

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8449

## 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 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Sarah	MI
	NICKNAME	LAST Eckhardt	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. Box 301586 Austin, TX 78703		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Carol	MI
	NICKNAME	LAST Hatfield	SUFFIX
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 type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month	Day	Year
	09	26	2014
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 OFFICE		12 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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	\$	185.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,185.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	120.96
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4. TOTAL POLITICAL EXPENDITURES	\$	7,630.45
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CONTRIBUTION BALANCE

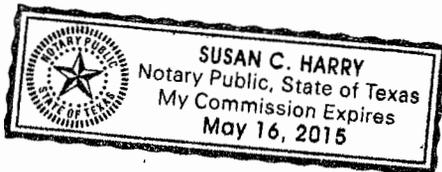
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	16,305.10
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	34,000.00
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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 27<sup>th</sup> day of October, 2014, to certify which, witness my hand and seal of office.

*Susan Harry*  
Signature of officer administering oath

Susan Harry  
Print name of officer administering oath

Notary  
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: 1/2 Report: 3/7	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date  10/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Travis County EMS Employee Association PAC  6 Contributor address; City; State; Zip Code 5817 Wilcab Rd Ste 3 Austin, TX 78721-2806	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  10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Circle C Democrats  Contributor address; City; State; Zip Code 5844 Van Winkle Ln Austin, TX 78739-1668	Amount of contribution (\$)  \$300.00	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  10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lamb, Bucky  Contributor address; City; State; Zip Code 7808 W Rim Dr Austin, TX 78731-1231	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  10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pattillo, Ladd  Contributor address; City; State; Zip Code 1700 Jackson Hole Cv Austin, TX 78746-7634	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  10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Sam Biscoe Campaign  Contributor address; City; State; Zip Code 6411 Bridgewater Dr Austin, TX 78723-3907	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)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 4/7	
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date  10/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Jack  6 Contributor address; City; State; Zip Code 4803 Avenue H Austin, TX 78751-2528	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)

# 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.

<b>1 PAGE #</b> Schedule: 1/3 Report: 5/7	<b>2 FILER NAME</b> Eckhardt, Sarah	<b>3 ACCOUNT # (TEC filers)</b> 00000003
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<b>4 Date</b> 10/22/2014	<b>5 Payee name</b> Capital Area Democratic Women
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<b>6 Amount (\$)</b> \$250.00	<b>7 Payee address</b> City; State; Zip Code P.O. Box 2211 Austin, TX 78768
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<b>8 PURPOSE OF EXPENDITURE</b>	(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 contribution  <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 10/07/2014	Payee name Delwin Goss
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Amount (\$) \$1,025.00	Payee address City; State; Zip Code 6410 Ponca Street Austin, TX 78741
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor / yard sign placement  <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 10/03/2014	Payee name First Data Merchant Services
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Amount (\$) \$148.38	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	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 10/03/2014	Payee name First Data Merchant Services
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Amount (\$) \$75.91	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	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  
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: 2/3 Report: 6/7	2 FILER NAME Eckhardt, Sarah	3 ACCOUNT # (TEC filers) 00000003
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4 Date 10/03/2014	5 Payee name First Data Merchant Services
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6 Amount (\$) \$10.20	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) Accounting/Banking	(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 09/30/2014	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/02/2014	Payee name NGP VAN
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Amount (\$) \$250.00	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/07/2014	Payee name Shea, Caitlin
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Amount (\$) \$1,250.00	Payee address City; State; Zip Code 12223 Tyson Cv #B Austin, TX 78758
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary  <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.

<b>1</b> PAGE # Schedule: 3/3 Report: 7/7	<b>2</b> FILER NAME Eckhardt, Sarah	<b>3</b> ACCOUNT # (TEC filers) 00000003
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<b>4</b> Date 09/30/2014	<b>5</b> Payee name Susan Harry Consulting
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<b>6</b> Amount (\$) \$1,750.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703
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<b>8</b> 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"/> Fundraising & compliance consulting
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/30/2014	Payee name Van Cleve, Genevieve
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Amount (\$) \$1,750.00	Payee address City; State; Zip Code 4107 Wildwood Rd. Austin, TX 78722
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<b>PURPOSE OF EXPENDITURE</b>	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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