

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

8716

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 47
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;		ZIP CODE
	P.O. Box 301586		
	Austin, TX 78703		
	Date Hand-Delivered or Date Postmarked		
Receipt #		Amount	
Date Processed		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Carol	MI
	NICKNAME	LAST Hatfield	SUFFIX
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	3404 Northwood Circle Austin, TX 78703		
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 459-5841	EXTENSION
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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 07/01/2015	THROUGH	Month Day Year 12/31/2015
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) Travis County Judge		12 OFFICE SOUGHT (if known)

FILE FOR RECORD
 2016 JUN 15 PM 4:48
 Did Not Receive
 C/OH/CLK
 Travis County Exs

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME _____ **15 Filer ID (Ethics Commission Filers)** _____

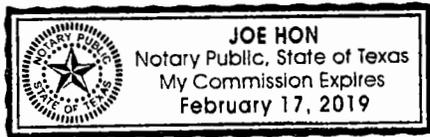
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$1,860.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$33,615.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$595.63
	4. TOTAL POLITICAL EXPENDITURES	\$37,334.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$20,761.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$19,000.00

18 AFFIDAVIT



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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SARAH ECKHARDT, this the 13th day of January, 2016, to certify which, witness my hand and seal of office.

Signature of officer administering oath

JOE HON
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 47

13 C / OH NAME Eckhardt, Sarah	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table style="width:100%"> <tr> <td style="width:30%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
	<input type="checkbox"/> SPECIFIC	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	\$	1,860.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	33,615.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	595.63
	4. TOTAL POLITICAL EXPENDITURES	\$	37,334.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	20,761.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	19,000.00

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Eckhardt, Sarah		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31,915.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,700.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 2,500.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 37,334.12
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 581.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/17 Rpt: 4/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 12/07/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abell, William <hr/> 6 Contributor address; City; State; Zip Code 1806 Kerr Ave Austin, TX 78704	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, James <hr/> Contributor address; City; State; Zip Code 4000 Pinckney St Austin, TX 78723-5397	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agnew, Ginny <hr/> Contributor address; City; State; Zip Code 1204 Castle Hill St Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert, David <hr/> Contributor address; City; State; Zip Code 1101 Grove Blvd 703 Austin, TX 78741-3437	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apt, William <hr/> Contributor address; City; State; Zip Code 812 San Antonio St Ste 401 Austin, TX 78701-2224	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/17 Rpt: 5/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/06/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armbrust & Brown, PLLC 6 Contributor address; City; State; Zip Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayres, Robert Contributor address; City; State; Zip Code 2408 Keating Lane Austin, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Phil Contributor address; City; State; Zip Code 309 Nixon Dr Austin, TX 78746-5567	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Jon Contributor address; City; State; Zip Code 2503 Flora Cove Austin, TX 78746	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Joel Contributor address; City; State; Zip Code 1404 Foxtail Cove Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/17 Rpt: 6/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/22/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackwell, Betty 6 Contributor address; City; State; Zip Code 1306 Nueces St Austin, TX 78701-1722	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristol, Valarie Contributor address; City; State; Zip Code 512 Bulian Ln Austin, TX 78746-5423	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittain, Steve Contributor address; City; State; Zip Code 3107 Silverleaf Dr Austin, TX 78757-1610	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broberg, Steven Contributor address; City; State; Zip Code 8406 Persimmon Grove Austin, TX 78737	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockenbrough, Anne Contributor address; City; State; Zip Code 11318 Jones Rd Manor, TX 78653-5205	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/17 Rpt: 7/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunch, Bill 6 Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704-2825	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2015	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 (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerbins, Frances Contributor address; City; State; Zip Code 8419 Adirondack Trl Austin, TX 78759-8411	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Sheng Ting Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd Unit 24 Austin, TX 78735-6742	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Dorbandt & Associates Contributor address; City; State; Zip Code 603 W 12th St Austin, TX 78701	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/17 Rpt: 8/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/21/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Aan	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 9890 Silver Mountain Dr Austin, TX 78737-3103		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courreges, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code PO Box 92648 Austin, TX 78709-2648		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Frank	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4608 View West Austin, TX 78735		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickie, Martha	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 503 Brookhaven Trl Austin, TX 78746-5452		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Jennifer	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2108 La Casa Dr Austin, TX 78704-4723		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/17 Rpt: 9/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emanuel, Victor 6 Contributor address; City; State; Zip Code 1507 Alameda Dr Austin, TX 78704-3101	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erwin, Gay Contributor address; City; State; Zip Code 3 Jeffery Cv Ste 1-100 Austin, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinoza, Edward Contributor address; City; State; Zip Code 507 Pressler St # 4131 Austin, TX 78703-5151	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fason, Sam Contributor address; City; State; Zip Code 1607 Poquonock Rd Austin, TX 78703-2410	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Lulu Contributor address; City; State; Zip Code 1301 W. 25th Street Suite 400 Austin, TX 78705	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/17 Rpt: 10/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/15/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Lulu 6 Contributor address; City; State; Zip Code 1301 W. 25th Street Suite 400 Austin, TX 78705	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick, David Contributor address; City; State; Zip Code 414 Ridgewood Rd West Lake Hills, TX 78746-5522	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass Gentry, Peggy Contributor address; City; State; Zip Code 1304 Pasaguarda Dr Austin, TX 78746-7414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granger & Mueller, P.C. Contributor address; City; State; Zip Code 605 W 10th St Austin, TX 78701-2023	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Beverly Contributor address; City; State; Zip Code 3711 Taylors Dr Austin, TX 78703-1053	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/17 Rpt: 11/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/15/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grube, Bruce and Kathryn	7 Amount of Contribution (\$) \$125.00
6 Contributor address; City; State; Zip Code 1910 Cypress Point West Austin, TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, William	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1306 Garden St Austin, TX 78702-5349		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Kathleen	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 16400 Hamilton Pool Rd Austin, TX 78738-7300		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidrick, Clarke	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3702 Eastledge Dr Austin, TX 78731-5851		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heimsath, Charles	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1609 Preston Avenue Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/17 Rpt: 12/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/23/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Myron	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code 1705 Margaret St Austin, TX 78704-2121		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Pix	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code pob 663 Wimberley, TX 78676		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huber, Karen	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 23020 Pedernales Canyon Trl Spicewood, TX 78669		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireson, Diane	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2900 Wade Ave Austin, TX 78703-1017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Dorothy Ann	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1604 E 11th St Austin, TX 78702-2716		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/17 Rpt: 13/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 07/22/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Elliot 6 Contributor address; City; State; Zip Code 1354 The High Rd Austin, TX 78746-2250	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jolin, Becky Contributor address; City; State; Zip Code 2503 Flora Cove Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaderka, Susan Contributor address; City; State; Zip Code 2820 Wooldridge Dr Austin, TX 78703-1956	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennard, Mary Jo Contributor address; City; State; Zip Code 6820 Cypress Pt N Apt 9 Austin, TX 78746-7149	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoury, Sandra Contributor address; City; State; Zip Code 307 S Lynnwood Trl Cedar Park, TX 78613-3255	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/17 Rpt: 14/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhlken, Heather 6 Contributor address; City; State; Zip Code 4610 Shoalwood Ave Austin, TX 78756-2919	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Amie Rodnick Contributor address; City; State; Zip Code 507 W 7th St Austin, TX 78701-2831	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowenthal, Eugene Contributor address; City; State; Zip Code 9600 Crumley Ranch Road Austin, TX 78738	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowerre, Richard Contributor address; City; State; Zip Code 725 Patterson Ave Austin, TX 78703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariotti, Anthony Contributor address; City; State; Zip Code 1615 Spyglass Dr Apt 4 Austin, TX 78746-7591	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/17 Rpt: 15/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Joan	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2207 Quarry Rd Austin, TX 78703-3836		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marston, Jim	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2810 Townes Ln Austin, TX 78703-1645		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Donald	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2525 Wallingwood Dr Ste 7C Austin, TX 78746-6929		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massaro, Vera	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code 7940 Shoal Creek Blvd., Suite 201 Ste 201 Austin, TX 78757		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moffat, Susan	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751-4630		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/17 Rpt: 16/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohamed, Basheer	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 8305 Canola Bnd Austin, TX 78729-6465		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muse, Christy	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 3300 Crosswind Dr Spicewood, TX 78669		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nabers, Mary Scott	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 901 S Mo Pac Expy Bldg 100 Austin, TX 78746-5776		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nias, Jim	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1116 Reagan Terrace Austin, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuckols, Tom	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2910 Kassarine Pass Austin, TX 78704-4655		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/17 Rpt: 17/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 09/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter and Company, LLC 6 Contributor address; City; State; Zip Code 5105 McDade Dr Austin, TX 78735-6397	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reese, Pamela Contributor address; City; State; Zip Code 3511 Westlake Dr Austin, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhoden, Lisa Contributor address; City; State; Zip Code 7111 Destiny Hills Dr Austin, TX 78738	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Brian Contributor address; City; State; Zip Code 1112 W 9th St Austin, TX 78703-4926	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Daniel Contributor address; City; State; Zip Code 1214 W 6th St Ste 220 Austin, TX 78703-5261	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/17 Rpt: 18/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanger, Mary	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 704 Carolyn Ave Austin, TX 78705-1712		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Sally	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4906 Beverly Hills Dr Austin, TX 78731-4702		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seals, Bradley	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2301 Lawnmont Ave Apt 3 Austin, TX 78756-1938		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seremetis, Laurie	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 1016 Shelley Ave. Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shiple, George	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 919 congress ave .Ste 750 Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/17 Rpt: 19/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> 6 Contributor address; City; State; Zip Code 1908 Barton Pkwy Austin, TX 78704-3212	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soeur, Channy <hr/> Contributor address; City; State; Zip Code 7908 Cameron Rd Austin, TX 78754-3850	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Jim <hr/> Contributor address; City; State; Zip Code 901 S Mo Pac Expy Bldg. 1, Ste. 300 Austin, TX 78746-5776	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summerville, Patti <hr/> Contributor address; City; State; Zip Code 1822 W 10th St Austin, TX 78703-3910	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tan, Alexander <hr/> Contributor address; City; State; Zip Code 1701 Hackney Cv Austin, TX 78727	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/17 Rpt: 20/47
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 10/05/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terkel, Tom	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 3105 Bowman Ave. Austin, TX 78703		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/08/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1304 Mariposa Drive #211 Austin, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warth, Dan	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2716 Rio Mesa Dr Austin, TX 78732		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Catherine	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code 7002 Windrift Way Austin, TX 78745		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Allan	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2400 Comino Alto Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 21/47	
2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/29/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristol,	8 Amount of contribution (\$) \$600.00	9 In-kind contribution description food, drinks and valet for event
7 Contributor address; City; State; Zip Code 8812 Mesa Dr. Austin, TX 78759		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sansom, Andy & Nona	Amount of contribution (\$) \$600.00	In-kind contribution description food, drinks and valet for event
Contributor address; City; State; Zip Code 722 Yaupon Valley Rd Austin, TX 78746		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tan, Alexander	Amount of contribution (\$) \$500.00	In-kind contribution description food and drinks for event
Contributor address; City; State; Zip Code 1701 Hackney Cv Austin, TX 78727		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/1 Rpt: 22/47	
2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 10/21/2015	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Ben 7 Pledgor Address; City; State; Zip Code 1003 Rio Grande Austin, TX 78701	8 Amount of pledge (\$) \$2,500.00	9 In-kind description (If applicable)
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/22 Rpt: 23/47	2 FILER NAME Eckhardt, Sarah	3 Filer ID
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4 Date 12/21/2015	5 Payee name Allied Printing
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6 Amount (\$) \$684.30	7 Payee address; City; State; Zip Code P.O. Box 142708 Austin, TX 78714
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2015	Payee name Austin AFL-CIO
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Amount (\$) \$215.00	Payee address; City; State; Zip Code PO Box 87 Austin, TX 78767
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political print advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2015	Payee name Austin Area Urban League
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 8011A Cameron Rd Austin, TX 78754
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship of Equal Opportunity Day Gala
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/22 Rpt: 24/47		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 08/19/2015		5 Payee name Blue Host			
6 Amount (\$) \$143.88		7 Payee address; City; State; Zip Code 560 Timpanogos Pkwy Orem, UT 84097			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website hosting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/19/2015		Payee name Brigid Shea Campaign			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/08/2015		Payee name Eckhardt, Sarah			
Amount (\$) \$5,000.00		Payee address; City; State; Zip Code 1001 Lorrain St. Austin, TX 78703			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan repayment	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/22 Rpt: 25/47		2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 12/23/2015		5 Payee name Einhorn, Peter		
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code 1205 Sahara Ave. Austin, TX 78745		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense holiday bonus	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 08/03/2015		Payee name Farb, Loretta		
Amount (\$) \$1,200.00		Payee address; City; State; Zip Code 206 West Covington Dr. Austin, TX 78753		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 12/21/2015		Payee name Farb, Loretta		
Amount (\$) \$1,200.00		Payee address; City; State; Zip Code 206 West Covington Dr. Austin, TX 78753		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/22 Rpt: 26/47		2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 12/21/2015		5 Payee name Farb, Loretta		
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code 206 West Covington Dr. Austin, TX 78753		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense holiday bonus	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 10/05/2015		Payee name First Data Merchant Services		
Amount (\$) \$0.03		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 09/03/2015		Payee name First Data Merchant Services		
Amount (\$) \$0.20		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/22 Rpt: 27/47	2 FILER NAME Eckhardt, Sarah	3 Filer ID
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4 Date 10/05/2015	5 Payee name First Data Merchant Services
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6 Amount (\$) \$0.20	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
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<input checked="" type="checkbox"/> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2015	Payee name First Data Merchant Services
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Amount (\$) \$0.93	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
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<input type="checkbox"/> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/03/2015	Payee name First Data Merchant Services
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Amount (\$) \$3.14	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
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<input type="checkbox"/> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/22 Rpt: 28/47	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 08/03/2015	5 Payee name First Data Merchant Services	
6 Amount (\$) \$3.21	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/03/2015	Payee name First Data Merchant Services	
Amount (\$) \$6.32	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/03/2015	Payee name First Data Merchant Services	
Amount (\$) \$12.33	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/22 Rpt: 29/47	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 09/03/2015	5 Payee name First Data Merchant Services	
6 Amount (\$) \$19.95	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 10/05/2015	Payee name First Data Merchant Services	
Amount (\$) \$19.95	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 08/03/2015	Payee name First Data Merchant Services	
Amount (\$) \$20.51	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/22 Rpt: 30/47	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 12/03/2015	5 Payee name First Data Merchant Services	
6 Amount (\$) \$21.07	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/03/2015	Payee name First Data Merchant Services	
Amount (\$) \$39.90	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/03/2015	Payee name First Data Merchant Services	
Amount (\$) \$39.90	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/22 Rpt: 31/47	2 FILER NAME Eckhardt, Sarah	3 Filer ID
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4 Date 09/03/2015	5 Payee name First Data Merchant Services
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6 Amount (\$) \$39.90	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) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
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<input checked="" type="checkbox"/> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/05/2015	Payee name First Data Merchant Services
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Amount (\$) \$39.90	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
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<input type="checkbox"/> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/03/2015	Payee name First Data Merchant Services
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Amount (\$) \$39.90	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
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<input type="checkbox"/> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/22 Rpt: 32/47	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 12/03/2015	5 Payee name First Data Merchant Services	
6 Amount (\$) \$39.90	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2015	Candidate/Officeholder name Office sought Office held	
Payee name First Data Merchant Services		
Amount (\$) \$46.62	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/03/2015	Candidate/Officeholder name Office sought Office held	
Payee name First Data Merchant Services		
Amount (\$) \$55.32	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/22 Rpt: 33/47		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 07/03/2015		5 Payee name First Data Merchant Services			
6 Amount (\$) \$137.98		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/03/2015		Payee name First Data Merchant Services			
Amount (\$) \$159.21		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/03/2015		Payee name First Data Merchant Services			
Amount (\$) \$174.89		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/22 Rpt: 34/47		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 12/03/2015		5 Payee name First Data Merchant Services			
6 Amount (\$) \$205.94		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/21/2015		Payee name Hon, Joe			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code PO Box 685092 Austin, TX 78768			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense holiday bonus	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/19/2015		Payee name In Focus Campaigns			
Amount (\$) \$125.32		Payee address; City; State; Zip Code PO Box 10726 Fort Worth, TX 76114			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct expenditure to benefit County Courthouse campaign	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/22 Rpt: 35/47	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 07/02/2015	5 Payee name NGP VAN	
6 Amount (\$) \$320.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/03/2015	Payee name NGP VAN	
Amount (\$) \$320.00	Payee address; City; State; Zip Code 1105 15th Street NW, Ste. 500 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/02/2015	Payee name NGP VAN	
Amount (\$) \$320.00	Payee address; City; State; Zip Code 1105 15th Street NW, Ste. 500 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/22 Rpt: 36/47	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 10/02/2015	5 Payee name NGP VAN	
6 Amount (\$) \$320.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 11/02/2015	Candidate/Officeholder name NGP VAN	
Amount (\$) \$320.00	Office sought Office held	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
	Candidate/Officeholder name Office sought Office held	
Date 12/02/2015	Candidate/Officeholder name NGP VAN	
Amount (\$) \$320.00	Office sought Office held	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/22 Rpt: 37/47		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 08/27/2015		5 Payee name Peter A. Ravella Consulting			
6 Amount (\$) \$1,500.00		7 Payee address; City; State; Zip Code 4107 Wildwood Rd. Austin, TX 78722			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General consulting for Genevieve Van Cleve	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 07/09/2015		Payee name Peter A. Ravella Consulting			
Amount (\$) \$3,000.00		Payee address; City; State; Zip Code 4107 Wildwood Rd. Austin, TX 78722			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General consulting for Genevieve Van Cleve	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 08/01/2015		Payee name Peter A. Ravella Consulting			
Amount (\$) \$3,000.00		Payee address; City; State; Zip Code 4107 Wildwood Rd. Austin, TX 78722			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General consulting for Genevieve Van Cleve	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/22 Rpt: 38/47		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 07/03/2015		5 Payee name Postmaster			
6 Amount (\$) \$97.00		7 Payee address; City; State; Zip Code 3507 N LAMAR BLVD Austin, TX 78705			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense post office box renewal	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/21/2015		Payee name Postmaster			
Amount (\$) \$3.94		Payee address; City; State; Zip Code 3507 N. Lamar Blvd. Austin, TX 78705-9997			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 12/03/2015		Payee name Postmaster			
Amount (\$) \$49.00		Payee address; City; State; Zip Code 3507 N. Lamar Blvd. Austin, TX 78705-9997			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/22 Rpt: 39/47	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 12/08/2015	5 Payee name Postmaster	
6 Amount (\$) \$49.00	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) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2015	Payee name Postmaster	
Amount (\$) \$73.50	Payee address; City; State; Zip Code 3507 N. Lamar Blvd. Austin, TX 78705-9997	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2015	Payee name Reisman, Maya	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2503 East Oltorf #1831 Austin, TX 78741	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense holiday bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/22 Rpt: 40/47		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 10/14/2015		5 Payee name Susan Harry Consulting			
6 Amount (\$) \$1,650.00		7 Payee address; City; State; Zip Code P.O. Box 301074 Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising & compliance consulting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/01/2015		Payee name Susan Harry Consulting			
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code P.O. Box 301074 Austin, TX 78703			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising & compliance consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/01/2015		Payee name Susan Harry Consulting			
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code P.O. Box 301074 Austin, TX 78703			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising & compliance consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/22 Rpt: 41/47	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 09/01/2015	5 Payee name Susan Harry Consulting	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code P.O. Box 301074 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising & compliance consulting
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 11/01/2015	Payee name Susan Harry Consulting	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code P.O. Box 301074 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising & compliance consulting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 12/02/2015	Payee name Susan Harry Consulting	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code P.O. Box 301074 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising & compliance consulting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/22 Rpt: 42/47	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 10/22/2015	5 Payee name TNT Tacos	
6 Amount (\$) \$202.00	7 Payee address; City; State; Zip Code 507 Pressler St Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2015	Payee name Target	
Amount (\$) \$35.01	Payee address; City; State; Zip Code 2300 Ben White Blvd. Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2015	Payee name Target	
Amount (\$) \$3.23	Payee address; City; State; Zip Code 2300 Ben White Blvd. Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/22 Rpt: 43/47	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 09/14/2015	5 Payee name Target	
6 Amount (\$) \$27.23	7 Payee address; City; State; Zip Code 2300 Ben White Blvd. Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2015	Payee name Target	
Amount (\$) \$35.88	Payee address; City; State; Zip Code 2300 Ben White Blvd. Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2015	Payee name Travis County Democratic Party	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1311 E 6th St Ste B Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution for event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/22 Rpt: 44/47		2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 09/21/2015		5 Payee name United States Treasury		
6 Amount (\$) \$690.00		7 Payee address; City; State; Zip Code Internal Revenue Service Philadelphia, PA 19255		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Taxes	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 07/06/2015		Payee name Vespaio		
Amount (\$) \$207.00		Payee address; City; State; Zip Code 1610 S Congress Ave. Austin, TX 78704		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff lunch	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/3 Rpt:		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 07/22/2015		5 Payee name Heredia, Ayda			
6 Amount (\$) 8.00		7 Payee Address; City; State; Zip 2515 S. Congress Ave. Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Event Expense		(b) Description (See instructions regarding type of information required.) food sales for Juneteenth celebration	
Date 07/01/2015		Payee name Jimenez, Laura			
Amount (\$) 8.00		Payee Address; City; State; Zip 1000 Guadalupe St. Room 306 Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Event Expense		(b) Description (See instructions regarding type of information required.) water for Juneteenth Celebration	
Date 10/20/2015		Payee name KAZI Radio			
Amount (\$) 250.00		Payee Address; City; State; Zip 8906 Wall Street, Ste 203 Austin, TX 78754-4541			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (See instructions regarding type of information required.) Donation	
Date 07/31/2015		Payee name Prosperity Bank			
Amount (\$) 10.00		Payee Address; City; State; Zip 900 Congress Ave. Ave. Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) special accounts bank fee	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/3 Rpt:		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 08/31/2015		5 Payee name Prosperity Bank			
6 Amount (\$) 10.00		7 Payee Address; City; State; Zip 900 Congress Ave. Ave. Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) special accounts bank fee	
Date 09/30/2015		Payee name Prosperity Bank			
Amount (\$) 10.00		Payee Address; City; State; Zip 900 Congress Ave. Ave. Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) special accounts bank fee	
Date 10/31/2015		Payee name Prosperity Bank			
Amount (\$) 10.00		Payee Address; City; State; Zip 900 Congress Ave. Ave. Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) special accounts bank fee	
Date 11/30/2015		Payee name Prosperity Bank			
Amount (\$) 10.00		Payee Address; City; State; Zip 900 Congress Ave. Ave. Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) special accounts bank fee	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/3 Rpt:	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 12/30/2015	5 Payee name Prosperity Bank	
6 Amount (\$) 10.00	7 Payee Address; City; State; Zip 900 Congress Ave. Ave. Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) special accounts bank fee
Date 08/12/2015	Payee name Rosamond, Janice	
Amount (\$) 5.00	Payee Address; City; State; Zip PO Box 7172 Round Rock, TX 78683	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Juneteenth celebration tea/lemonaide sales
Date 08/27/2015	Payee name Texas Campaign for the Environment	
Amount (\$) 250.00	Payee Address; City; State; Zip 105 W. Riverside Ste. 120 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) Donation