FORM **COR-C/OH**

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

8048

1 ACCOUNT #	2 Total pages filed: 40	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MS; FIRST: Sarah; MI: ; NICKNAME: ; LAST: Eckhardt; SUFFIX:	Date Received
4 ORIGINAL REPORT TYPE	[X] January 15; [ ] Runoff; [ ] Other (specify); [ ] July 15; [ ] Exceeded $500 limit; [ ] 30th day before election; [ ] 15th day after treasurer appointment (officeholder only); [ ] 8th day before election; [ ] Final report	Date Hand-delivered or Postmarked
		Receipt # Amount
5 ORIGINAL PERIOD COVERED	Month 7 Day 1 Year 2012 THROUGH Month 12 Day 31 Year 2012	Date Processed
		Date Imaged

FILED FOR RECORD 2013 FEB 15 AM 3:42 Dana DeBeauvoir County Clerk Travis County Texas

6 EXPLANATION OF CORRECTION * Completed box # 1 "Total # of pages" for each Schedule A & Schedule F page. * Enhanced and completed descriptions in the "Description" boxes of the "Purpose of Expenditure" line of Schedule F on pages 16, 18-19, 22-23 & 25-39. * Page 35 of the 3rd line item for $60.50: The "payee Name" and "Payee Address" were corrected, as well as, the description box.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

[X] **Semiannual reports:** This report is an amendment/correction to a semiannual report **due on or after September 1, 2011**. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

[ ] **Other reports** (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

NOTARY PUBLIC STATE OF TEXAS
ADRIAN AVILA
Notary Public
STATE OF TEXAS
My Comm. Exp. 06-20-2016

AFFIX NOTARY STAMP / SEAL ABOVE

Sarah Eckhardt
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SARAH ECKHARDT, this the 15th day of FEBRUARY, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Adrian G Avila Printed name of officer administering oath	Notary Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8004

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: 39

OFFICE USE ONLY

Date Received

Date Hand-delivered or postmarked

Receipt # Amount

Date Processed

Date Imaged

FILED FOR RECORD 2013 JAN 14 AM 9:04 Dana DeBeauvoir County Clerk Travis County, Texas

3 CANDIDATE / OFFICEHOLDER NAME

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

NICKNAME LAST: Eckhardt SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ change of address

ADDRESS / PO BOX: P.O. Box 301856, APT / SUITE #: CITY: Austin, STATE: Tx ZIP CODE: 78703

5 CANDIDATE/ OFFICEHOLDER PHONE

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

6 CAMPAIGN TREASURER NAME

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

NICKNAME LAST: Hatfield SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 3404 Northwood Cir., APT / SUITE #: CITY: Austin, STATE: Tx ZIP CODE: 78703

8 CAMPAIGN TREASURER PHONE

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

9 REPORT TYPE

- ☒ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 7 / 1 / 2012 THROUGH Month / Day / Year: 12 / 31 / 2012

11 ELECTION

ELECTION DATE Month / Day / Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Travis Co. Commissioner Pct. 2

13 OFFICE SOUGHT (if known):

GO TO PAGE 2

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Ms. Sarah Eckhardt

15 ACCOUNT # (Ethics Commission Filers):

16 NOTICE FROM POLICIAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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

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

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

POLITICAL 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 Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/9/12	Armbrust & Brown, PLLC 100 Congress Ave., Ste. 1300 Austin, TX 78701-2744	$1,000.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/1/12	Robert Ayres 2408 Keating Lane, Austin, Tx 78703	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/10/12	Charles Betts 14741 Arrowhead Dr., Volente, Tx 78641	$250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/6/12	Frank Cooksey 2208 Matthews Dr., Austin, Tx 78703	$250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/20/12	Raul Gonzalez 1109 Blair Way, Austin, Tx 78704	$50.00	

(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 foradditional reporting requirements.

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: X 12

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/2/12	James Hoeffner 5501 Scout Island Cir. S., Austin, TX 78731	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/20/12	Susan Morrison 4205 Ramsey Ave., Austin, TX 78756-3512	$125.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/20/12	David Smith P.O. Box 537, Austin, TX 78767-0537	$35.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/3/12	Robert Theriot 6535 Comanche Trail, Austin, TX 78732	$250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/12/12	George Cofer 3306 Gentry Dr., Rollingwood, TX 78746	$125.00	

(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 foradditional reporting requirements.

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: X 12

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/10/12	Eric S. Einhorn 11 Red Fox Lane, Amherst, MA 01002	$ 25.00 (If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/10/12	Nancy T. Neavel 2905 Scenic Dr., Austin, Tx 78703	$ 25.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/11/12	Ann S. Graham 3815 Avenue H, Austin, Tx 78751	$ 25.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/14/12	Erik Azulay 429 W. 51st St., Austin, Tx 78756	$ 100.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	Mary Scott Nabers 7850 Escala Dr., Austin, Tx 78735	$ 250.00 (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 foradditional reporting requirements.

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: X 12

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/15/12	Mikelle Susanne Meade 5363 Austral Loop, Austin, Tx 78739	$250.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	Sophia Checa 4108 Lewis Lane, Apt. A, Austin, TX 78756	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	Audra Teinert 5005 Duval Rd., Austin, TX 78727	$25.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/17/12	Frances Morey 21 Waller St. #1510, Austin, Tx 78702	$25.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/17/12	Deece Eckstein 1010 Winsted Lane, Austin, Tx 78703	$100.00	

(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 foradditional reporting requirements.

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

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 Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/17/12	Daniel Bradford 2929A E. 13th St., Austin, Tx 78702	$250.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/18/12	Laurie Seremetis 1016 Shelley Ave., Austin, Tx 78703	$250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/18/12	Therese Baer 5904 Mountaindimb Dr., Apt 1 Austin, Tx 78731-3953	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/18/12	Diane Coleman 1503 Stepdown Cv., Austin, Tx 78731-1141	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/18/12	Brenda Coleman-Beattie 8402 Burkwood Cv., Austin, Tx 78735-1503	$50.00	

(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 foradditional reporting requirements.

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

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 Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/16/12	Adrienne Kennedy 511 Konstanty Cir., West Lake Hills, TX 78746-6435	$50.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/18/12	Adrian Moore 2204 Toro Canyon Rd., Austin, TX 78746	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/18/12	Catherine Weaver 7002 Windrift Way, Austin, Tx 78745-5442	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/2/12	Nina Butts 4400 Shoalwood Ave., Austin, Tx 78756-3217	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/1/12	Joe Dibrell & Jayne Dibrell 2107 Griswold Ln., Austin, Tx 78703-3009	$50.00	

(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 foradditional reporting requirements.

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

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 Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/10/12	Gay Erwin No. 3 Jeffrey Cove, Austin, Tx 78746	$ 250.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/12/12	Elizabeth Faulk 2105 Griswold Lane, Austin, Tx 78703	$ 100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/10/12	James R. Brand 802 Barton Blvd., Austin, Tx 78704-1409	$ 200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/10/12	Paul Linehan 3502 Lost Creek Blvd., Austin, Tx 78735-1506	$ 250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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

(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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: X 12

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/15/12	James Marston 2810 Townes Ln., Austin, Tx 78703	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	Vera Massaro 3000 Savoy Place, Austin, Tx 78757	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	Duncan Osborne 2106 Meadowbrook Dr., Austin, Tx 78703	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	Neel White 4220 River Garden Trl., Austin, Tx 78746-2011	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	AFSCME (American Federation of State, County & Municipal Employees - AFL-CIO) 1625 L St. N.W., Washington DC 20036	$1,000.00	

(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

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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: X 12

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/15/12	James Aldrete 2501 Durwood St., Austin, Tx 78704	$50.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	James Bryce 6103 Shoal Creek Blvd., Austin, Tx 78757-3129	$100.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	George Cofer 3306 Gentry Dr., Austin, Tx 78746	$20.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	Bruce Elfant 4522 Avenue F, Austin, Tx 78751	$50.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	Tina Fernandez 4325 Scales St., Austin, Tx 78723	$250.00	(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 foradditional reporting requirements.

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

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 Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/15/12	Robert Kamm 1304 Guadalupe Austin, Tx 78701	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	Ali Khataw 7914 Bee Caves Rd., Austin, Tx 78746-4963	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	LAN-PAC 2925 Briarpark Dr., Fourth Floor, Houston, Tx 77042	$1,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	Blake Mitchell 2001 Goodrich Ave., Austin, Tx 78704-4000	$25.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/12	Kevin Paris 2900 S. 1st St., Apt. 427, Austin, Tx 78704-6386	$25.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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

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 Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/15/12	Tanya Voss 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	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/28/12	Angela Maria Evans 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	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/7/12	Cecile Keeper 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	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/1/12	Bucky Lamb 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	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/29/12	Mary Sanger 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):

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: X 12

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/17/12	Henry H. Gilmore 803 N. Main St. Burnet, TX 78611	$250.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/12	Giovanni Mastromatteo 15228 Katies Corner Lane Pflugerville, TX 78660	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/12/12	Robert Howard 2315 Westforest Dr., Austin, TX 78704	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 25	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7-10-12	5 Payee name Nick Hudson	
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

Date 7-5-12	Payee name Joe Hon	
Amount ($) 144.60	Payee address; City; State; Zip Code 3929 Yarborough 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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: * 25

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 7-8-12

5 Payee name: Vertical Response

6 Amount ($): 30.01

7 Payee address; City; State; Zip Code: 50 Beale St., 10th Floor, San Francisco, CA 94105

8 PURPOSE OF EXPENDITURE

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

(b) Description (If travel outside of Texas, complete Schedule T): Purchase of marketing items

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

Date: 7-3-12

Payee name: City of Austin

Amount ($): 0.99

Payee address; City; State; Zip Code: 301 W. 2nd St., 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): Parking Expense

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

Date: 7-13-12

Payee name: City of Austin

Amount ($): 0.50

Payee address; City; State; Zip Code: 301 W. 2nd St., 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): Parking Expense

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

Date: 8-8-12

Payee name: Margaret Gomez

Amount ($): 100.00

Payee address; City; State; Zip Code: P.O. Box 3232, Austin, Tx 78764-9998

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): * Reception 8/8/12

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: Margaret Gomez — Office sought: Travis County Commissioner Pct. 4 — Office held:

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *25

2 FILER NAME Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers)

4 Date 8-6-12

5 Payee name Joe Hon

6 Amount ($) 144.60

7 Payee address; City; State; Zip Code 3929 Yarborough Avenue, Austin, Tx 78744

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor

(b) Description (If travel outside of Texas, complete Schedule T) Web + Social Media

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

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Date 8-1-12

Payee name Nick Hudson

Amount ($) 1,000.00

Payee address; City; State; Zip Code 5701 South Mopac Expressway #2124, Austin, Tx 78749

PURPOSE OF EXPENDITURE

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

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

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

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Date 8-7-12

Payee name Susan Harry

Amount ($) 2,010.74

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) FUND RAISER

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

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Date 8-9-12

Payee name City of Austin

Amount ($) 3.00

Payee address; City; State; Zip Code 301 W. 2nd St., 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) Parking Expense

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

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: * 25

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers)

4 Date: 8-10-12

5 Payee name: Starbucks Store #6368

6 Amount ($): 10.12

7 Payee address; City; State; Zip Code: 501 West 15th St., Austin, Tx 78701

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Food / Beverage Expense

(b) Description (If travel outside of Texas, complete Schedule T): * Business Meeting

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

---

Date: 8-11-12

Payee name: Target Austin South

Amount ($): 107.13

Payee address; City; State; Zip Code: 2300 Ben White Blvd., Austin, Tx 78704

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): Supplies for New Office

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

---

Date: 8-14-12

Payee name: City of Austin

Amount ($): 0.50

Payee address; City; State; Zip Code: 301 W. 2nd st., 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): Parking Expense

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

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Date: 8-14-12

Payee name: Office Max #337

Amount ($): 18.94

Payee address; City; State; Zip Code: 907 West 5th St., Austin, Tx 78703

PURPOSE OF EXPENDITURE

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *25

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 8-14-12

5 Payee name: Office Max #377

6 Amount ($): 7.03

7 Payee address; City; State; Zip Code: 907 West 5th St., Austin, Tx 78703

8 PURPOSE OF EXPENDITURE

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

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

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

Date: 8-15-12

Payee name: Dart Bowl

Amount ($): 360.00

Payee address; City; State; Zip Code: 5700 Grover Ave., Austin, Tx 78756

PURPOSE OF EXPENDITURE

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

* Description (If travel outside of Texas, complete Schedule T): Bowl-a-Rama (Bowling) Fundraiser

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: Sarah Eckhardt — Office sought: — Office held: Travis Co. Comm. Pct. 2

Date: 8-17-12

Payee name: BlueHost, Inc.

Amount ($): 107.88

Payee address; City; State; Zip Code: 1958 South 950, East Provo, Utah 84606

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): Web hosting + Solutions

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

Date: 8-17-12

Payee name: Dart Bowl Steak House

Amount ($): 30.00

Payee address; City; State; Zip Code: 5700 Grover Ave., Austin, Tx 78756

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Food / Beverage Expense

* Description (If travel outside of Texas, complete Schedule T): Bowl-a-Rama Event Preparation

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 25

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 8-15-12

5 Payee name: West Gate Restaurant, Inc. - Cafe

6 Amount ($): 230.00

7 Payee address; City; State; Zip Code: 5700 Grover, Austin, Tx 78756

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Food / Beverage Expense

(b) Description (If travel outside of Texas, complete Schedule T): Bowl-a-Rama

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

Date: 8-2-12

Payee name: Austin Afl-CIO Council

Amount ($): 215.00

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): Advertising Expense

Description (If travel outside of Texas, complete Schedule T): Quarter Page Booklet Ad

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

Date: 7-15-12

Payee name: Laura Sackreiter

Amount ($): 1,816.56

Payee address; City; State; Zip Code: 2414 Exposition Blvd. C-100, Austin, Tx 78703

PURPOSE OF EXPENDITURE

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

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

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

Date: 8-22-12

Payee name: Capital Area Democratic Women - PAC

Amount ($): 150.00

Payee address; City; State; Zip Code: P.O. Box 12962, Austin, Tx 78711

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): Membership Dues & Sponsorship

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

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: X 25

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 8-29-12

5 Payee name: Capital Area Democratic Women - PAC

6 Amount ($): 100.00

7 Payee address; City; State; Zip Code: P.O. Box 12962, Austin, Tx 78711

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): Raised Level of Sponsorship

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

Date: 9-10-12

Payee name: Nick Hudson

Amount ($): 1,000.00

Payee address; City; State; Zip Code: 5701 S. Mopac Expressway #2124, Austin, Tx 78749

PURPOSE OF EXPENDITURE

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

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

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

Date: 9-11-12

Payee name: Susan Harry

Amount ($): 1,515.57

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:

Date: 9-12-12

Payee name: Austin Area Urban League

Amount ($): 125.00

Payee address; City; State; Zip Code: 8011-A Cameron Rd., Suite 100, Austin, Tx 78754

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): 1/4 Page Ad

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

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *25	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-18-12	5 Payee name Bruce Elfant for Tax Assessor Collector	
6 Amount ($) 250.00	7 Payee address; City; State; Zip Code P.O. Box 49051, Austin, Tx 78765	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions / Donations	(b) Description (If travel outside of Texas, complete Schedule T) * General Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Bruce Elfant	Office sought Travis County Tax Assessor-Collector / Office held

Date 9-5-12	Payee name Haddington's	
Amount ($) 48.24	Payee address; City; State; Zip Code 601 W. 6th St., Austin Tx 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Pre-Staff Retreat Meeting with Joe Hon
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 9-24-12	Payee name Austin Young Democrats PAC	
Amount ($) 100.00	Payee address; City; State; Zip Code 2024B Simond Ave., Austin, Tx 78723	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions / Donations	Description (If travel outside of Texas, complete Schedule T) Relaunch Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 9-27-12	Payee name Livable City	
Amount ($) 250.00	Payee address; City; State; Zip Code P.O. Box 5991, Austin, Tx 78763	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions / Donations	Description (If travel outside of Texas, complete Schedule T) Advocate Level
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
X 25	Ms. Sarah Eckhardt	

4 Date	5 Payee name
10-5-12	Texas Civil Rights Project

6 Amount ($)	7 Payee address; City; State; Zip Code
200.00	1405 Montopolis Drive, Austin, Tx 78741

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	1/4 page Ad

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

Date	Payee name
10-25-12	Austin Young Democrats PAC

Amount ($)	Payee address; City; State; Zip Code
500.00	2024B Simond Ave., Austin, Tx 78723

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

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

Date	Payee name
10-23-12	Gina Hinajosa Campaign

Amount ($)	Payee address; City; State; Zip Code
100.00	P.O. Box 300718, Austin, Tx 78703

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

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

Date	Payee name
10-. -12	Haddington's

Amount ($)	Payee address; City; State; Zip Code
50.00	601 West 6th St., Austin, Tx 78701

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food / Beverage Expense	Pre-Retreat Drinks with Peter Einhorn

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *25

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 10-11-12

5 Payee name: City of Austin

6 Amount ($): 2.00

7 Payee address; City; State; Zip Code: 301 W. 2nd St., Austin, TX 78701

8 PURPOSE OF EXPENDITURE

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

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

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

Date: 10-13-12

Payee name: Vertical Response

Amount ($): 32.50

Payee address; City; State; Zip Code: 50 Beale St., 10th Floor, San Francisco, CA 94105

PURPOSE OF EXPENDITURE

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

* Description (If travel outside of Texas, complete Schedule T): Promotional Email — Purchase 2500 email credits

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

Date: 10-1-12

Payee name: Austin Self Storage

Amount ($): 360.00

Payee address; City; State; Zip Code: 1409 W. Oltorf, Austin, TX 78704

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): 1 year renewal

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

Date: 10-30-12

Payee name: Facebook.com

Amount ($): 51.14

Payee address; City; State; Zip Code: 156 University Ave., Palo Alto, CA 94301-1605

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): 3 Ads

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *25	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/12/12	5 Payee name Piryx, Inc.	
6 Amount ($) 5.63	7 Payee address; City; State; Zip Code 144 2nd St., 1st Floor, San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting / Banking	(b) Description (If travel outside of Texas, complete Schedule T) * Online Transaction Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8/10/12	Payee name Piryx, Inc.	
Amount ($) 1.13	Payee address; City; State; Zip Code 144 2nd St., 1st Floor, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting / Banking	Description (If travel outside of Texas, complete Schedule T) * Online Transaction Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8/10/12	Payee name Piryx, Inc.	
Amount ($) 1.13	Payee address; City; State; Zip Code 144 2nd St., 1st Floor, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting / Banking	Description (If travel outside of Texas, complete Schedule T) * Online Transaction Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8/11/12	Payee name Piryx, Inc.	
Amount ($) 1.13	Payee address; City; State; Zip Code 144 2nd St., 1st Floor, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting / Banking	Description (If travel outside of Texas, complete Schedule T) * Online Transaction Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *25

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 8/14/12

5 Payee name: Piryx, Inc.

6 Amount ($): 4.50

7 Payee address; City; State; Zip Code: 144 2nd St., 1st Floor, San Francisco, CA 94105

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Accounting / Banking

(b) Description (If travel outside of Texas, complete Schedule T): * Online Transaction Fee

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

---

Date: 8/15/12

Payee name: Piryx, Inc.

Amount ($): 11.25

Payee address; City; State; Zip Code: 144 2nd St., 1st Floor, San Francisco, CA 94105

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): * Online Transaction Fee

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

---

Date: 8/15/12

Payee name: Piryx, Inc.

Amount ($): 11.25

Payee address; City; State; Zip Code: 144 2nd St., 1st Floor, San Francisco, CA 94105

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): * Online Transaction Fee

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

---

Date: 8/15/12

Payee name: Piryx, Inc.

Amount ($): 2.25

Payee address; City; State; Zip Code: 144 2nd St., 1st Floor, San Francisco, CA 94105

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): * Online Transaction Fee

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *25	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/15/12	5 Payee name Piryx, Inc.	
6 Amount ($) 1.13	7 Payee address; City; State; Zip Code 144 2nd St., 1st Floor, San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting / Banking	(b) Description (If travel outside of Texas, complete Schedule T) * Online Transaction Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8/17/12	Payee name Piryx, Inc.	
Amount ($) 1.13	Payee address; City; State; Zip Code 144 2nd St., 1st Floor, San Franasico, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting / Banking	Description (If travel outside of Texas, complete Schedule T) * Online Transaction Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8/17/12	Payee name Piryx, Inc.	
Amount ($) 4.50	Payee address; City; State; Zip Code 144 2nd St., 1st Floor, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting / Banking	Description (If travel outside of Texas, complete Schedule T) * Online Transaction Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8/17/12	Payee name Piryx, Inc.	
Amount ($) 11.25	Payee address; City; State; Zip Code 144 2nd St., 1st Floor, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting Banking	Description (If travel outside of Texas, complete Schedule T) * Online Transaction Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *25	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/18/12	5 Payee name Piryx, Inc.	
6 Amount ($) 11.25	7 Payee address; City; State; Zip Code 144 2nd St., 1st Floor, San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting / Banking	(b) Description (If travel outside of Texas, complete Schedule T) * Online Transaction Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8/28/12	Payee name Piryx, Inc.	
Amount ($) 2.25	Payee address; City; State; Zip Code 144 2nd St., 1st Floor, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting / Banking	Description (If travel outside of Texas, complete Schedule T) * Online Transaction Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10/25/12	Payee name Nick Hudson	
Amount ($) 1,000.00	Payee address; City; State; Zip Code 5701 S. Mopac Expressway #2124, Austin, Tx 78749	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	* Description (If travel outside of Texas, complete Schedule T) Ongoing Community & Social Outreach Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11/1/12	Payee name Worley Printing	
Amount ($) 1,393.18	Payee address; City; State; Zip Code 3217 North Interstate 35, Austin, Tx 78722	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Huber / Hernandez / Howard * Post Cards - Mailing & Data Set-up
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: X 25

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 10/30/12

5 Payee name: InFocus Campaigns, LLC

6 Amount ($): 1,152.99

7 Payee address; City; State; Zip Code: P.O. Box 10726, 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): * Live calls for Karen Huber

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): * 22nd Anniversary Bill of Rights Dinner

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

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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): * Process bank statements & resolve Issues

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

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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): * Obtain Permit # 1592

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: X25
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): X Contribution to retire debt
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): X Business Cards & Letterhead
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): X Ad clicks & impressions
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): X Ad clicks & impressions
Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name:
Office sought:
Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: *25

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 11/2/12

5 Payee name: Facebook, Inc.

6 Amount ($): 80.81

7 Payee address; City; State; Zip Code: 1601 Willow Road, Menlo Park, CA 94025-1452

8 PURPOSE OF EXPENDITURE

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

(b) Description (If travel outside of Texas, complete Schedule T): * Ad clicks & Impressions

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

Date: 11/3/12

Payee name: Facebook, Inc.

Amount ($): 75.18

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): * Ad clicks & Impressions

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

Date: 11/3/12

Payee name: Target - Austin South

Amount ($): 35.71

Payee address; City; State; Zip Code: 2300 W. Ben White Blvd., Austin, Tx 78704

PURPOSE OF EXPENDITURE

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

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

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

Date: 11/4/12

Payee name: Facebook, Inc.

Amount ($): 50.00

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): * "Daily Delivery" Ad

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

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

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

4 Date	5 Payee name
11/5/12	Facebook, Inc.

6 Amount ($)	7 Payee address; City; State; Zip Code
50.00	1601 Willow Road, Menlo Park, CA 94025-1452

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	* "Daily Delivery" Ad

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

Date	Payee name
11/6/12	Facebook, Inc.

Amount ($)	Payee address; City; State; Zip Code
30.64	1601 Willow Road, Menlo Park, CA 94025-1452

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

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

Date	Payee name
11/13/12	Vertical Response, Inc.

Amount ($)	Payee address; City; State; Zip Code
15.00	50 Beale St., 10th Floor, San Francisco, CA 94105

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

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

Date	Payee name
11/15/12	U.S. Post Office - Austin Downtown

Amount ($)	Payee address; City; State; Zip Code
18.00	510 Guadalupe, Austin, Tx 78701-9998

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: * 25	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/2/12	5 Payee name Nation Builder	
6 Amount ($) 19.00	7 Payee address; City; State; Zip Code 448 S. Hill St., Suite 200, Los Angeles, CA 90013-1155	
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) * "Tools For Leaders" - Voter List
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11/22/12	Payee name Facebook, Inc.	
Amount ($) 20.00	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) * "Daily Delivery" Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11/27/12	Payee name Facebook, Inc.	
Amount ($) 43.08	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) * "Daily Delivery" Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11/28/12	Payee name Facebook, Inc.	
Amount ($) 41.39	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) * "Daily Delivery" Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: X 25
2 FILER NAME: Ms. Sarah Eckhardt
3 ACCOUNT # (Ethics Commission Filers):

4 Date: 11-26-12
5 Payee name: U.S. Post Master
6 Amount ($): 70.00
7 Payee address; City; State; Zip Code: 510 Guadalupe, Austin, Tx 78701
8 PURPOSE OF EXPENDITURE
(a) Category (See categories listed at the top of this schedule): Office Overhead
(b) Description (If travel outside of Texas, complete Schedule T): X P.O. Box Renewal Fee
9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 12-10-12
Payee name: Nick Hudson
Amount ($): 2,000.00
Payee address; City; State; Zip Code: 5701 S. Mopac Expressway, #2124, Austin, Tx 78749
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): Consulting Expense
Description (If travel outside of Texas, complete Schedule T): * Ongoing Community & Social Media Outreach Services & Reimburse office Supplies
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 12-10-12
Payee name: Office Depot
Amount ($): 60.50
Payee address; City; State; Zip Code: 2101 S. LAMAR Blvd., Austin, TX 78704
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): Office Overhead
Description (If travel outside of Texas, complete Schedule T): X Check written to Nick Hudson — ⊕ Reimburse for Office Depot expense
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held
⊕ 5701 S. Mopac Expressway #2124, Austin, TX 78749

Date: 12-12-12
Payee name: Joe Hon
Amount ($): 135.65
Payee address; City; State; Zip Code: 3929 Harborough 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): X 5 Hours of consulting
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: X25

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 12-17-12

5 Payee name: U.S. Post Master

6 Amount ($): 450.00

7 Payee address; City; State; Zip Code: 510 Guadalupe, Austin, Tx 78701

8 PURPOSE OF EXPENDITURE

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

(b) Description (If travel outside of Texas, complete Schedule T): X Holiday Card Stamps

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

Date: 11-28-12

Payee name: Jack Goodman

Amount ($): 250.00

Payee address; City; State; Zip Code: 1010 Austin Highlands Blvd., Austin, Tx 78745

PURPOSE OF EXPENDITURE

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

X Description (If travel outside of Texas, complete Schedule T): Contribution to reduce Campaign Debt

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Jack Goodman

Office sought: Board member of Barton Springs Edwards Aquifer Conservation District

Office held:

Date: 12-21-12

Payee name: Loretta Farb

Amount ($): 500.00

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): X Financial & Accounting Tasks - Bonus

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

Date: 12-21-12

Payee name: Joe Hon

Amount ($): 500.00

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

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Salaries / Wages / Contract Labor

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: X25

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 12-21-12

5 Payee name: Peter Einhorn

6 Amount ($): 500.00

7 Payee address; City; State; Zip Code: 1205 Sahara Ave., Austin, Tx 78745

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Salaries/Wages/Contract Labor

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

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

Date: 12-8-12

Payee name: OfficeMax #337

Amount ($): 13.64

Payee address; City; State; Zip Code: 907 West 5th St., Austin, Tx 78703

PURPOSE OF EXPENDITURE

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

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

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

Date: 12-11-12

Payee name: Vertical Response

Amount ($): 32.50

Payee address; City; State; Zip Code: 50 Beale St., 10th Floor, San Francisco, CA 94105

PURPOSE OF EXPENDITURE

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

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

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

Date: 12-12-12

Payee name: Enoteca

Amount ($): 200.00

Payee address; City; State; Zip Code: 1610 S. Congress Ave., Austin, Tx 78704

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Food / Beverage Expense

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: X 25	2 FILER NAME Ms. Sarah Eckhardt	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-14-12	5 Payee name Capital Area Democratic Women (Lizé Burr, President)	
6 Amount ($) 38.00	7 Payee address; City; State; Zip Code P.O. Box 12962, Austin, Tx 78711	
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) Dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-16-12	Payee name Facebook, Inc.	
Amount ($) 10.00	Payee address; City; State; Zip Code 1601 Willow Rd., 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) X Impressions
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-24-12	Payee name City of Austin	
Amount ($) 1.00	Payee address; City; State; Zip Code 301 W. 2nd St., 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) Parking Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-24-12	Payee name The Hideout Theatre	
Amount ($) 5.50	Payee address; City; State; Zip Code 617 Congress Ave., Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Coffee with Nikelle Meade
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: X25

2 FILER NAME: Ms. Sarah Eckhardt

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 12-21-12

5 Payee name: The U.P.S. Store #77

6 Amount ($): 11.50

7 Payee address; City; State; Zip Code: 1108 Lavaca, Suite # 110, Austin, Tx 78701

8 PURPOSE OF EXPENDITURE

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

(b) Description (If travel outside of Texas, complete Schedule T): X Mail A First Class letter

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

Date: 12-22-12

Payee name: Nation Builder

Amount ($): 19.00

Payee address; City; State; Zip Code: 448 S. Hill St., Suite 200, Los Angeles, CA 90013-1155

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): X "Small Plan" Package VOTER LIST

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

Date: 12-29-12

Payee name: Facebook, Inc.

Amount ($): 9.93

Payee address; City; State; Zip Code: 1601 Willow Rd., 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): X Impressions

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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