

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8484

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 17 |
| 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 checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit |
| 9 PERIOD COVERED | Month | Day | Year |
| | 10/26 | 2014 | THROUGH 12/31/2014 |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| | 11/04 | 2014 | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) |
| | | | 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 | \$ | 170.00 |
|---|----|--------|

| | | |
|--|----|-----------|
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 11,795.00 |
|--|----|-----------|

EXPENDITURE TOTALS

| | | |
|---|----|--------|
| 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ | 101.12 |
|---|----|--------|

| | | |
|---------------------------------|----|-----------|
| 4. TOTAL POLITICAL EXPENDITURES | \$ | 18,947.84 |
|---------------------------------|----|-----------|

CONTRIBUTION BALANCE

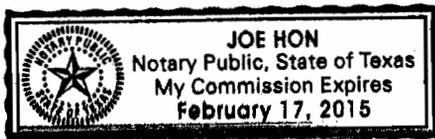
| | | |
|--|----|----------|
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 7,122.20 |
|--|----|----------|

OUTSTANDING LOAN TOTALS

| | | |
|---|----|-----------|
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 29,000.00 |
|---|----|-----------|

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.



[Handwritten Signature]

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SARAH ECKHARDT, this the 14th day of JAN, 20 15, to certify which, witness my hand and seal of office.

[Handwritten Signature]

 Signature of officer administering oath

JOE HON
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: 1/8 Report: 3/17

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)
00000003

4 Date
10/29/2014

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

6 Contributor address; City; State; Zip Code
2407 Stratford Dr
Austin, TX 78746-5724

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

\$250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/17/2014

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

Contributor address; City; State; Zip Code
3313 Lake Cliff Ct
Austin, TX 78746-4676

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

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/26/2014

Full name of contributor out-of-state PAC (ID# _____)
Andrews & Kurth Texas PAC

Contributor address; City; State; Zip Code
600 Travis St
Ste 4200
Houston, TX 77002-2929

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

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/26/2014

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

Contributor address; City; State; Zip Code
4106 Medical Pkwy
Austin, TX 78756-3722

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

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/20/2014

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

Contributor address; City; State; Zip Code
1306 Nueces St
Austin, TX 78701-1722

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

\$250.00

(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: 2/8 Report: 4/17 | |
| 2 FILER NAME Eckhardt, Sarah | | 3 ACCOUNT # (Ethics Commission filers) 00000003 | |
| 4 Date 12/11/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Claunch, Dave 6 Contributor address; City; State; Zip Code 305 McConnell Dr West Lake Hills, TX 78746-4434 | 7 Amount of contribution (\$) \$250.00 | 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 12/31/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curtis, Matthew Contributor address; City; State; Zip Code 807 Blanco St Apt 305 Austin, TX 78703-4957 | 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 12/29/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dealey, Mandy Contributor address; City; State; Zip Code 5401 Ridge Oak Dr. Austin, TX 78731-4815 | 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 10/29/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erwin, Gay Contributor address; City; State; Zip Code 3 Jeffery Cv Austin, TX 78746 | Amount of contribution (\$) \$750.00 | 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 10/26/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evans, Herbert Contributor address; City; State; Zip Code 1302 West Ave Austin, TX 78701-1716 | Amount of contribution (\$) \$250.00 | 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: 3/8 Report: 5/17 | |
| 2 FILER NAME Eckhardt, Sarah | | 3 ACCOUNT # (Ethics Commission filers) 00000003 | |
| 4 Date 12/29/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Getter, Kerry & Becky 6 Contributor address; City; State; Zip Code 9301 Johnny Morris Rd Austin, TX 78724-1523 | 7 Amount of contribution (\$) \$1,000.00 | 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 | | 10 Employer (See Instructions) | |
| Date 10/26/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Half Associates State PAC Contributor address; City; State; Zip Code 1201 N Bowser Rd Richardson, TX 75081-2262 | 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"/> | |
| 9 | | 10 Employer (See Instructions) | |
| Date 10/26/2014 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00103903</u>) HDR, Inc. Political Action Committee Contributor address; City; State; Zip Code 8404 Indian Hills Dr Omaha, NE 68114-4049 | 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"/> | |
| 9 | | 10 Employer (See Instructions) | |
| Date 12/29/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jimenez, Manuel Contributor address; City; State; Zip Code 7516 Cedar Edge Dr Austin, TX 78744-1706 | 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"/> | |
| 9 | | 10 Employer (See Instructions) | |
| Date 12/23/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph, John Contributor address; City; State; Zip Code 4231 Westlake Dr G-3 Austin, TX 78746-1464 | 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"/> | |
| 9 | | 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: 4/8 Report: 6/17 | |
| 2 FILER NAME Eckhardt, Sarah | | 3 ACCOUNT # (Ethics Commission filers) 00000003 | |
| 4 Date 12/30/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipscombe, John H 6 Contributor address; City; State; Zip Code 6600 Mesa Dr Austin, TX 78731-2706 | 7 Amount of contribution (\$) \$100.00 | 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 | | 10 Employer (See Instructions) | |
| Date 12/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lowenthal, Eugene Contributor address; City; State; Zip Code 9600 Crumley Ranch Rd Austin, TX 78738-6016 | Amount of contribution (\$) \$150.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 | | 10 Employer (See Instructions) | |
| Date 12/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Massaro, Vera Contributor address; City; State; Zip Code 7940 Shoal Creek Blvd Ste 201 Austin, TX 78757-7587 | 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"/> | |
| 9 | | 10 Employer (See Instructions) | |
| Date 12/30/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meade, Nikelle Contributor address; City; State; Zip Code 111 Congress Ave Ste 1400 Austin, TX 78701-4093 | 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"/> | |
| 9 | | 10 Employer (See Instructions) | |
| Date 12/30/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Milne, Robert Contributor address; City; State; Zip Code 3916 Knollwood Dr Austin, TX 78731-2915 | 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 | | 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: 5/8 Report: 7/17 | |
| 2 FILER NAME Eckhardt, Sarah | | 3 ACCOUNT # (Ethics Commission filers) 00000003 | |
| 4 Date 12/29/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moffat, Susan 6 Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751-4630 | 7 Amount of contribution (\$) \$100.00 | 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 12/16/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neavel, Nancy Contributor address; City; State; Zip Code 2905 Scenic Dr Austin, TX 78703-1042 | 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 10/30/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Robert Contributor address; City; State; Zip Code 3409 Trickling Springs Way Pflugerville, TX 78660-5544 | Amount of contribution (\$) \$750.00 | 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 10/28/2014 | 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 (\$) \$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 12/21/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shankle, Glenn Contributor address; City; State; Zip Code 2105 Haas Ln Austin, TX 78728-6844 | 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"/> | |
| Employer (See Instructions) | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 7/8 Report: 9/17

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)
00000003

4 Date 12/11/2014
5 Full name of contributor out-of-state PAC (ID# _____)
Todd, David

6 Contributor address; City; State; Zip Code
1304 Mariposa Dr
Apt 211
Austin, TX 78704-4404

7 Amount of contribution (\$) \$100.00
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 12/30/2014
Full name of contributor out-of-state PAC (ID# _____)
Tyree, Preston

Contributor address; City; State; Zip Code
10648 Floral Park Dr
Austin, TX 78759-5104

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/13/2014
Full name of contributor out-of-state PAC (ID# _____)
Weaver, Catherine

Contributor address; City; State; Zip Code
7002 Windrift Way
Austin, TX 78745-5442

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/12/2014
Full name of contributor out-of-state PAC (ID# _____)
Wendler, Ed

Contributor address; City; State; Zip Code
4803 Balcones Dr
Austin, TX 78731-5308

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/17/2014
Full name of contributor out-of-state PAC (ID# _____)
Whatley, Melba

Contributor address; City; State; Zip Code
2909 W 35th St
Austin, TX 78703-1105

Amount of contribution (\$) \$1,000.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: 1/6 Report: 11/17 | | 2 FILER NAME Eckhardt, Sarah | | 3 ACCOUNT # (TEC filers) 00000003 | |
| 4 Date 12/11/2014 | | 5 Payee name Austin Java | | | |
| 6 Amount (\$) \$108.30 | | 7 Payee address City; State; Zip Code 1206 Parkway Austin, TX 78703 | | | |
| 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) <input type="checkbox"/> lunch meeting <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 10/31/2014 | | Payee name Eckhardt, Sarah | | | |
| Amount (\$) \$5,000.00 | | Payee address City; State; Zip Code 1001 Lorrain St. Austin, TX 78703 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Loan repayment <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 11/03/2014 | | Payee name First Data Merchant Services | | | |
| Amount (\$) \$63.45 | | 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) 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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 11/03/2014 | | Payee name First Data Merchant Services | | | |
| Amount (\$) \$119.90 | | 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) 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 | |
| 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: 2/6 Report: 12/17 | 2 FILER NAME Eckhardt, Sarah | 3 ACCOUNT # (TEC filers) 00000003 |
|--|--|---|

| | |
|-----------------------------|---|
| 4 Date 11/03/2014 | 5 Payee name First Data Merchant Services |
|-----------------------------|---|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$179.85 | 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) 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 |
|---------------------------------|--|--|

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

| | |
|--------------------|--|
| Date 12/03/2014 | Payee name First Data Merchant Services |
|--------------------|--|

| | |
|------------------------|---|
| Amount (\$) \$33.86 | 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) 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 |
|-------------------------------|--|--|

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

| | |
|--------------------|--|
| Date 12/03/2014 | Payee name First Data Merchant Services |
|--------------------|--|

| | |
|-----------------------|---|
| Amount (\$) \$8.10 | 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) 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 |
|-------------------------------|--|--|

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

| | |
|--------------------|--|
| Date 12/03/2014 | Payee name First Data Merchant Services |
|--------------------|--|

| | |
|------------------------|---|
| Amount (\$) \$26.41 | 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) 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 |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|----------------|--------------|
| 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: 3/6 Report: 13/17 | 2 FILER NAME Eckhardt, Sarah | 3 ACCOUNT # (TEC filers) 00000003 |
|--|--|---|

| | |
|-----------------------------|-------------------------------------|
| 4 Date 10/29/2014 | 5 Payee name Hudson, Nick |
|-----------------------------|-------------------------------------|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$2,000.00 | 7 Payee address City; State; Zip Code 12113 Metric Blvd. #1037 Austin, TX 78758 |
|------------------------------------|--|

| | | |
|---|---|--|
| 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"/> Salary <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 10/31/2014 | Payee name Hudson, Nick |
|--------------------|----------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$500.00 | Payee address City; State; Zip Code 12113 Metric Blvd. #1037 Austin, TX 78758 |
|-------------------------|---|

| | | |
|-------------------------------|--|---|
| 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"/> Salary <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 12/15/2014 | Payee name Intercontinental Hotel |
|--------------------|--------------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$360.00 | Payee address City; State; Zip Code 701 Congress Ave 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"/> Deposit 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: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|-----------------------|
| Date 11/03/2014 | Payee name NGP VAN |
|--------------------|-----------------------|

| | |
|-------------------------|--|
| 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 |
|-------------------------------|--|--|

| | | | |
|---|-------------------------------|----------------|--------------|
| 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: 4/6 Report: 14/17 | 2 FILER NAME Eckhardt, Sarah | 3 ACCOUNT # (TEC filers) 00000003 |
|--|--|---|

| | |
|-----------------------------|--------------------------------|
| 4 Date 12/02/2014 | 5 Payee name NGP VAN |
|-----------------------------|--------------------------------|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$250.00 | 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 11/24/2014 | Payee name Omni Hotel |
|--------------------|--------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$154.44 | Payee address City; State; Zip Code Four Riverway Houston, TX 77056 |
|-------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel Out Of District | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Hotel |
| | <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 11/04/2014 | Payee name Postmaster |
|--------------------|--------------------------|

| | |
|------------------------|---|
| Amount (\$) \$26.00 | Payee address City; State; Zip Code 3507 N. Lamar Blvd. Austin, TX 78705-9997 |
|------------------------|---|

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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"/> post office box renewal |
| | <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 12/17/2014 | Payee name Postmaster |
|--------------------|--------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$833.00 | Payee address City; State; Zip Code 3507 N. Lamar Blvd. Austin, TX 78705-9997 |
|-------------------------|---|

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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"/> Postage |
| | <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: 5/6 Report: 15/17 | 2 FILER NAME Eckhardt, Sarah | 3 ACCOUNT # (TEC filers) 00000003 |
|--|--|---|

| | |
|-----------------------------|-----------------------------------|
| 4 Date 12/24/2014 | 5 Payee name Postmaster |
|-----------------------------|-----------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$19.60 | 7 Payee address City; State; Zip Code 3507 N. Lamar Blvd. Austin, TX 78705-9997 |
|---------------------------------|--|

| | | |
|---------------------------------|--|--|
| 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"/> Postage <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 10/31/2014 | Payee name Shea, Caitlin |
|--------------------|-----------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$1,250.00 | Payee address City; State; Zip Code 12223 Tyson Cv #B Austin, TX 78758 |
|---------------------------|--|

| | | |
|------------------------|---|---|
| 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 |
|------------------------|---|---|

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

| | |
|--------------------|--------------------------------------|
| Date 10/31/2014 | Payee name Susan Harry Consulting |
|--------------------|--------------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$750.00 | 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 12/29/2014 | Payee name Target |
|--------------------|----------------------|

| | |
|-------------------------|---|
| Amount (\$) \$163.81 | 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/Rental Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies <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: 6/6 Report: 16/17 | 2 FILER NAME Eckhardt, Sarah | 3 ACCOUNT # (TEC filers) 00000003 |
|--|--|---|

| | |
|-----------------------------|---|
| 4 Date 10/30/2014 | 5 Payee name Travis County Democratic Party |
|-----------------------------|---|

| | |
|------------------------------------|---|
| 6 Amount (\$) \$5,000.00 | 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 | |

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

| | |
|--------------------|------------------------------------|
| Date 10/31/2014 | Payee name Van Cleve, Genevieve |
|--------------------|------------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$1,750.00 | Payee address City; State; Zip Code 4107 Wildwood Rd. Austin, TX 78722 |
|---------------------------|--|

| | | |
|------------------------------------|--|--|
| 8 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"/> General 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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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 PAGE # Schedule: 1/6 Report: 17/17 | 2 FILER NAME Eckhardt, Sarah | 3 ACCOUNT # (TEC filers) 00000003 |
|--|--|---|

| | |
|-----------------------------|---|
| 4 Date 10/31/2014 | 5 Payee name Asian American Resource Center |
|-----------------------------|---|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$250.00 | 7 Payee address City; State; Zip Code 7908 Cameron Rd. Austin, TX 78754 |
|----------------------------------|--|

| | | |
|---|---|---|
| 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 (See instructions regarding type of information required.) Donation |
| | | |

| | |
|--------------------|------------------------------------|
| Date 10/31/2014 | Payee name Emma Barrientos MACC |
|--------------------|------------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$250.00 | Payee address City; State; Zip Code 600 River St. 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 (See instructions regarding type of information required.) Donation |
| | | |

| | |
|--------------------|---|
| Date 10/31/2014 | Payee name George Washington Carver Museum |
|--------------------|---|

| | |
|-------------------------|--|
| Amount (\$) \$250.00 | Payee address City; State; Zip Code 1165 Angelina St. Austin, TX 78702 |
|-------------------------|--|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description (See instructions regarding type of information required.) Donation |
| | | |