

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

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

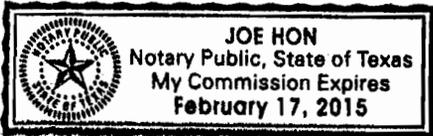
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,206.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26,190.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SARAH ECKHARDT, this the 11TH day of JANUARY, 20 13, to certify which, witness my hand and seal of office.

[Handwritten Signature] JOE HON NOTARY PUBLIC
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **12**

2 FILER NAME

Ms. Sarah Gelhardt

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/9/12

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

Armburst & Brown, PLLC

6 Contributor address; City; State; Zip Code

*100 Congress Ave., Ste. 1300
Austin, TX 78701-2744*

7 Amount of contribution (\$)

\$1,000.00

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

7/11/12

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

Robert Ayres

Contributor address; City; State; Zip Code

2408 Keating Lane, Austin, TX 78703

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

7/10/12

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

Charles Betts

Contributor address; City; State; Zip Code

*14741 Arrowhead Dr., Volente, TX
78641*

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

7/6/12

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

Frank Cooksey

Contributor address; City; State; Zip Code

2208 Matthews Dr., Austin, TX 78703

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/20/12

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

Raul Gonzalez

Contributor address; City; State; Zip Code

1109 Blair Way, Austin, TX 78704

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/2/12

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

James Hoeffner

6 Contributor address; City; State; Zip Code

5501 Scout Island Cir. S., Austin,
TX 78731

7 Amount of contribution (\$)

\$ 100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/20/12

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

Susan Morrison

Contributor address; City; State; Zip Code

4205 Ramsey Ave., Austin, TX
78756-3512

Amount of contribution (\$)

\$ 125.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/20/12

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

David Smith

Contributor address; City; State; Zip Code

P.O. Box 537, Austin, TX
78767-0537

Amount of contribution (\$)

\$ 35.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/3/12

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

Robert Theriot

Contributor address; City; State; Zip Code

6535 Comanche Trail, Austin, TX
78732

Amount of contribution (\$)

\$ 250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/12/12

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

George Cofer

Contributor address; City; State; Zip Code

3306 Gentry Dr., Rollingwood, TX
78746

Amount of contribution (\$)

\$ 125.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Ms. Sarah Eckhardt</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/10/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eric S. Einhorn</i>	7 Amount of contribution (\$) <i>\$ 25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>11 Red Fox Lane, Amherst, MA 01002</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/10/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy T. Neavel</i>	Amount of contribution (\$) <i>\$ 25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2905 Scenic Dr., Austin, Tx 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/11/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann S. Graham</i>	Amount of contribution (\$) <i>\$ 25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3815 Avenue H, Austin, Tx 78751</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/14/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erik Azulay</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>429 W. 51st St., Austin, Tx 78756</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/15/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Scott Nabers</i>	Amount of contribution (\$) <i>\$ 250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7850 Escala Dr., 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:

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

4 Date <i>8/15/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nikelle Susanne Meade</i>	7 Amount of contribution (\$) <i>\$ 250.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>5363 Austral Loop, Austin, Tx 78739</i>	(If travel outside of Texas, complete Schedule T)	

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

Date <i>8/15/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sophia Checa</i>	Amount of contribution (\$) <i>\$ 50.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>4108 Lewis Lane, Apt. A, Austin, TX 78756</i>	(If travel outside of Texas, complete Schedule T)	

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

Date <i>8/15/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Audra Teinert</i>	Amount of contribution (\$) <i>\$ 25.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>5005 Duval Rd., Austin, TX 78727</i>	(If travel outside of Texas, complete Schedule T)	

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

Date <i>8/17/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frances Morey</i>	Amount of contribution (\$) <i>\$ 25.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>21 Waller St. #1510, Austin, Tx 78702</i>	(If travel outside of Texas, complete Schedule T)	

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

Date <i>8/17/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deece Eckstein</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1010 Winsted Lane, Austin, Tx 78703</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:

2 FILER NAME

Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/17/12

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

Daniel Bradford

6 Contributor address; City; State; Zip Code

2929A E. 13th St., Austin, TX 78702

7 Amount of contribution (\$)

\$ 250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/18/12

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

Laurie Seremetis

Contributor address; City; State; Zip Code

1016 Shelley Ave., Austin, TX 78703

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/12

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

Therese Baer

Contributor address; City; State; Zip Code

5904 Mountainclimb Dr. Apt 1
Austin, TX 78731-3953

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/12

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

Diane Coleman

Contributor address; City; State; Zip Code

1503 Stepdown Cv., Austin, TX
78731-1141

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/12

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

Brenda Coleman-Beattie

Contributor address; City; State; Zip Code

8402 Burkwood Cv., Austin, TX
78735-1503

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

2 FILER NAME

Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/16/12

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

Adrienne Kennedy

6 Contributor address; City; State; Zip Code

*511 Konstanty Cir., West Lake Hills, TX
78746-6435*

7 Amount of contribution (\$)

\$ 50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/18/12

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

Adrian Moore

Contributor address; City; State; Zip Code

*2204 Toro Canyon Rd., Austin, TX
78746*

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/12

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

Catherine Weaver

Contributor address; City; State; Zip Code

*7002 Windrift Way, Austin, TX
78745-5442*

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/2/12

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

Nina Butts

Contributor address; City; State; Zip Code

*4400 Shoalwood Ave., Austin, TX
78756-3217*

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/1/12

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

Joe Dibrell & Jayne Dibrell

Contributor address; City; State; Zip Code

*2107 Griswold Ln., Austin, TX
78703-3009*

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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

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

4 Date <i>8/10/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gay Erwin</i>	7 Amount of contribution (\$) <i>\$ 250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>No. 3 Jeffrey Cove, Austin, Tx 78746</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>8/12/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth Faulk</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2105 Griswold Lane, Austin, Tx 78703</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>8/10/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James R. Brand</i>	Amount of contribution (\$) <i>\$ 200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>802 Barton Blvd., Austin, Tx 78704-1409</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>8/10/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Linehan</i>	Amount of contribution (\$) <i>\$ 250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3502 Lost Creek Blvd., Austin, Tx 78735-1506</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>8/15/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perry Lorenz</i>	Amount of contribution (\$) <i>\$ 750.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1311-A East 6th St., Austin, Tx 78702-3301</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:

2 FILER NAME

Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/15/12

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

James Marston

6 Contributor address; City; State; Zip Code

2910 Townes Ln., Austin, TX 78703

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/15/12

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

Vera Massaro

Contributor address; City; State; Zip Code

3000 Savoy Place, Austin, TX 78757

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/12

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

Duncan Osborne

Contributor address; City; State; Zip Code

*2106 meadowbrook Dr., Austin, TX
78703*

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/12

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

Neel White

Contributor address; City; State; Zip Code

*4220 River Garden Trl., Austin, TX
78746 - 2011*

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

8/15/12

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

AFSCME (American Federation of State, County & Municipal Employees - AFL-CIO)

Contributor address; City; State; Zip Code

1625 L St. N.W., Washington DC 20036

Amount of contribution (\$)

\$ 1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME *Ms. Sarah Eckhardt*

3 ACCOUNT # (Ethics Commission Filers)

4 Date
8/15/12

5 Full name of contributor out-of-state PAC (ID#:
James Aldrete

7 Amount of contribution (\$)
\$ 50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
*2501 Durwood St., Austin, TX
78704*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
8/15/12

Full name of contributor out-of-state PAC (ID#:
James Bryce

Amount of contribution (\$)
\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*6103 Shoal Creek Blvd., Austin,
TX 78757-3129*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/15/12

Full name of contributor out-of-state PAC (ID#:
George Cofer

Amount of contribution (\$)
\$ 20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3306 Gentry Dr., Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/15/12

Full name of contributor out-of-state PAC (ID#:
Bruce Elfant

Amount of contribution (\$)
\$ 50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4522 Avenue F, Austin, TX 78751

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/15/12

Full name of contributor out-of-state PAC (ID#:
Tina Fernandez

Amount of contribution (\$)
\$ 250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4325 Scales St., Austin, TX 78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/15/12

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

Robert Kamm

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1304 Guadalupe
Austin, TX 78701*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/15/12

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

Ali Khataw

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*7914 Bee Caves Rd., Austin, TX
78746-4963*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/12

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

LAN-PAC

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2925 Briarpark Dr., Fourth Floor,
Houston, TX 77042*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/12

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

Blake Mitchell

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*200 Goodrich Ave., Austin, TX
78704-4000*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/12

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

Kevin Paris

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2900 S. 1st St., Apt. 427,
Austin, TX 78704-6386*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME *Ms. Sarah Eckhardt*

3 ACCOUNT # (Ethics Commission Filers)

4 Date *8/15/12* 5 Full name of contributor out-of-state PAC (ID#:

Tanya Voss

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
*1204 Palo Duro Rd., Austin, TX
78757*

\$ 20.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date *8/28/12* Full name of contributor out-of-state PAC (ID#:

Angela Maria Evans

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*4308 Marathon Blvd., Austin, TX
78756*

\$ 50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *9/7/12* Full name of contributor out-of-state PAC (ID#:

Cecile Keeper

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*2929 Buffalo Speedway, Unit 203,
Houston, TX 77098*

\$ 100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *10/1/12* Full name of contributor out-of-state PAC (ID#:

Bucky Lamb

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*7808 West Rim Dr., Austin, TX
78731*

\$ 150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *9/29/12* Full name of contributor out-of-state PAC (ID#:

Mary Sanger

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*704 Carolyn Avenue, Austin, TX
78705*

\$ 200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction guide explains how to complete this form. 1 Total pages Schedule A:

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

4 Date <i>8/17/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Henry H. Gilmore</i>	7 Amount of contribution (\$) <i>\$ 250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>803 N. main St. Burnet, TX 78611</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>10/31/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Giovanni Mastromatteo</i>	Amount of contribution (\$) <i>\$ 50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>15228 Katies Corner Lane Pflugerville, TX 78660</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>12/12/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert Howard</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2315 Westforest Dr., 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)

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 25	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7-10-12	5 Payee name Nick Hudson
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6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 5701 S. Mopac Expressway # 2124, Austin, TX 78749
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Social Media
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-5-12	Payee name Joe Hon
-----------------------	------------------------------

Amount (\$) 144.60	Payee address; City; State; Zip Code 3929 Yarbrough Avenue, 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
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-10-12	Payee name Pflugerville Chamber of Commerce
------------------------	---

Amount (\$) 15.00	Payee address; City; State; Zip Code 101 3rd St. South, Pflugerville, TX 78660
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations	Description (If travel outside of Texas, complete Schedule T) Given at lunch event
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-10-12	Payee name Susan Harry
------------------------	----------------------------------

Amount (\$) 1,561.66	Payee address; City; State; Zip Code P.O. Box 301074, Austin, TX 78703
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Manager
------------------------	--	--

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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>7-8-12</i>	5 Payee name <i>Vertical Response</i>
-------------------------	--

6 Amount (\$) <i>30.01</i>	7 Payee address; City; State; Zip Code <i>50 Beale St., 10th Floor, San Francisco, CA 94105</i>
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Purchase of marketing items</i>
--------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-3-12</i>	Payee name <i>City of Austin</i>
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Amount (\$) <i>0.99</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-13-12</i>	Payee name <i>City of Austin</i>
------------------------	-------------------------------------

Amount (\$) <i>0.50</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>
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-8-12</i>	Payee name <i>Margaret Gomez</i>
-----------------------	-------------------------------------

Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 3232, Austin, TX 78764-9998</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contributions</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gomez</i>	Office sought <i>Travis County Commissioner Pct. 4</i>	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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8-6-12</i>	5 Payee name <i>Joe Hon</i>
-------------------------	--------------------------------

6 Amount (\$) <i>144.60</i>	7 Payee address; City; State; Zip Code <i>3929 Yarborough Avenue, Austin, Tx 78744</i>
--------------------------------	---

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</i>
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-1-12</i>	Payee name <i>Nick Hudson</i>
-----------------------	----------------------------------

Amount (\$) <i>1,000.00</i>	Payee address; City; State; Zip Code <i>5701 South Mopac Expressway #2124, Austin, Tx 78749</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Social Media</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-7-12</i>	Payee name <i>Susan Harry</i>
-----------------------	----------------------------------

Amount (\$) <i>2,010.74</i>	Payee address; City; State; Zip Code <i>P.O. Box 301074, Austin, Tx 78703</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>Campaign Manager</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-9-12</i>	Payee name <i>City of Austin</i>
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Amount (\$) <i>3.00</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>
------------------------	--	---

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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8-10-12</i>	5 Payee name <i>Starbucks Store #6368</i>
--------------------------	--

6 Amount (\$) <i>10.12</i>	7 Payee address; City; State; Zip Code <i>501 West 15th St., Austin, TX 78701</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)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-11-12</i>	Payee name <i>Target Austin South</i>
------------------------	--

Amount (\$) <i>107.13</i>	Payee address; City; State; Zip Code <i>2300 Ben White Blvd., Austin, TX 78704</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>Supplies for New Office</i>
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-14-12</i>	Payee name <i>City of Austin</i>
------------------------	-------------------------------------

Amount (\$) <i>0.50</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>
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-14-12</i>	Payee name <i>Office Max # 337</i>
------------------------	---------------------------------------

Amount (\$) <i>18.94</i>	Payee address; City; State; Zip Code <i>907 West 5th St., Austin, TX 78703</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>Office Supplies</i>
------------------------	--	---

Complete <u>ONLY</u> 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:	2 FILER NAME <i>Ms. SARAH Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8-14-12</i>	5 Payee name <i>Office Max #377</i>
--------------------------	--

6 Amount (\$) <i>7.03</i>	7 Payee address; City; State; Zip Code <i>907 West 5th St., Austin, Tx 78703</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>Office Supplies</i>
--------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-15-12</i>	Payee name <i>Dart Bowl</i>
------------------------	--------------------------------

Amount (\$) <i>360.00</i>	Payee address; City; State; Zip Code <i>5700 Grover Ave., Austin, Tx 78756</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Bowling Fundraiser</i>
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sarah Eckhardt</i>	Office sought	Office held <i>Trans Co. Comm. Pct. 2</i>
--	--	---------------	--

Date <i>8-17-12</i>	Payee name <i>BlueHost, Inc.</i>
------------------------	-------------------------------------

Amount (\$) <i>107.88</i>	Payee address; City; State; Zip Code <i>1958 South 950, East Provo, Utah 84606</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>Web hosting + Solutions</i>
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-17-12</i>	Payee name <i>Dart Bowl Steak House</i>
------------------------	--

Amount (\$) <i>30.00</i>	Payee address; City; State; Zip Code <i>5700 Grover Ave., Austin, Tx 78756</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 Preparation</i>
------------------------	--	---

Complete <u>ONLY</u> 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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8-15-12</i>	5 Payee name <i>West Gate Restaurant, Inc. - Cafe</i>
--------------------------	--

6 Amount (\$) <i>230.00</i>	7 Payee address; City; State; Zip Code <i>5700 Grover, Austin, Tx 78756</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>Bowl-a-Rama</i>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-2-12</i>	Payee name <i>Austin AFL-CIO Council</i>
-----------------------	---

Amount (\$) <i>215.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 301074, Austin, Tx 78703</i>
------------------------------	--

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>Quarter Page Booklet Ad</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-15-12</i>	Payee name <i>LAURA SACKRIDER</i>
------------------------	--------------------------------------

Amount (\$) <i>1,816.56</i>	Payee address; City; State; Zip Code <i>2414 Exposition Blvd. C-100, Austin, Tx 78703</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>Bookkeeping & Reporting</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-22-12</i>	Payee name <i>Capital Area Democratic Women - PAC</i>
------------------------	--

Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 12962, Austin, Tx 78711</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>Membership Dues & Sponsorship</i>
------------------------	--	---

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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8-29-12</i>	5 Payee name <i>Capital Area Democratic Women - PAC</i>
--------------------------	--

6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 12962, Austin, Tx 78711</i>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contributions / Donations</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Raised level of Sponsorship</i>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-10-12</i>	Payee name <i>Nick Hudson</i>
------------------------	----------------------------------

Amount (\$) <i>1,000.00</i>	Payee address; City; State; Zip Code <i>5701 S. Mopac Expressway #2124, Austin, Tx 78749</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Social Media</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-11-12</i>	Payee name <i>Susan Harry</i>
------------------------	----------------------------------

Amount (\$) <i>1,515.57</i>	Payee address; City; State; Zip Code <i>P.O. Box 301074, Austin, Tx 78703</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>Campaign Manager</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-12-12</i>	Payee name <i>Austin Area Urban League</i>
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Amount (\$) <i>125.00</i>	Payee address; City; State; Zip Code <i>8011-A Cameron Rd., Suite 100, Austin, Tx 78754</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>1/4 Page Ad</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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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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9-18-12</i>	5 Payee name <i>Bruce Elfant for Tax Assessor Collector</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 49051, Austin, TX 78765</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contributions / Donations</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Bruce Elfant Travis County Tax Assessor - Collector</i>	Office sought <i>Tax Assessor - Collector</i>
Date <i>9-5-12</i>	Payee name <i>Haddington's</i>	
Amount (\$) <i>48.24</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>Pre-staff Retreat Meeting with Joe Hon</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>9-24-12</i>	Payee name <i>Austin Young Democrats PAC</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>2024 B Simond Ave., Austin, TX 78723</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>Relaunch Sponsorship</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>9-27-12</i>	Payee name <i>Livable City</i>	
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 5991, Austin, TX 78763</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>Advocate Level</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10-5-12</i>	5 Payee name <i>Texas Civil Rights Project</i>
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6 Amount (\$) <i>200.00</i>	7 Payee address; City; State; Zip Code <i>1405 Montopolis Drive, Austin, Tx 78741</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>1/4 Page Ad</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>10-25-12</i>	Payee name <i>Austin Young Democrats PAC</i>
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Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>2024 B Simond Ave., Austin, Tx 78723</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>Mailer</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-23-12</i>	Payee name <i>Gina Hinajosa Campaign</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 300718, Austin, Tx 78703</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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Gina Hinajosa</i>	Office sought <i>ALSO Trustee</i>	Office held
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Date <i>10- -12</i>	Payee name <i>Haddington's</i>
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Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>601 West 6th st., Austin, Tx 78701</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>Pre-Retreat Drinks with Peter Einhorn</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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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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10-5-12</i>	5 Payee name <i>Bass Bistro</i>
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6 Amount (\$) <i>240.00</i>	7 Payee address; City; State; Zip Code <i>500 W. 6th St., Austin TX 78701</i>
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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>Staff Lunch</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-3-12</i>	Payee name <i>Haddington's</i>
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Amount (\$) <i>40.00</i>	Payee address; City; State; Zip Code <i>6001 West 6th St., Austin, TX 78701</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>Pre-Retreat Drinks with Loretta Farb</i>
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-9-12</i>	Payee name <i>Annie's List</i>
------------------------	-----------------------------------

Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 699, 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 Ticket</i>
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-4-12</i>	Payee name <i>Torchy's Tacos</i>
------------------------	-------------------------------------

Amount (\$) <i>55.62</i>	Payee address; City; State; Zip Code <i>11521 N. FM 620 # N1000, Austin, TX 78726</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 Retreat Lunch</i>
------------------------	--	---

Complete <u>ONLY</u> 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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10-11-12</i>	5 Payee name <i>City of Austin</i>
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6 Amount (\$) <i>2.00</i>	7 Payee address; City; State; Zip Code <i>301 W. 2nd St., Austin, TX 78701</i>
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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>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-13-12</i>	Payee name <i>Vertical Response</i>
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Amount (\$) <i>32.50</i>	Payee address; City; State; Zip Code <i>50 Beale St., 10th Floor, San Francisco, CA 94105</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>Purchase 2500 email credits</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-1-12</i>	Payee name <i>Austin Self Storage</i>
------------------------	--

Amount (\$) <i>360.00</i>	Payee address; City; State; Zip Code <i>1409 W. Oltorf, Austin, TX 78704</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>1 year renewal</i>
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-30-12</i>	Payee name <i>Facebook.com</i>
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Amount (\$) <i>51.14</i>	Payee address; City; State; Zip Code <i>156 University Ave., Palo Alto, CA 94301-1605</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>3 Ads</i>
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Complete <u>ONLY</u> 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:	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/12/12	5 Payee name Pirix, Inc.
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6 Amount (\$) 5.63	7 Payee address; City; State; Zip Code 144 2nd St., 1st 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)
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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 8/10/12	Payee name Pirix, Inc.
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Amount (\$) 1.13	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)
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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 8/10/12	Payee name Pirix, Inc.
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Amount (\$) 1.13	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)
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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 8/11/12	Payee name Pirix, Inc.
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Amount (\$) 1.13	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)
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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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8/14/12</i>	5 Payee name <i>Pirix, Inc.</i>
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6 Amount (\$) <i>4.50</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)
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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>8/15/12</i>	Payee name <i>Pirix, Inc.</i>
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Amount (\$) <i>11.25</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)
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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>8/15/12</i>	Payee name <i>Pirix, Inc.</i>
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Amount (\$) <i>11.25</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)
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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>8/15/12</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)
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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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8/15/12</i>	5 Payee name <i>Pirix, Inc.</i>
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6 Amount (\$) <i>1.13</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)
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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>8/17/12</i>	Payee name <i>Pirix, Inc.</i>
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Amount (\$) <i>1.13</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)
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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>8/17/12</i>	Payee name <i>Pirix, Inc.</i>
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Amount (\$) <i>4.50</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)
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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>8/17/12</i>	Payee name <i>Pirix, Inc.</i>
------------------------	----------------------------------

Amount (\$) <i>11.25</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)
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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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8/18/12</i>	5 Payee name <i>Pirix, Inc.</i>
--------------------------	------------------------------------

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)
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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>8/28/12</i>	Payee name <i>Pirix, Inc.</i>
------------------------	----------------------------------

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)
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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>10/25/12</i>	Payee name <i>Nick Hudson</i>
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Amount (\$) <i>1,000.00</i>	Payee address; City; State; Zip Code <i>5701 S. Mopac Expressway # 2124, Austin, TX 78749</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/1/12</i>	Payee name <i>Worley Printing</i>
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Amount (\$) <i>1,393.18</i>	Payee address; City; State; Zip Code <i>3217 North Interstate 35, Austin, TX 78722</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

4 Date *10/30/12* 5 Payee name *In Focus Campaigns, LLC*

6 Amount (\$) *1,152.99* 7 Payee address; City; State; Zip Code
P.O. Box 10926, Fort Worth, TX 76114

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) *Consulting Expense* (b) Description (if travel outside of Texas, complete Schedule T)

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

Date *11/12/12* Payee name *Texas Civil Rights Project*

Amount (\$) *125.00* Payee address; City; State; Zip Code
1405 Montopolis Dr., Austin, TX 78741

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Contributions / Donations* Description (if travel outside of Texas, complete Schedule T)

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

Date *11/20/12* Payee name *Loretta Farb*

Amount (\$) *475.27* 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)

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

Date *10/30/12* Payee name *U.S. Post Master*

Amount (\$) *2,067.32* Payee address; City; State; Zip Code
510 Guadalupe, Austin, TX 78701

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

4 Date *11/1/12* 5 Payee name *Brigid Shea for mayor Campaign*

6 Amount (\$) *100.00* 7 Payee address; City; State; Zip Code *2604 Geraghty Ave., Austin, Tx 78757*

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)

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name *Brigid Shea* Office sought *City of Austin Mayor* Office held

Date *11/2/12* Payee name *Emily Johnson*

Amount (\$) *1,200.00* Payee address; City; State; Zip Code *1620 West 10th St., Austin, Tx 78703*

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

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

Date *10/31/12* Payee name *Facebook, Inc.*

Amount (\$) *65.82* Payee address; City; State; Zip Code *1601 Willow Road, Menlo Park, CA 94025-1452*

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

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

Date *11/1/12* Payee name *Facebook, Inc.*

Amount (\$) *86.87* Payee address; City; State; Zip Code *1601 Willow Road, Menlo Park, CA 94025-1452*

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>11/2/12</i>	5 Payee name <i>Facebook, Inc.</i>
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6 Amount (\$) <i>80.81</i>	7 Payee address; City; State; Zip Code <i>1601 Willow Road, Menlo Park, CA 94025-1452</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/3/12</i>	Payee name <i>Facebook, Inc.</i>
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Amount (\$) <i>75.18</i>	Payee address; City; State; Zip Code <i>1601 Willow Road, Menlo Park, CA 94025-1452</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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/3/12</i>	Payee name <i>Target - Austin South</i>
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Amount (\$) <i>35.71</i>	Payee address; City; State; Zip Code <i>2300 W. Ben White Blvd., Austin, TX 78704</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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/4/12</i>	Payee name <i>Facebook, Inc.</i>
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Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>1601 Willow Road, Menlo Park, CA 94025-1452</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)
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Complete <u>ONLY</u> 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:		2 FILER NAME <i>Ms. Sarah Eckhardt</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/5/12</i>		5 Payee name <i>Facebook, Inc.</i>			
6 Amount (\$) <i>50.00</i>		7 Payee address; City; State; Zip Code <i>1601 Willow Road, Menlo Park, CA 94025-1452</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>11/6/12</i>		Payee name <i>Facebook, Inc.</i>			
Amount (\$) <i>30.64</i>		Payee address; City; State; Zip Code <i>1601 Willow Road, Menlo Park, CA 94025-1452</i>			
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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>11/13/12</i>		Payee name <i>Vertical Response, Inc.</i>			
Amount (\$) <i>15.00</i>		Payee address; City; State; Zip Code <i>50 Beale St., 10th Floor, San Francisco, CA 94105</i>			
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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>11/15/12</i>		Payee name <i>U.S. Post Office - Austin Downtown</i>			
Amount (\$) <i>18.00</i>		Payee address; City; State; Zip Code <i>510 Guadalupe, Austin, Tx 78701-9998</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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>11/2/12</i>	5 Payee name <i>Nation Builder</i>
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6 Amount (\$) <i>19.00</i>	7 Payee address; City; State; Zip Code <i>448 S. Hill St., Suite 200, Los Angeles, CA 90013-1155</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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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>11/22/12</i>	Payee name <i>Facebook, Inc.</i>
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Amount (\$) <i>20.00</i>	Payee address; City; State; Zip Code <i>1601 Willow Road, Menlo Park, CA 94025-1452</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)
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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>11/27/12</i>	Payee name <i>Facebook, Inc.</i>
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Amount (\$) <i>43.08</i>	Payee address; City; State; Zip Code <i>1601 Willow Road, Menlo Park, CA 94025-1452</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)
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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>11/28/12</i>	Payee name <i>Facebook, Inc.</i>
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Amount (\$) <i>41.39</i>	Payee address; City; State; Zip Code <i>1601 Willow Road, Menlo Park, CA 94025-1452</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)
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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	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Feas	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Ms. Sarah Gelchardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>11-26-12</i>	5 Payee name <i>U.S. Postmaster</i>
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6 Amount (\$) <i>70.00</i>	7 Payee address; City; State; Zip Code <i>510 Guadalupe, Austin, Tx 78701</i>
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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)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-10-12</i>	Payee name <i>Nick Hudson</i>
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Amount (\$) <i>2,000.00</i>	Payee address; City; State; Zip Code <i>5701 S. Mopac Expressway, #2124, Austin, Tx 78749</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-10-12</i>	Payee name <i>Nick Hudson</i>
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Amount (\$) <i>60.50</i>	Payee address; City; State; Zip Code <i>5701 S. Mopac Expressway, #2124, Austin, Tx 78749</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>Reimburse for Office Depot expense</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-12-12</i>	Payee name <i>Joe Hon</i>
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Amount (\$) <i>135.65</i>	Payee address; City; State; Zip Code <i>3929 Yarrowbough Avenue, 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)
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Complete <u>ONLY</u> 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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>12-17-12</i>	5 Payee name <i>U.S. Post master</i>
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6 Amount (\$) <i>450.00</i>	7 Payee address; City; State; Zip Code <i>510 Guadalupe, Austin, TX 78701</i>
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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)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-28-12</i>	Payee name <i>Jack Goodman</i>
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Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>1010 Austin Highlands Blvd., Austin, TX 78745</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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jack Goodman</i>	Office sought <i>Borned member of Barton Springs Edwards Acquirer Conservation District</i>	Office held
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Date <i>12-21-12</i>	Payee name <i>Loretta Farb</i>
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Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>206 W. Covington Dr., Austin, TX 78753</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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-21-12</i>	Payee name <i>Joe Hon</i>
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Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>3929 Yanborough 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)
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Complete <u>ONLY</u> 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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>12-21-12</i>	5 Payee name <i>Peter Einhorn</i>
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6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code <i>1205 Sahara Ave., Austin, Tx 78745</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)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-8-12</i>	Payee name <i>Office Max # 337</i>
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Amount (\$) <i>13.64</i>	Payee address; City; State; Zip Code <i>909 West 5th St., Austin, Tx 78703</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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-11-12</i>	Payee name <i>Vertical Response</i>
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Amount (\$) <i>32.50</i>	Payee address; City; State; Zip Code <i>50 Beale St., 10th Floor, San Francisco, CA 94105</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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-12-12</i>	Payee name <i>Enoteca</i>
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Amount (\$) <i>200.00</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)
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Complete <u>ONLY</u> 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:		2 FILER NAME <i>Ms. Sarah Eckhardt</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12-14-12</i>		5 Payee name <i>Capital Area Democratic Women (Liz Burr, President)</i>			
6 Amount (\$) <i>38.00</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 12962, Austin, TX 78711</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Contributions / Donations</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Dues</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12-16-12</i>		Payee name <i>Facebook, Inc.</i>			
Amount (\$) <i>10.00</i>		Payee address; City; State; Zip Code <i>1601 Willow Rd., Menlo Park, CA 94025-1452</i>			
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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12-24-12</i>		Payee name <i>City of Austin</i>			
Amount (\$) <i>1.00</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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12-24-12</i>		Payee name <i>The Hideout Theatre</i>			
Amount (\$) <i>5.50</i>		Payee address; City; State; Zip Code <i>617 Congress Ave., 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>Coffee with Nikelle Meade</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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:	2 FILER NAME <i>Ms. Sarah Eckhardt</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>12-21-12</i>	5 Payee name <i>The U.S. Store # 77</i>	
6 Amount (\$) <i>11.50</i>	7 Payee address; City; State; Zip Code <i>1108 Lavaca, Suite # 110, 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)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12-22-12</i>	Payee name <i>Nation Builder</i>	
Amount (\$) <i>19.00</i>	Payee address; City; State; Zip Code <i>448 S. Hill St., Suite 200, Los Angeles, CA 90013 - 1155</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12-29-12</i>	Payee name <i>Facebook, Inc.</i>	
Amount (\$) <i>9.93</i>	Payee address; City; State; Zip Code <i>1601 Willow Rd., Menlo Park, CA 94025 - 1452</i>	
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)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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