

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8433

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000003		2 PAGE # 1 of 31		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
Sarah Eckhardt				Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	P.O. Box 301586 Austin, TX 78703					
<input type="checkbox"/> Change of Address				Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount	
	NICKNAME	LAST	SUFFIX	Date Processed	Date Imaged	
Carol Hatfield						
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	3404 Northwood Circle Austin, TX 78703					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(512) 459-5841					
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	07/01/2014		THROUGH	09/25/2014		
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
				Travis County Judge		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C/OH NAME Eckhardt, Sarah

14 ACCOUNT # (Ethics Commission filers)
00000003

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

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

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 1,335.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 46,573.40

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 173.79

4. TOTAL POLITICAL EXPENDITURES \$ 25,867.20

CONTRIBUTION BALANCE

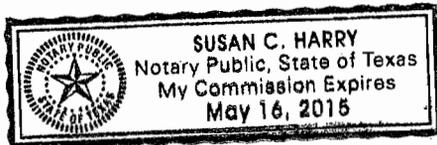
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 21,749.76

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 34,000.00

17 AFFIDAVIT

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



Sarah Eckhardt
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sarah Eckhardt, this the 7th day of October, 2014, to certify which, witness my hand and seal of office.

Susan C. Harry
Signature of officer administering oath Susan C. Harry Notary
Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/20 Report: 3/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 08/11/2014	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00011114</u>) AFSCME PEOPLE 6 Contributor address; City; State; Zip Code 1625 L St NW Washington, DC 20036-5665	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, Boone, Humphries, Robinson, LLP Contributor address; City; State; Zip Code 3200 Southwest Fwy Ste 2600 Houston, TX 77027-7537	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armbrust & Brown, PLLC Contributor address; City; State; Zip Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ausley, Robbie Contributor address; City; State; Zip Code 3707 Laurel Ledge Ln Austin, TX 78731-4049	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Firefighters PAC Contributor address; City; State; Zip Code 7537 Cameron Rd Austin, TX 78752-2013	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/20 Report: 4/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 08/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bargainer, Tim 6 Contributor address; City; State; Zip Code 101 Oakmont Ct Georgetown, TX 78628-8208	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beattie, Chester Jr. Contributor address; City; State; Zip Code 8402 Burkwood Cv Austin, TX 78735-1503	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bell, Jerry Contributor address; City; State; Zip Code 98 San Jacinto Blvd Ste 1100 Austin, TX 78701-4255	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blackson, Stephen Contributor address; City; State; Zip Code 9803 Mandeville Cir Austin, TX 78750-2811	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blackwell, Betty Contributor address; City; State; Zip Code 1306 Nueces St Austin, TX 78701-1722	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/20 Report: 5/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 09/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonar, Bob 6 Contributor address; City; State; Zip Code 5718 Merrywing Circle Austin, TX 78730	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brim, Jay Contributor address; City; State; Zip Code 1309 Lost Creek Blvd Austin, TX 78746-6316	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brim, Jay Contributor address; City; State; Zip Code 1309 Lost Creek Blvd Austin, TX 78746-6316	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brittain, Steve Contributor address; City; State; Zip Code 1100 West Ave Austin, TX 78701-2020	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buoy, Savy Contributor address; City; State; Zip Code 514 Ladin Ln Lakeway, TX 78734-4103	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/20 Report: 8/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 07/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evans, Herbert 6 Contributor address; City; State; Zip Code 1302 West Ave Austin, TX 78701-1716	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farb, Loretta Contributor address; City; State; Zip Code 206 W Covington Dr Austin, TX 78753-2614	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farnum, William Contributor address; City; State; Zip Code 4813 Prairie Dunes Dr Austin, TX 78747-1475	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fitzgerald & Meissner, P.C. Contributor address; City; State; Zip Code 812 San Antonio St Ste 400 Austin, TX 78701-2224	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fox, Larry Contributor address; City; State; Zip Code 1605 Palisades Pointe Ln Austin, TX 78738-5371	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/20 Report: 9/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 08/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia, Roberto 6 Contributor address; City; State; Zip Code PO Box 81356 Austin, TX 78708-1356	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Jesus Contributor address; City; State; Zip Code 5904 Quernus Cv Austin, TX 78735-5402	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Getter, Kerry Contributor address; City; State; Zip Code 9301 Johnny Morris Rd Austin, TX 78724-1523	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graves, Dougherty, Hearon & Moody, P.C. Contributor address; City; State; Zip Code PO Box 98 Austin, TX 78767-0098	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory, Bob Contributor address; City; State; Zip Code PO Box 17126 Austin, TX 78760-7126	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/20 Report: 10/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gullahorn, Jack 6 Contributor address; City; State; Zip Code 5300 Gregg Ln Manor, TX 78653	7 Amount of contribution (\$) \$115.40	8 In-kind contribution description (if applicable) food & drinks for event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hamilton, William Contributor address; City; State; Zip Code 1306 Garden St Austin, TX 78702-5349	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hartman, Greg Contributor address; City; State; Zip Code 3307 Winding Creek Dr Austin, TX 78735-1474	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heidrick, Clarke Contributor address; City; State; Zip Code 3702 Eastledge Dr Austin, TX 78731-5851	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henderson, Kate Contributor address; City; State; Zip Code 5803 Tom Wooten Cv Austin, TX 78731-6512	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/20 Report: 11/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henderson, Kate 6 Contributor address; City; State; Zip Code 5803 Tom Wooten Cv Austin, TX 78731-6512	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herzele, Charlotte Contributor address; City; State; Zip Code 3916 Avenue H Austin, TX 78751-4721	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hoeffner, James Contributor address; City; State; Zip Code 5501 S Scout Island Cir Austin, TX 78731-3338	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Robert Contributor address; City; State; Zip Code 2315 Westforest Dr Austin, TX 78704	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howell, Pix Contributor address; City; State; Zip Code PO Box 663 Wimberley, TX 78676-0663	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/20 Report: 12/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 08/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howell, Pix & Cathy 6 Contributor address; City; State; Zip Code PO Box 663 Wimberley, TX 78676	7 Amount of contribution (\$) \$723.00	8 In-kind contribution description (if applicable) food & beverages for event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunt, Glen Contributor address; City; State; Zip Code 13908 Ashton Woods Cir Austin, TX 78727-3013	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ireson, Diane Contributor address; City; State; Zip Code 2900 Wade Ave Austin, TX 78703-1017	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Islam, Rashed Contributor address; City; State; Zip Code 11901 Palisades Pkwy Austin, TX 78732-1242	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Elliot Contributor address; City; State; Zip Code 1354 The High Rd Austin, TX 78746-2250	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/20 Report: 13/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 07/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Melissa 6 Contributor address; City; State; Zip Code 1203A Elm St Austin, TX 78703-4013	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kaatz, Kelly 6 Contributor address; City; State; Zip Code 347 Esperanza Trl Johnson City, TX 78636-4888	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kozmetsky, Greg 6 Contributor address; City; State; Zip Code PO Box 684924 Austin, TX 78768	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LaFrey, Tim 6 Contributor address; City; State; Zip Code 8507 Alverstone Way Austin, TX 78759-7921	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Land, Diane 6 Contributor address; City; State; Zip Code 3313 Lake Cliff Ct Austin, TX 78746-4676	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/20 Report: 14/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 08/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lloyd Doggett for Congress 6 Contributor address; City; State; Zip Code PO Box 5843 Austin, TX 78763-5843	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lockwood, Andrews, Newnam PAC (LAN-PAC) Contributor address; City; State; Zip Code 2925 Briarpark Dr Fl 4 Houston, TX 77042-3720	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Donald Contributor address; City; State; Zip Code 2525 Wallingwood Dr Ste 7C Austin, TX 78746-6929	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathis, Mary Nell Contributor address; City; State; Zip Code 6300 Mercedes Bnd Austin, TX 78759-6121	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mchorse, Edward Contributor address; City; State; Zip Code 5202 Turnabout Ln Austin, TX 78731-5634	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/20 Report: 15/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 07/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meade, Nikelle 6 Contributor address; City; State; Zip Code 5363 Austral Loop Austin, TX 78739-1715	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Metcalfe, Wolfe, Stuart & Williams, LLP Contributor address; City; State; Zip Code 221 W 6th St Ste 1300 Austin, TX 78701-3415	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell & Colmenero, LLP Contributor address; City; State; Zip Code 700 Lavaca St Ste 607 Austin, TX 78701-3111	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mooney, John Contributor address; City; State; Zip Code 2546 Scenic Dr Austin, TX 78703-1520	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mueller, Aaron Contributor address; City; State; Zip Code 605 W 10th St Austin, TX 78701-2023	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/20 Report: 16/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 09/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nabers, Mary Scott 6 Contributor address; City; State; Zip Code 901 S Mo Pac Expy Bldg 100 Austin, TX 78746-5776	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norris, Karen Contributor address; City; State; Zip Code 2217 Onion Creek Pkwy Unit 107 Austin, TX 78747-1601	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pete McRae & Associates Contributor address; City; State; Zip Code 2313 Lake Austin Blvd Ste 204 Austin, TX 78703-4545	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rice, Brian Contributor address; City; State; Zip Code 2905 Brian Wood Ct Cedar Park, TX 78613-5143	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Geronimo Contributor address; City; State; Zip Code 905 Philco Dr Austin, TX 78745-1831	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/20 Report: 17/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 08/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Safady, Edward 6 Contributor address; City; State; Zip Code PO Box 99 Austin, TX 78767-0099	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sansom, Andrew Contributor address; City; State; Zip Code 722 Yaupon Valley Rd West Lake Hills, TX 78746-3546	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schwartz, Marilyn Contributor address; City; State; Zip Code 1122 Colorado St Apt 2102 Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Silva, Joe Contributor address; City; State; Zip Code 11305 Circle Bend Dr Austin, TX 78758	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Silva, Joe Contributor address; City; State; Zip Code 11305 Circle Bend Dr Austin, TX 78758	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 16/20 Report: 18/31

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)
00000003

4 Date 08/11/2014
5 Full name of contributor out-of-state PAC (ID# _____)
Silva, Joe
6 Contributor address; City; State; Zip Code
11305 Circle Bend Dr
Austin, TX 78758

7 Amount of contribution (\$) \$25.00
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 08/25/2014
Full name of contributor out-of-state PAC (ID# _____)
Silva, Joe
Contributor address; City; State; Zip Code
11305 Circle Bend Dr
Austin, TX 78758

Amount of contribution (\$) \$25.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/08/2014
Full name of contributor out-of-state PAC (ID# _____)
Silva, Joe
Contributor address; City; State; Zip Code
11305 Circle Bend Dr
Austin, TX 78758

Amount of contribution (\$) \$25.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/22/2014
Full name of contributor out-of-state PAC (ID# _____)
Silva, Joe
Contributor address; City; State; Zip Code
11305 Circle Bend Dr
Austin, TX 78758

Amount of contribution (\$) \$25.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 07/24/2014
Full name of contributor out-of-state PAC (ID# _____)
Smiley, Martha
Contributor address; City; State; Zip Code
413 W Live Oak St
Austin, TX 78704-5118

Amount of contribution (\$) \$250.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/20 Report: 20/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 07/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Urrutia, Bradley 6 Contributor address; City; State; Zip Code 801 W Oltorf St Austin, TX 78704-5323	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valadka, Alex Contributor address; City; State; Zip Code 210 Lee Barton Dr Unit 201 Austin, TX 78704-1044	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Zandt, Thomas Contributor address; City; State; Zip Code 3001 Bonnie Rd Austin, TX 78703-2807	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vasquez, Christann Contributor address; City; State; Zip Code 222 W Mulberry Ave San Antonio, TX 78212-2950	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wallen, Rick Contributor address; City; State; Zip Code 2315 E 8th St Austin, TX 78702-3523	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/20 Report: 21/31	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 07/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weaver, Catherine 6 Contributor address; City; State; Zip Code 7002 Windrift Way Austin, TX 78745-5442	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weaver, Catherine Contributor address; City; State; Zip Code 7002 Windrift Way Austin, TX 78745-5442	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weinberg, David Contributor address; City; State; Zip Code 1510 Norris Dr Austin, TX 78704-2021	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whellan, Michael Contributor address; City; State; Zip Code 4600 Laurel Canyon Dr Austin, TX 78731-5206	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitfield, Gail Contributor address; City; State; Zip Code 1520 Ben Crenshaw Way Apt 221 Austin, TX 78746-6169	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/8 Report: 23/31	2 FILER NAME Eckhardt, Sarah	3 ACCOUNT # (TEC filers) 00000003
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4 Date 08/29/2014	5 Payee name Austin AFL-CIO
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6 Amount (\$) \$215.00	7 Payee address City; State; Zip Code PO Box 87 Austin, TX 78767
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/05/2014	Payee name Austin Self Storage
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Amount (\$) \$250.00	Payee address City; State; Zip Code 1409 West Oltorf Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> storage unit <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/18/2014	Payee name Blue Host
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Amount (\$) \$119.88	Payee address City; State; Zip Code 560 Timpanogos Pkwy Orem, UT 84097
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> website hosting fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/26/2014	Payee name Burnt Orange Report
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Amount (\$) \$500.00	Payee address City; State; Zip Code 4505 Duval St. #229 Austin, TX 78751
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/8 Report: 24/31	2 FILER NAME Eckhardt, Sarah	3 ACCOUNT # (TEC filers) 00000003
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4 Date 08/25/2014	5 Payee name Eckhardt, Sarah
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6 Amount (\$) \$250.00	7 Payee address City; State; Zip Code 1001 Lorrain St. Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - reimbursement of personal expenses	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> reimbursement for Schedule G expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/25/2014	Payee name Eckhardt, Sarah
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Amount (\$) \$5,000.00	Payee address City; State; Zip Code 1001 Lorrain St. Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/03/2014	Payee name First Data Merchant Services
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Amount (\$) \$0.80	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/03/2014	Payee name First Data Merchant Services
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Amount (\$) \$1.67	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/8 Report: 25/31	2 FILER NAME Eckhardt, Sarah	3 ACCOUNT # (TEC filers) 00000003
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4 Date 07/03/2014	5 Payee name First Data Merchant Services
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6 Amount (\$) \$3.90	7 Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/04/2014	Payee name First Data Merchant Services
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Amount (\$) \$11.00	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/04/2014	Payee name First Data Merchant Services
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Amount (\$) \$11.43	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/04/2014	Payee name First Data Merchant Services
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Amount (\$) \$109.44	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/8 Report: 26/31	2 FILER NAME Eckhardt, Sarah	3 ACCOUNT # (TEC filers) 00000003
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4 Date 09/03/2014	5 Payee name First Data Merchant Services	
6 Amount (\$) \$10.20	7 Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 09/03/2014	Payee name First Data Merchant Services	
Amount (\$) \$11.67	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 09/03/2014	Payee name First Data Merchant Services	
Amount (\$) \$127.44	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 07/30/2014	Payee name Hangar Lounge	
Amount (\$) \$359.10	Payee address City; State; Zip Code 318 Colorado St. Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food & beverage for event
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/8 Report: 27/31	2 FILER NAME Eckhardt, Sarah	3 ACCOUNT # (TEC filers) 00000003
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4 Date 07/10/2014	5 Payee name Hudson, Nick
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6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 12113 Metric Blvd. #1037 Austin, TX 78758
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/12/2014	Payee name Hudson, Nick
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 12113 Metric Blvd. #1037 Austin, TX 78758
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/05/2014	Payee name Hudson, Nick
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Amount (\$) \$500.00	Payee address City; State; Zip Code 12113 Metric Blvd. #1037 Austin, TX 78758
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/02/2014	Payee name NGP VAN
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Amount (\$) \$350.00	Payee address City; State; Zip Code 1105 15th Street NW, Ste. 500 Washington, DC 20005
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> database software
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/8 Report: 28/31	2 FILER NAME Eckhardt, Sarah	3 ACCOUNT # (TEC filers) 00000003
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4 Date 08/04/2014	5 Payee name NGP VAN	
6 Amount (\$) \$350.00	7 Payee address City; State; Zip Code 1105 15th Street NW, Ste. 500 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> database software
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 09/02/2014	Payee name NGP VAN	
Amount (\$) \$350.00	Payee address City; State; Zip Code 1105 15th Street NW, Ste. 500 Washington, DC 20005	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> database software
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 08/29/2014	Payee name Susan Harry Consulting	
Amount (\$) \$3,250.00	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) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising & compliance consulting
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 09/02/2014	Payee name Susan Harry Consulting	
Amount (\$) \$5,250.00	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) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising & compliance consulting
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/8 Report: 29/31		2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (TEC filers) 00000003	
4 Date 09/02/2014		5 Payee name Travis County Democratic Party			
6 Amount (\$) \$2,500.00		7 Payee address City; State; Zip Code 1311 E 6th St Ste B Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/05/2014		Payee name Travis County Democratic Party			
Amount (\$) \$2,500.00		Payee address City; State; Zip Code 1311 E 6th St Ste B Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/29/2014		Payee name Van Cleve, Genevieve			
Amount (\$) \$1,750.00		Payee address City; State; Zip Code 4107 Wildwood Rd. Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/07/2014		Payee name WebEx			
Amount (\$) \$53.96		Payee address City; State; Zip Code 16720 Collections Center Dr. Chicago, IL 60693			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> database software <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/8 Report: 30/31	2 FILER NAME Eckhardt, Sarah	3 ACCOUNT # (TEC filers) 00000003
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4 Date 08/06/2014	5 Payee name WebEx
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6 Amount (\$) \$53.96	7 Payee address City; State; Zip Code 16720 Collections Center Dr. Chicago, IL 60693
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> database software <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/04/2014	Payee name WebEx
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Amount (\$) \$53.96	Payee address City; State; Zip Code 16720 Collections Center Dr. Chicago, IL 60693
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> database software <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 31/31		2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (TEC filers) 00000003	
4 Date 08/05/2014		5 Payee name Austin Self Storage			
6 Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City; State; Zip Code 1409 West Oltorf Austin, TX 78704			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> storage unit	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				