

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

7888

**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: 34
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST Sarah	MI Eckhardt
	LAST Eckhardt		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	P.O. Box 301856 Austin, Tx 78703		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	854-9222	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST Carol	MI Hatfield
	LAST 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 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 checked="" 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
	1	1	2012
THROUGH		Month	Day
		6	30
11 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE
	/ /		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Travis Co. Commissioner, Pet. 2		

FILED FOR RECORD
 2012 JUL 12 PM 12:14
 Dana D. Beaumont
 County Clerk
 Travis County Texas

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Ms. Sarah Eckhardt 15 ACCOUNT # (Ethics Commission Filers)

16 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.

Table with 6 rows: 17 CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS. Columns include item number, description, and amount.

18 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: Leona Johnson, State of Texas, expires 7-22-2014. Sworn to and subscribed before me, by the said Sarah Eckhardt, this the 12th day of July, 2012, to certify which, witness my hand and seal of office.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 16	
2 FILER NAME Ms. Sarah Eckhardt		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-13-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tad Davis	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2510 Camino Alto, Austin, Tx 78746		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-17-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY Nabers	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7850 Escala Dr., Austin, Tx 78735		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-21-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Patrick Krishock	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11721 Running Fox Trl., Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-11-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerry R. Getter	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1101 East 11th St., Austin, Tx 78702		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-11-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pix Howell	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 663, Wimberley, TX 78676		(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: **16**

2 FILER NAME **Ms. Sarah Eckhardt** **3** ACCOUNT # (Ethics Commission Filers)

4 Date **6-13-12** **5** Full name of contributor out-of-state PAC (ID#: _____) **Glenn Gadbois** **7** Amount of contribution (\$) **125.00** **8** In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code **5616 Bull Creek Rd., Austin, Tx 78756**
(If travel outside of Texas, complete Schedule T)

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

6-13-12 **Richard C. Hartgrove** **250.00**
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)

6-14-12 **Terrell Blodgett** **125.00**
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)

6-14-12 **Edward Robert Coleman** **125.00**
Contributor address; City; State; Zip Code **7503 Stepdown Cv, Austin, TX 78731**
(If travel outside of Texas, complete Schedule T)

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

6-16-12 **Brian Rodgers** **1,000.00**
Contributor address; City; State; Zip Code **1112 West 9th St., Austin, TX 78703**
(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: 16	
2 FILER NAME <i>Ms. Sarah Eckhardt</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6-18-12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Neavel</i>	7 Amount of contribution (\$) <i>50.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2905 Scenic Dr., Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6-18-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ross Milloy</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1618, San Marcos, TX 78667</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-18-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Timothy Merriweather</i>	Amount of contribution (\$) <i>250.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11605 Broad Oaks Dr. Austin, TX 78759</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-18-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cristina Mauro</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2208 Townes Ln., Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-20-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Genny Dalton</i>	Amount of contribution (\$) <i>250.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3911 North Charles St., Baltimore, MD 21218</i>		(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: **16**

2 FILER NAME **Ms. Sarah Eckhardt** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 6/21/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sid Covington	7 Amount of contribution (\$) 250.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4810 Placid Pl., Austin, Tx 78731		(If travel outside of Texas, complete Schedule T)	

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

Date 6-21-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nathaniel Walker	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5710 Abikene, Tr., Austin, Tx 78749		(If travel outside of Texas, complete Schedule T)	

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

Date 6-22-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan Burton	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 Blue Creek Dr., Dripping Springs, Tx 78620		(If travel outside of Texas, complete Schedule T)	

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

Date 6-25-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kurt Sauer	Amount of contribution (\$) 2,500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1001 Lorrain St., Austin, Tx 78703		(If travel outside of Texas, complete Schedule T)	

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

Date 6-26-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Sullivan	Amount of contribution (\$) 125.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1613 West 9th 1/2 St., Austin, TX 78703		(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 Ms. Sarah Eckhardt		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-26-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Allen Kiester	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1193 Meadowlark Dr., Round Rock, TX 78664		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6-27-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Guthrie	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1409 W. 9th St., Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-28-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard L. Cofer II	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1611 W. 5th St., #232, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-29-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron W. Coldiron	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6509 Marblewood, Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-29-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake Mitchell	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2001 Goodrich Ave., 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 16	
2 FILER NAME Ms. Sarah Eckhardt		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-30-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Channy Socur	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1908 Cameron Rd., Austin, Tx 78754		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6-14-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Ireson	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2900 Wade Ave., Austin, Tx 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-15-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe B. Dibrell, Jr. & Jane Dibrell	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2107 Griswold Ln., Austin, Tx 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-13-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne T. Kohler	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3902 Idlewild Rd., Austin, Tx 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-15-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giovanni Mastromatteo & Asemet 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)	

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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: **16**

2 FILER NAME **Mrs. Sarah Eckhardt** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 6-4-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James M. Nias	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1116 Reagan Terrace Austin, Tx 78704		(If travel outside of Texas, complete Schedule T)	

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

Date 6-6-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John V. Nyfeler	Amount of contribution (\$) 250.00	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 6-3-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ed Small	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 Congress, Suite 1100, Austin, Tx 78701		(If travel outside of Texas, complete Schedule T)	

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

Date 6-4-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jackson Walker, L.L.P. Political Action Committee	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 901 main St., ste 6000, Dallas, Tx 75202		(If travel outside of Texas, complete Schedule T)	

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

Date 6-16-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jonathan M. Beall	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2503 Flora Cove, 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 16	
2 FILER NAME Mrs. Sarah Eckhardt		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-14-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roger K. Beasley 6 Contributor address; City; State; Zip Code 6503 Santolina Cove, Austin, TX 78731	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6-15-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daniel H. Byrne Contributor address; City; State; Zip Code 36 Sundown Parkway, Austin, TX 78746	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-15-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tommy N. Cowan Contributor address; City; State; Zip Code 1412 Collier St., Austin, TX 78704	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-14-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rhett M. Dawson Contributor address; City; State; Zip Code 4409 Sacred Arrow Dr., Austin, TX 78735	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-15-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Margaret Farabee Contributor address; City; State; Zip Code 2702 Rockingham Dr., Austin, TX 78704	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(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: **16**

2 FILER NAME *Ms. Sarah Eckhardt* **3** ACCOUNT # (Ethics Commission Filers)

4 Date *6-19-12* **5** Full name of contributor out-of-state PAC (ID#: _____) *Shudde Fath*
6 Contributor address; City; State; Zip Code *1005 Bluebonnet Ln., Austin, Tx 78704*
7 Amount of contribution (\$) *125.00*
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 *6-19-12* Full name of contributor out-of-state PAC (ID#: _____) *Jack W. Gullahorn, P.C.*
Contributor address; City; State; Zip Code *P.O. Box 140045, Austin, Tx 78714*
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 *6-20-12* Full name of contributor out-of-state PAC (ID#: _____) *Renea Hicks*
Contributor address; City; State; Zip Code *4112 Ramsey Ave., Austin, Tx 78756*
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 *6-19-12* Full name of contributor out-of-state PAC (ID#: _____) *Gregory A. Kozmetsky & Cindy Kozmetsky*
Contributor address; City; State; Zip Code *P.O. Box 684924, Austin, Tx 78768*
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 *6-19-12* Full name of contributor out-of-state PAC (ID#: _____) *Karaine Lasdon*
Contributor address; City; State; Zip Code *7134 Valburn Dr., Austin, Tx 78731*
Amount of contribution (\$) *25.00*
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

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2 FILER NAME <i>Ms Sarah Eckhardt</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6-27-12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Elizabeth Ann Lineburger</i> 6 Contributor address; City; State; Zip Code <i>3 Niles Rd., Austin, Tx 79703</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6-21-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Patricia S. Noxon & Kenneth Noxon</i> Contributor address; City; State; Zip Code <i>PO Box 26625 Austin, TX 78755</i>	Amount of contribution (\$) <i>125.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-16-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>E. Scott Polikou</i> Contributor address; City; State; Zip Code <i>3000 Blackburn St., Apt. 401 Dallas, TX 75204</i>	Amount of contribution (\$) <i>125.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-20-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Theodore J. Siff</i> Contributor address; City; State; Zip Code <i>604 West 11th St., Austin, TX 78701</i>	Amount of contribution (\$) <i>125.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-24-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Frederick R. Steiner</i> Contributor address; City; State; Zip Code <i>3132 Zaner Cir., Austin, TX 78746</i>	Amount of contribution (\$) <i>125.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 16	
2 FILER NAME <i>Ms. Sarah Eckhardt</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6-12-12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brown McCarroll - PAC</i>	7 Amount of contribution (\$) <i>2,500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>111 Congress Ave., Suite 1400, Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6-26-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>The Carlton Law Firm, P.L.L.C.</i>	Amount of contribution (\$) <i>125.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2705 Bee Caves Rd., Suite 110, Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James E. Cousar</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1110 W. 7th St., Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Doucet</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2300 Gattin Creek Rd., Dripping Springs, TX 78620</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rede & Cathy Conaway</i>	Amount of contribution (\$) <i>125.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8701 Bluecreek Cr., Austin, TX 78735</i>		(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: 16	
2 FILER NAME <i>Ms. Sarah Eckhardt</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6-27-12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Scott Dukette</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4410 Twisted Tree Dr., Austin, Tx 78735</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Herbert Evans</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1302 West Ave., Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-21-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jay C. and Lynn Evans</i>	Amount of contribution (\$) <i>125.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4002 Gaines Ct. Austin, TX 78735</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-22-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lisa Fancher</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3007 Harris Blvd., Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lloyd Gosselink</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1725, Austin, Tx 78767</i>		(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: 16	
2 FILER NAME <i>Ms. Sarah Eckhardt</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6-27-12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert L. Halford</i> 6 Contributor address; City; State; Zip Code <i>1614 W. 14th St., Austin, TX 78703</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6-26-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>David A. Hartman</i> Contributor address; City; State; Zip Code <i>300 Bowie St., Apt. 1008, Austin, TX 78703</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>R. Clarke Heidrick</i> Contributor address; City; State; Zip Code <i>3702 Eastledge Dr., Austin, TX 78731</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Virginia Agnew</i> Contributor address; City; State; Zip Code <i>1204 Castle Hill St., Austin, TX 78703</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sara Kaeninger</i> Contributor address; City; State; Zip Code <i>300 Bowie St., #602, Austin, TX 78703</i>	Amount of contribution (\$) <i>100.00</i>	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: 16	
2 FILER NAME <i>Ms. Sarah Eckhardt</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6-27-12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John H. Langmore</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1408 Preston Ave., Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6-22-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Patricia A. Mathis</i>	Amount of contribution (\$) <i>125.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>429 30th St., West Palm Beach, FL 33407</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-26-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Nikelle S. Meade</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5363 Austral Loop, Austin, TX 78739</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Terri Michel</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>917 West Lynn St., Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>James G. Parish</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 13145, Austin, TX 78711</i>		(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: 16	
2 FILER NAME <i>Ms. Sarah Edhardt</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6-27-12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Pasar Public Affairs Consulting LLP</i> 6 Contributor address; City; State; Zip Code <i>2313 Lake Austin Blvd., Ste 204, Austin, TX 78703</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Martha S. Dickie</i> Contributor address; City; State; Zip Code <i>603 Brodehaven Trl., Austin, TX 78746</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-19-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim & Laura Sauerbren</i> Contributor address; City; State; Zip Code <i>2414 Exposition Blvd., Ste. C-100 Austin, TX 78703</i>	Amount of contribution (\$) <i>125.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Evan Key Taniguchi</i> Contributor address; City; State; Zip Code <i>1609 W. 6th St., Austin, TX 78703</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Laura Nassri Warren</i> Contributor address; City; State; Zip Code <i>1801 S. 2nd St., Ste. 330 McAllen, TX 78503</i>	Amount of contribution (\$) <i>125.00</i>	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: 16	
2 FILER NAME <i>Ms. Sarah Eckhardt</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6-27-12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tommy G. Warren</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 9269, The Woodlands, Tx 77387</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6-25-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sydney Xenos</i>	Amount of contribution (\$) <i>125.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1116 Elder Circle, Austin, Tx 78733</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mark Yznaga</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2401 Briargrove, Austin, Tx 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 16		2 FILER NAME Ms. Sarah Eckhardt		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-9-12		5 Payee name Capital Area Asian American Democrats			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code P.O. Box 300595, Austin TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONTRIBUTIONS/DONATIONS		(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 1-10-12		Payee name Joe Hon			
Amount (\$) 578.40		Payee address; City; State; Zip Code 3929 Yarborough Ave., Austin, Tx 78744			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) Web & Social Media Services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-19-12		Payee name Loretta Farb			
Amount (\$) 371.10		Payee address; City; State; Zip Code 206 W. Covington Dr., Austin, Tx 78753			
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) Prepare C/OH + pay Campaign Bills	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-17-12		Payee name Ron Davis Campaign			
Amount (\$) 100.00		Payee address; City; State; Zip Code P.O. Box 16665, Austin, Tx 78761			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions/Donations		Description (If travel outside of Texas, complete Schedule T) Event sponsorship	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Ron Davis		Office sought Office held Travis Co. Commissioner - Pct. 1 (Same)	

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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: 16		2 FILER NAME Ms. Sarah Eckhardt		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-17-12		5 Payee name Charles Cox, CPA			
6 Amount (\$) 75.00		7 Payee address; City; State; Zip Code 614 Capital of Texas Hwy. South, West Lake Hills, TX 78746-5204			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Accounting/ Banking		(b) Description (If travel outside of Texas, complete Schedule T) Prepare 2011's forms 1096 & 1099	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-25-12		Payee name U.S. Postal Service Central Park Station			
Amount (\$) 8.10		Payee address; City; State; Zip Code 3507 N. Lamar Blvd., Austin, TX 78705-9997			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T) Lady Liberty / Flag Stamps	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-13-12		Payee name Pirix, Inc.			
Amount (\$) 22.50		Payee address; City; State; Zip Code 144 2nd St. 1st Floor, San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/ Banking		Description (If travel outside of Texas, complete Schedule T) Online transaction Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-21-12		Payee name Bruce Elfant Campaign			
Amount (\$) 250.00		Payee address; City; State; Zip Code P.O. Box 49051, Austin, TX 78765			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions / Donations		Description (If travel outside of Texas, complete Schedule T) Sponsor Kick-off Event 1/20/12	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Bruce Elfant		Office sought Office held Tax Assessor / Collector Travis Co.	

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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: 16	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-1-12	5 Payee name NARAL Pro-Choice Texas
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6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code P.O. Box 684602, Austin, Tx 78768
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions / Donations	(b) Description (If travel outside of Texas, complete Schedule T) Event Sponsorship 1/26/12
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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 2-10-12	Payee name Office Max #377
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Amount (\$) 19.43	Payee address; City; State; Zip Code 907 West 5th St., Austin, Tx 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Office Supplies
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-15-12	Payee name Bill and Jonny's Cat Mountain Grill
------------------------	--

Amount (\$) 27.01	Payee address; City; State; Zip Code 3815 Dry Creek Drive, Austin, Tx 78731
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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) Event Food
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sarah Eckhardt	Office sought	Office held Traffic Co. Commissioner Pet. 2
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Date 3-19-12	Payee name Starbucks Store #
------------------------	--

Amount (\$) 3.84	Payee address; City; State; Zip Code 501 West 15th St., 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) Coffee
------------------------	--	--

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: 16	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3-14-12	5 Payee name Alamo Draft House
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6 Amount (\$) 72.01	7 Payee address; City; State; Zip Code 5701 West Slaughter Ln., Austin, Tx 78739
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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 Lunch 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 3-23-12	Payee name City of Austin
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Amount (\$) 1.25	Payee address; City; State; Zip Code 301 W. 2nd St., Austin, Tx 78701
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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) Parking Expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-8-12	Payee name Leaf
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Amount (\$) 28.23	Payee address; City; State; Zip Code 419 W. 2nd St., 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) Nate Walke Lunch
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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 3-21-12	Payee name Thunderbird Coffee
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Amount (\$) 4.05	Payee address; City; State; Zip Code 1401 Koenig Ln., 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) Coffee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 16	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
--	---	--

4 Date 3-23-12	5 Payee name Quattro Gatti
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6 Amount (\$) 28.00	7 Payee address; City; State; Zip Code 908 Congress Ave., 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) Lunch with County Executive, Leslie Browder
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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 4-2-12	Payee name City of Austin
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Amount (\$) 1.75	Payee address; City; State; Zip Code 301 W. 2nd St., Austin, Tx 78701
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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) Parking Expense
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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 4-9-12	Payee name City of Austin
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Amount (\$) 1.75	Payee address; City; State; Zip Code 301 W. 2nd St., Austin, Tx 78701
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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) Parking Expense
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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 2-29-12	Payee name Greater Austin Hispanic Chamber of Commerce
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Amount (\$) 250.00	Payee address; City; State; Zip Code 2800 South IH-35, Suite 260, Austin, Tx 78704-6536
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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) Membership Dues
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>16</i>	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
--	---	--

4 Date <i>3-29-12</i>	5 Payee name <i>Joe Hon</i>
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6 Amount (\$) <i>313.30</i>	7 Payee address; City; State; Zip Code <i>3929 Yarnborough Ave., Austin, Tx 78744</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Salaries / Wages / Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Web & Social Media Services</i>
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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 <i>4-13-12</i>	Payee name <i>Burnt Orange Report</i>
------------------------	--

Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>1512A Pennsylvania Ave., Austin, Tx 78702</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Advertising Package</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-10-12</i>	Payee name <i>The Texas Observer</i>
------------------------	---

Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>307 W. 7th St., Austin, Tx 78701</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contributions / Donations</i>	Description (If travel outside of Texas, complete Schedule T) <i>Financial Support</i>
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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 <i>4-20-12</i>	Payee name <i>Capital Area Progressive Democrats</i>
------------------------	---

Amount (\$) <i>110.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 413, Austin, Tx 78767</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contributions / Donations</i>	Description (If travel outside of Texas, complete Schedule T) <i>Event Sponsorship & membership</i>
------------------------	--	--

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 16	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-23-12	5 Payee name Greg Hamilton Campaign
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 4700 Loyola Lane, Suite 101, Austin, Tx 78723
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions / Donations	(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 Greg Hamilton	Office sought Travis Co. Sheriff	Office held Same
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Date 4-23-12	Payee name Ron Davis Campaign
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Amount (\$) 100.00	Payee address; City; State; Zip Code P.O. Box 16665, Austin, Tx 78761
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions / Donations	Description (If travel outside of Texas, complete Schedule T) Support Campaign
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RON DAVIS	Office sought Travis Co. Commissioner - Pct. 1	Office held SAME
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Date 4-4-12	Payee name Hillside Farmacy
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Amount (\$) 181.00	Payee address; City; State; Zip Code 1209 East 11 th St., Austin, Tx 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Staff Lunch
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-6-12	Payee name Vertical Response
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Amount (\$) 30.01	Payee address; City; State; Zip Code 50 Beale St., 10 th Floor, San Francisco, CA 94105
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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) Purchase of marketing items
------------------------	---	--

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: <i>16</i>		2 FILER NAME <i>Ms. Sarah Eckhardt</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-18-12</i>		5 Payee name <i>Whole Foods</i>			
6 Amount (\$) <i>12.80</i>		7 Payee address; City; State; Zip Code <i>525 North Lamar Blvd., Austin, Tx 78703</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food / Beverage Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Sarah Eckhardt Campaign Event</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sarah Eckhardt</i>		Office sought <i>Travis Co. Commissioner - Pct. 2</i>	
Date <i>4-25-12</i>		Payee name <i>City of Austin</i>			
Amount (\$) <i>1.25</i>		Payee address; City; State; Zip Code <i>301 W. 2nd St., Austin, Tx 78701</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Office Overhead</i>		Description (If travel outside of Texas, complete Schedule T) <i>Parking Expense</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>4-17-12</i>		Payee name <i>Pinyx, Inc.</i>			
Amount (\$) <i>11.25</i>		Payee address; City; State; Zip Code <i>144 2nd St., 1st Floor, San Francisco, CA 94105</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Accounting / Banking</i>		Description (If travel outside of Texas, complete Schedule T) <i>Online Transaction Fee</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>5-14-12</i>		Payee name <i>Joe Hon</i>			
Amount (\$) <i>124.65</i>		Payee address; City; State; Zip Code <i>3929 Yarborough Ave., Austin, Tx 78744</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Salaries / Wages / Contract labor</i>		Description (If travel outside of Texas, complete Schedule T) <i>Web & Social Media Services</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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	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: 16	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-15-12	5 Payee name Susan Harry
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6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code P.O. Box 301074, Austin, Tx 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/wages/contract labor	(b) Description (if travel outside of Texas, complete Schedule T) Campaign Management
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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 5-1-12	Payee name Cisco Webex, LLC
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Amount (\$) 647.46	Payee address; City; State; Zip Code 3979 Freedom Circle, Santa Clara, CA 95054
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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) Online Meeting Service - Business
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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 5-14-12	Payee name Travis County Democrats
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Amount (\$) 500.00	Payee address; City; State; Zip Code P.O. Box 64263, Austin, Tx 78768
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations	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 5-16-12	Payee name City of Austin
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Amount (\$) 0.75	Payee address; City; State; Zip Code 301 W. 2nd St., Austin, Tx 78701
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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) Parking Expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	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: 16	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-18-12	5 Payee name Cups & Cones
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6 Amount (\$) 5.42	7 Payee address; City; State; Zip Code 2900 N. Quinlan Park Rd., Suite 290, Austin, Tx 78732
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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 5-18-12	Payee name Vertical Response
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Amount (\$) 30.01	Payee address; City; State; Zip Code 50 Beale St., 10 th Floor, San Francisco, CA 94105
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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) Marketing Items
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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 5-29-12	Payee name Amazon. Com
-----------------	---------------------------

Amount (\$) 259.98	Payee address; City; State; Zip Code 410 Terry Ave. North, Seattle, WA 98109
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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) Purchase of a Scanner
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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 6-11-12	Payee name Pirix, Inc.
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Amount (\$) 56.25	Payee address; City; State; Zip Code 144 2 nd St., 1 st Floor, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting / Banking	Description (If travel outside of Texas, complete Schedule T) Online transaction Fees
------------------------	--	--

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: <i>16</i>	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6-13-12</i>	5 Payee name <i>Pryx, Inc.</i>
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6 Amount (\$) <i>16.88</i>	7 Payee address; City, State; Zip Code <i>144 2nd St., 1st Floor, San Francisco, CA 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Accounting & Banking</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Online Transaction Fees</i>
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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 <i>6-14-12</i>	Payee name <i>Pryx, Inc.</i>
------------------------	---------------------------------

Amount (\$) <i>11.26</i>	Payee address; City, State; Zip Code <i>144 2nd St., 1st Floor, San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Accounting & Banking</i>	Description (If travel outside of Texas, complete Schedule T) <i>Online Transaction Fees</i>
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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 <i>6-16-12</i>	Payee name <i>Pryx, Inc.</i>
------------------------	---------------------------------

Amount (\$) <i>45.00</i>	Payee address; City, State; Zip Code <i>144 2nd St., 1st Floor, San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Accounting & Banking</i>	Description (If travel outside of Texas, complete Schedule T) <i>Online Transaction Fee</i>
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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 <i>6-18-12</i>	Payee name <i>Pryx, Inc.</i>
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Amount (\$) <i>58.50</i>	Payee address; City, State; Zip Code <i>144 2nd St., 1st Floor, San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Accounting & Banking</i>	Description (If travel outside of Texas, complete Schedule T) <i>Online Transaction Fees</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>16</i>	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6/20/12</i>	5 Payee name <i>Pirix, Inc.</i>
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6 Amount (\$) <i>11.25</i>	7 Payee address; City; State; Zip Code <i>144 2nd St., 1st Floor, San Francisco, CA 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Accounting & Banking</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Online Transaction Fee</i>
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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 <i>6-21-12</i>	Payee name <i>Pirix, Inc.</i>
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Amount (\$) <i>13.50</i>	Payee address; City; State; Zip Code <i>144 2nd St., 1st Floor, San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Accounting & Banking</i>	Description (If travel outside of Texas, complete Schedule T) <i>Online Transaction Fees</i>
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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 <i>6-22-12</i>	Payee name <i>Pirix, Inc.</i>
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Amount (\$) <i>2.25</i>	Payee address; City; State; Zip Code <i>144 2nd St., 1st Floor, San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Accounting & Banking</i>	Description (If travel outside of Texas, complete Schedule T) <i>Online Transaction Fee</i>
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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 <i>6-25-12</i>	Payee name <i>Pirix, Inc.</i>
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Amount (\$) <i>112.50</i>	Payee address; City; State; Zip Code <i>144 2nd St., 1st Floor, San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Accounting & Banking</i>	Description (If travel outside of Texas, complete Schedule T) <i>Online Transaction Fee</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 16	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6-26-12	5 Payee name Pinyx, Inc.
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6 Amount (\$) 10.13	7 Payee address; City; State; Zip Code 144 2nd St., 18th Floor, San Francisco, CA 94105
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting & Banking	(b) Description (If travel outside of Texas, complete Schedule T) Online Transaction Fees
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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 6-27-12	Payee name Pinyx, Inc.
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Amount (\$) 11.25	Payee address; City; State; Zip Code 144 2nd St., 1st Floor, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting & Banking	Description (If travel outside of Texas, complete Schedule T) Online Transaction Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/28/12	Payee name Pinyx, Inc.
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Amount (\$) 2.25	Payee address; City; State; Zip Code 144 2nd St., 1st Floor, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting & Banking	Description (If travel outside of Texas, complete Schedule T) Online Transaction Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-29-12	Payee name Pinyx, Inc.
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Amount (\$) 2.26	Payee address; City; State; Zip Code 144 2nd St., 1st Floor, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting & Banking	Description (If travel outside of Texas, complete Schedule T) Online Transaction Fees
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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

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: <i>16</i>	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6/30/12</i>	5 Payee name <i>Prinx, Inc.</i>
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6 Amount (\$) <i>11.25</i>	7 Payee address; City; State; Zip Code <i>144 2nd St., 1st Floor, San Francisco, CA 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Accounting & Banking</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Online Transaction Fee</i>
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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 <i>5-31-12</i>	Payee name <i>Lake Travis Chamber of Commerce</i>
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Amount (\$) <i>125.00</i>	Payee address; City; State; Zip Code <i>1415 Ranch Road 620 South, Suite #202, Austin, TX 78734</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Membership Dues</i>
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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 <i>5-31-12</i>	Payee name <i>Pflugerville Chamber of Commerce</i>
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Amount (\$) <i>125.00</i>	Payee address; City; State; Zip Code <i>101 3rd St., South, Pflugerville, TX 78660</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Membership Dues</i>
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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 <i>5-12-12</i>	Payee name <i>Joe Hon</i>
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Amount (\$) <i>124.65</i>	Payee address; City; State; Zip Code <i>3929 Marlborough Ave., Austin, TX 78744</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Web & Social Media Services</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>16</i>	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6-11-12</i>	5 Payee name <i>Susan Harry</i>
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6 Amount (\$) <i>1,942.67</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 301074, Austin, Tx 78703</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>	(b) Description (if travel outside of Texas, complete Schedule T) <i>Campaign Management</i>
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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 <i>6-7-12</i>	Payee name <i>Enoteca</i>
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Amount (\$) <i>223.97</i>	Payee address; City; State; Zip Code <i>1610 S. Congress Ave., Austin, Tx 78704</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description (if travel outside of Texas, complete Schedule T) <i>Staff Lunch</i>
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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 <i>6-11-12</i>	Payee name <i>City of Austin</i>
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Amount (\$) <i>1.00</i>	Payee address; City; State; Zip Code <i>301 W. 2nd St., Austin, Tx 78701</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	Description (if travel outside of Texas, complete Schedule T) <i>Parking Expense</i>
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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 <i>6-14-12</i>	Payee name <i>U.S. Postal Service - Central Park Station</i>
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Amount (\$) <i>8.10</i>	Payee address; City; State; Zip Code <i>3507 N. Lamar Blvd., Austin, Tx 78705</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	Description (if travel outside of Texas, complete Schedule T) <i>Stamps</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>16</i>	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>6-15-12</i>	5 Payee name <i>City of Austin</i>	
6 Amount (\$) <i>3.00</i>	7 Payee address; City; State; Zip Code <i>301 W. 2nd St., Austin, TX 78701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Parking Expense</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>6-14-12</i>	Payee name <i>Haddingtons</i>	
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>601 W. 6th St., Austin, TX 78701</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Staff</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>6-20-12</i>	Payee name <i>Stiles Switch BBQ</i>	
Amount (\$) <i>10.50</i>	Payee address; City; State; Zip Code <i>6610 N. Lamar Blvd., Austin, TX 78752</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Event Food</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sarah Eckhardt Travis Co. Commissioner, Pct. 2</i>	Office sought Office held <i>Same</i>
Date <i>6-27-12</i>	Payee name <i>Garridos</i>	
Amount (\$) <i>599.99</i>	Payee address; City; State; Zip Code <i>360 Nueces St., #10, Austin, TX 78701</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation / Fundraising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fund Raising Event Location & Food</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sarah Eckhardt Travis Co. Commissioner, Pct. 2</i>	Office sought Office held <i>Same</i>

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