrift way Austin TX 78745-5442	(If travel outside of Texas, complete Schedule T)	

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

Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Therese M. Baer	Amount of contribution (\$) 100.⁰⁰-	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5904 Mantainclimb Dr. #1 Austin TX 78731-3853	(If travel outside of Texas, complete Schedule T)	

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

Date 11/3/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron & Newburger, PC	Amount of contribution (\$) 125.⁰⁰-	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1212 Guadalupe, Ste. 104 Austin TX 78701-1801	(If travel outside of Texas, complete Schedule T)	

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

Date 11/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson W. Barton d/b/a Jeff Barton Campaign	Amount of contribution (\$) 125.⁰⁰-	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 201 Mariettas way Buda TX 78610	(If travel outside of Texas, complete Schedule T)	

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

Date 11/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Betts	Amount of contribution (\$) 125.⁰⁰-	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 14741 Arrowhead Dr. Volente TX 78641	(If travel outside of Texas, complete Schedule T)	

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

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2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/9/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David C. Bodenman	7 Amount of contribution (\$) 125.⁰⁰	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 10621 Range View Dr. Austin TX 78730	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie H. Dymalla	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5905 Cape Coral Dr. Austin TX 78746	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher L. Elliott	Amount of contribution (\$) 250.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1705 Rabb Rd. Austin TX 78704	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. William Espey, Jr.	Amount of contribution (\$) 200.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4801 Southwest Pkwy. #2 Ste. 150 Austin TX 78735	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert Evans	Amount of contribution (\$) 150.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1302 West Ave. Austin TX 78701-1716	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

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2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/8/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale W. Gray	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4812 Shoalwood Ave. Austin TX 78756		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/1/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Half Associates - State PAC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1201 N. Bowser Rd. Richardson TX 75081		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Langmore	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1408 Preston Ave. Austin TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Mariotti	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6836 Austin Center Blvd. Ste. 245 Austin TX 78731-3193		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy & Melissa K. Merriweather	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11605 Broad Oaks Dr. Austin TX 78759		(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: **27**

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

4 Date 11/9/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith A. & Monique N. Moody	7 Amount of contribution (\$) 100.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9509 Derecho Bend Austin TX 78737		(If travel outside of Texas, complete Schedule T)	

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

Date 11/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John V. Myfeler & Sally Ann Fly	Amount of contribution (\$) 125.⁰⁰	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 11/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James G. Parish	Amount of contribution (\$) 4.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 13145 Austin TX 78711		(If travel outside of Texas, complete Schedule T)	

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

Date 11/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian K. Reis	Amount of contribution (\$) 200.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6516 Rotan Dr. Austin TX 78749		(If travel outside of Texas, complete Schedule T)	

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

Date 10/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A.R. "Babe" Schwartz	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1122 Colorado St. #2102 Austin TX 78701		(If travel outside of Texas, complete Schedule T)	

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

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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: **27**

2 FILER NAME

SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/9/11

5 Full name of contributor out-of-state PAC (ID#: _____)

Channy Soeur

6 Contributor address; City; State; Zip Code

**2004 E. Gann Hill Dr.
Ams Cedar Park TX 78613**

7 Amount of contribution (\$)

250.⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/16/11

Full name of contributor out-of-state PAC (ID#: _____)

John Hogg

Contributor address; City; State; Zip Code

**1404 Wildcat Hollow Austin TX
78746**

Amount of contribution (\$)

500.⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/11

Full name of contributor out-of-state PAC (ID#: _____)

Al Sarria

Contributor address; City; State; Zip Code

**10316 Prism Dr. Austin TX
78726**

Amount of contribution (\$)

100.⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/11

Full name of contributor out-of-state PAC (ID#: _____)

Dan & Gigi Appling

Contributor address; City; State; Zip Code

**509 Newhall Cove Austin TX
78746**

Amount of contribution (\$)

100.⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/11

Full name of contributor out-of-state PAC (ID#: _____)

David A. Escamilla

Contributor address; City; State; Zip Code

**5703 Spurfloer Dr. Austin TX
78759**

Amount of contribution (\$)

250.⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: **27**

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

4 Date 11/14/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Graham	7 Amount of contribution (\$) 100.⁰⁰-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2401 Mountain View Dr. Austin TX 78704		(If travel outside of Texas, complete Schedule T)	

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

Date 11/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles H. Heimsath	Amount of contribution (\$) 250.⁰⁰-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1609 Preston Ave. Austin TX 78703		(If travel outside of Texas, complete Schedule T)	

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

Date 11/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giovanni Mastromatteo	Amount of contribution (\$) 125.⁰⁰-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15228 Katies Corner Ln. Pflugerville TX 78660		(If travel outside of Texas, complete Schedule T)	

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

Date 11/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & Kathryn McDermott	Amount of contribution (\$) 500.⁰⁰-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6911 Hickory Creek Ln. Dallas TX 75252		(If travel outside of Texas, complete Schedule T)	

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

Date 11/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naman, Howell, Smith & Lee, PLLC	Amount of contribution (\$) 250.⁰⁰-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1470 Waco TX 76703-1470		(If travel outside of Texas, complete Schedule T)	

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

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

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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: 27	
2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/15/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edmund J. Olivier, Jr.	7 Amount of contribution (\$) 100.⁰⁰	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 919 Shannon Meadow Tr. Cedar Park, TX 78613-5001	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jerry R. Reed	Amount of contribution (\$) 500.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 510 W. 15th St. Austin TX 78701	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pamela T. Wetzels	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4807 Placid Pl. Austin TX 78731	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Neel White	Amount of contribution (\$) 1,000.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4220 River Garden Tr. Austin TX 78746-2011	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Myron J. Hess	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1705 Margaret St. Austin TX 78704	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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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: **27**

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

4 Date **11/21/11** **5** Full name of contributor out-of-state PAC (ID#: _____) **Robena Jackson**
6 Contributor address; City; State; Zip Code **5900 Rain Creek Pkwy. Austin TX 78759**
7 Amount of contribution (\$) **150.00** **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 **12/10/11** Full name of contributor out-of-state PAC (ID#: _____) **Jim Marston**
Contributor address; City; State; Zip Code **2810 Townes Ln. Austin TX 78703**
Amount of contribution (\$) **100.00** In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

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

Date **11/17/11** Full name of contributor out-of-state PAC (ID#: _____) **Vinson & Elkins Texas PAC**
Contributor address; City; State; Zip Code **2300 First City Tower Houston TX 77002-6766**
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)

Date **12/12/11** Full name of contributor out-of-state PAC (ID#: _____) **Erik K. & Allegra H. Azulay**
Contributor address; City; State; Zip Code **1409 W. 51st St. Austin TX 78756-2607**
Amount of contribution (\$) **100.00** In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

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

Date _____ Full name of contributor 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)

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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: 13	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/5/11	5 Payee name Pflugerville Chamber of Commerce
------------------	--

6 Amount (\$) 175.00	7 Payee address; City; State; Zip Code Po Box 483 Pflugerville, TX 78691-0483
-------------------------	--

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
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Date 7/8/11	Payee name Joe Hon
----------------	-----------------------

Amount (\$) 337.40	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) Website & Social Media Work
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/8/11	Payee name Loretta Farb
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Amount (\$) 197.92	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) Campaign Report Preparation
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/11/11	Payee name DiscountFavors.com
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Amount (\$) 623.48	Payee address; City; State; Zip Code 7950 NW 53rd St. Ste. 342 Doral, FL. 33166
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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) Campaign Materials (Cups & Koozies)
------------------------	---	--

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: 13	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/13/11	5 Payee name DiscountMugs.com
-------------------	----------------------------------

6 Amount (\$) 382.50	7 Payee address; City; State; Zip Code 12610 NW 115th Ave. Medley, FL. 33178
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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) Campaign Tote Bags
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/13/11	Payee name Austin AFL-CIO Council
-----------------	--------------------------------------

Amount (\$) 215.00	Payee address; City; State; Zip Code P.O. Box 87 Austin TX 78767
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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
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/15/11	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) Email Services
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/15/11	Payee name West Gate Restaurant
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Amount (\$) 249.07	Payee address; City; State; Zip Code 5700 GROVER AUSTIN TX 78756
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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) Campaign Fundraiser
------------------------	---	--

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: 13	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/15/11	5 Payee name West Gate Restavrant
-------------------	--------------------------------------

6 Amount (\$) 18.00	7 Payee address; City; State; Zip Code 5700 GROVER AVE. AUSTIN TX 78756
------------------------	--

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) Campaign Fundraiser
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/15/11	Payee name Dart Bowl
-----------------	-------------------------

Amount (\$) 200.00	Payee address; City; State; Zip Code 5700 GROVER AVE. AUSTIN TX 78756
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) BOWLING LANE RENTAL - FUNDRAISER
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/16/11	Payee name BlueHost, Inc.
-----------------	------------------------------

Amount (\$) 107.40	Payee address; City; State; Zip Code 1958 South 950 East Provo, UT 84606
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) website Hosting
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/22/11	Payee name Council on At-Risk Youth
-----------------	--

Amount (\$) 250.00	Payee address; City; State; Zip Code 3710 Cedar St., Box 23 Austin, TX 78705
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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
------------------------	--	--

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: 13	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/22/11	5 Payee name SUSAN HARRY CONSULTING
--------------------------	---

6 Amount (\$) 2,084.⁰²	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) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Fundraising fee & Expenses
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/24/11	Payee name Austin Area Urban League
------------------------	---

Amount (\$) 100.⁰⁰	Payee address; City; State; Zip Code 8011 A Cameron Rd., Ste. 100 Austin, TX 78754
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T) 2011 Gala Event
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/26/11	Payee name Travis Audubon Society
------------------------	---

Amount (\$) 80.⁰⁰	Payee address; City; State; Zip Code 3710 Cedar St., Box 5 Austin, TX 78705
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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
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/26/11	Payee name South Austin Democrats
------------------------	---

Amount (\$) 100.⁰⁰	Payee address; City; State; Zip Code P.O. Box 152592 Austin, TX 78715
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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
------------------------	---	---

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: 13	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/1/11	5 Payee name AUSTIN SELF STORAGE	
6 Amount (\$) 300. ⁰⁰	7 Payee address; City; State; Zip Code 1409 West Oltorf, 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) Storage Unit Rental
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/8/11	Payee name Joe Hon	
Amount (\$) 337. ⁴⁰	Payee address; City; State; Zip Code 3929 Yarbrough 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 9/16/11	Payee name Perla's Seafood & Oyster Bar	
Amount (\$) 260. ⁰⁰	Payee address; City; State; Zip Code 1400 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 Lunch Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/20/11	Payee name United States Postal Service	
Amount (\$) 8. ⁸⁰	Payee address; City; State; Zip Code Central Park West Station Austin TX 78705	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Stamps
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 |
| 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: 13	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/20/11	5 Payee name Liveable City
--------------------------	--------------------------------------

6 Amount (\$) 100. ⁰⁰	7 Payee address; City; State; Zip Code P.O. Box 5991 Austin TX 78763
--	--

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
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Date 9/30/11	Payee name Rockford Business Interiors
------------------------	--

Amount (\$) 2,051. ³¹	Payee address; City; State; Zip Code P.O. Box 200030 Houston, TX 77216-0030
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Standing Desks for Staff
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/30/11	Payee name Stephen F. Bar & Terrace at Intercontinental Hotel Austin
------------------------	--

Amount (\$) 50.40	Payee address; City; State; Zip Code 701 Congress Ave. 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
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Date 10/6/11	Payee name Alamo Drafthouse Lake Creek
------------------------	--

Amount (\$) 28. ⁰⁰	Payee address; City; State; Zip Code 13729 Research Blvd. Austin TX 78750
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Staff Retreat
-------------------------------	--	---

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

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: 13	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
--	---------------------------------------	--

4 Date 10/6/11	5 Payee name Alamo Drafthouse Lake Creek
--------------------------	--

6 Amount (\$) 70.00	7 Payee address; City; State; Zip Code 13729 Research Blvd. Austin TX 78750
-------------------------------	---

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 Retreat
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/14/11	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
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	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 10/14/11	Payee name Donna Howard Campaign
-------------------------	--

Amount (\$) 100.00	Payee address; City; State; Zip Code P.O. Box 2124 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) 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 10/14/11	Payee name Texas Civil Rights Project
-------------------------	---

Amount (\$) 200.00	Payee address; City; State; Zip Code 1405 Montopolis Dr. Austin, TX 78741-3438
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Event Booklet
------------------------	--	---

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: 13		2 FILER NAME SARAH ECKHARDT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/14/11		5 Payee name Eddie Rodriguez Campaign			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code P.O. Box 2436 Austin, TX 78768			
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 10/14/11		Payee name Constable Maria Canchola Campaign			
Amount (\$) 100.00		Payee address; City; State; Zip Code 1900 Eastside Dr. Austin TX 78704			
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 10/20/11		Payee name Rally (formerly Piryx, Inc.)			
Amount (\$) 29.00		Payee address; City; State; Zip Code 144 2nd St. San Francisco CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Chargeback on Contribution Returned	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/3/11		Payee name Anti-Defamation League Austin			
Amount (\$) 300.00		Payee address; City; State; Zip Code P.O. Box 29535 Austin TX 78755			
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	
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: 13	2 FILER NAME SARAH ELKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/4/11	5 Payee name Fado Irish Pub
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6 Amount (\$) 56.00	7 Payee address; City; State; Zip Code 214 W. 4th St. Austin TX 78701
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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 11/9/11	Payee name Stephen F. Bar & Terrace at Intercontinental Hotel Austin
------------------------	--

Amount (\$) 1,094.¹⁰	Payee address; City; State; Zip Code 701 Congress Ave. Austin TX 78701
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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) Fundraising Event
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/15/11	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) Email Services
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/11	Payee name Susan Harry Consulting
-------------------------	---

Amount (\$) 1,954.87	Payee address; City; State; Zip Code P.O. Box 301074 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) Fundraising Fee & Expenses
------------------------	---	--

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

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: 13	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/21/11	5 Payee name University Democrats
---------------------------	---

6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code Soc # 145, 100-C West Dean Keeton St. Austin TX 78712
--------------------------------	--

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 11/23/11	Payee name Sullivan's Restaurant
-------------------------	--

Amount (\$) 208.56	Payee address; City; State; Zip Code 300 Colorado 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
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Date 11/30/11	Payee name Save Our Springs Alliance
-------------------------	--

Amount (\$) 300.00	Payee address; City; State; Zip Code P.O. Box 684881 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) 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 11/30/11	Payee name United States Postal Service
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Amount (\$) 56.00	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	Description (If travel outside of Texas, complete Schedule T) P.O. Box Rental
------------------------	--	---

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: 13	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/9/11	5 Payee name Hyatt Regency Lost Pines
--------------------------	---

6 Amount (\$) 284.38	7 Payee address; City; State; Zip Code 575 Hyatt Lost Pines Rd. Lost Pines, TX 78612
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel Out of District	(b) Description (If travel outside of Texas, complete Schedule T) Policy Conference Hotel Expense - Peter Kinton
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/9/11	Payee name Hyatt Regency Lost Pines
-----------------	--

Amount (\$) 306.04	Payee address; City; State; Zip Code 575 Hyatt Lost Pines Rd. Lost Pines, TX 78612
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel Out of District	Description (If travel outside of Texas, complete Schedule T) Policy Conference - Hotel Expense Sarah Eckhardt
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/7/11	Payee name Greg Hamilton Campaign
-----------------	--------------------------------------

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 12/7/11	Payee name Kara Huber Campaign
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Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 302495 Austin TX 78703
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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
------------------------	--	--

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: 13	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/14/11	5 Payee name Enoteca
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6 Amount (\$) 155.00	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 12/14/11	Payee name Loretta Farb
-------------------------	-----------------------------------

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
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/14/11	Payee name Joe Hon
-------------------------	------------------------------

Amount (\$) 1,000.00	Payee address; City; State; Zip Code 3929 Yarbrough 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) Holiday Bonus
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/14/11	Payee name Peter Einhorn
-------------------------	------------------------------------

Amount (\$) 1,000.00	Payee address; City; State; Zip Code 1205 Sahara Ave. Austin TX 78745
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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
------------------------	--	---

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

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: 13	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/21/11	5 Payee name Travis County Democratic Party
--------------------	--

6 Amount (\$) 5,000. ⁰⁰	7 Payee address; City; State; Zip Code P.O. Box 684263 Austin TX 78768-4263
---------------------------------------	--

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 7/1-12/31/11	Payee name Pirya (Rally)
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Amount (\$) 261. ⁰¹	Payee address; City; State; Zip Code 144 2nd St. San Francisco CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Transaction fees on electronic donations
------------------------	--	---

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

**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 |
| 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 I: 2	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/26/11	5 Payee name Danny Smith
--------------------------	------------------------------------

6 Amount (\$) 85.00	7 Payee address; City; State; Zip Code 2300 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) Other - Banking Error	(b) Description (See instructions regarding type of information required.) withdrawal intended for personal account erroneously withdrawn from campaign account
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Date 1/28/11	Payee name Dana Smith
------------------------	---------------------------------

Amount (\$) 80.00	Payee address; City; State; Zip Code 4700 Santa Ana Austin TX 78721
-----------------------------	---

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 2/1/11	Payee name Ashley Moreland
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Amount (\$) 300.00	Payee address; City; State; Zip Code 1506 IH 35 # 2521 San Marcos TX 78666
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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 2/1/11	Payee name Dr. Kelly Keith
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Amount (\$) 75.20	Payee address; City; State; Zip Code 3800 Speedway Austin TX 78751
-----------------------------	--

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
------------------------	--	---

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**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 |
| 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 I: 2	2 FILER NAME SARAH ECKHARDT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/2/11	5 Payee name Willie Eckhardt
-------------------------	--

6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code 4505 Round Up Trail Austin 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 (\$) 275.00	Payee address; City; State; Zip Code P.O. Box 1624 Austin TX 78767
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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
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Date 2/2/11	Payee name Toyota Financial Services
-----------------------	--

Amount (\$) 400.00	Payee address; City; State; Zip Code P.O. Box 5855 Carol Stream IL 60197-5855
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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
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Date 4/1/11	Payee name Sarah Eckhardt
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Amount (\$) 4848.90	Payee address; City; State; Zip Code 1001 Lorrain St. Austin TX 78703
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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
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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 2/1/11	5 Payor name Territory Ahead	8 Amount (\$) 34.99
	6 Payor address; City; State; Zip Code 419 State St. Santa Barbara CA 93101	
7 Reason for credit Deposit intended for personal account erroneously deposited into campaign account		

Date 2/1/11	Payor name Travis County	Amount (\$) 2424.45
	Payor address; City; State; Zip Code 314 W. 11th St. Austin TX 78701	
Reason for credit Deposit intended for personal account erroneously deposited into campaign account		

Date 3/1/11	Payor name Travis County	Amount (\$) 2424.45
	Payor address; City; State; Zip Code 314 W. 11th St. Austin TX 78701	
Reason for credit Deposit intended for personal account erroneously deposited into campaign account		

Date 7/14/11	Payor name Sarah Eckhardt	Amount (\$) 2268.13
	Payor address; City; State; Zip Code 1001 Lorrain St. Austin TX 78703	
Reason for credit Transfer from personal account to campaign account to correct eleven erroneous withdrawals less one erroneous deposit		

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
Reason for credit		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED