

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

9095

**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: 41
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Sarah	OFFICE USE ONLY Date Received: 2017 JUL 17 FILED FOR RECORD COUNTY CLERK TRAVIS COUNTY, TEXAS AM 9:43 Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Eckhardt		
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		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Carol		
	NICKNAME LAST SUFFIX Hatfield		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3404 Northwood Circle Austin, TX 78703		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 459-5841		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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 01/01/2017	THROUGH	Month Day Year 06/30/2017
10 ELECTION	ELECTION DATE Month Day Year 03/06/2018	ELECTION TYPE <input checked="" 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) Travis County Judge	

GO TO PAGE 2

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

**FORM C/OH
COVER SHEET PG 2**
2 of 41

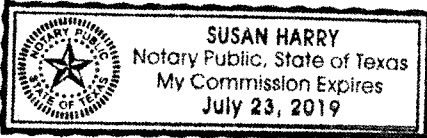
13 C / OH NAME Eckhardt, Sarah	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support 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 border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">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	\$ 955.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,232.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 651.55
	4. TOTAL POLITICAL EXPENDITURES	\$ 32,951.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,613.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT

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



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sarah Eckhardt, this the 14th day of July, 20 17, to certify which, witness my hand and seal of office.

<i>[Handwritten Signature]</i> _____ Signature of officer administering	Susan Harry _____ Printed name of officer administering	Notary _____ Title of officer administering oath
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SUBTOTALS - C/OH

18 FILER NAME Eckhardt, Sarah	19 Filer ID
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20 SCHEDULE SUBTOTALS		
NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	28,105.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,127.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	32,951.34
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	227.87

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/15 Rpt: 5/41
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 04/24/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baum, Gerald	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 8608 Tallwood Dr Austin, TX 78759		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Jon	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2503 Flora Cv Austin, TX 78746-6902		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benolken, Ann	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 601 Bulian Ln West Lake Hills, TX 78746-5483		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackwell, Betty	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1306 Nueces St Austin, TX 78701-1722		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockenbrough, Anne	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 11318 Jones Rd Manor, TX 78653-5205		
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: 4/15 Rpt: 7/41
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 05/17/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drown, Cheryl	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code 2000 E Side Dr Austin, TX 78704-4327		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ducloux, Claude	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3512 Native Dancer Cv Austin, TX 78746-1434		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/29/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erwin, Gay	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3 Jeffery Cv Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fath, Shudde	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1005 Bluebonnet Ln Austin, TX 78704-2003		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick, David	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 414 Ridgewood Rd West Lake Hills, TX 78746-5522		
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: 6/15 Rpt: 9/41
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 06/02/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Dougherty, Hearon & Moody, P.C.	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code PO Box 98 Austin, TX 78767-0098		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Bob	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2939 Westlake Cv Austin, TX 78746-1961		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Bob	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2939 Westlake Cv Austin, TX 78746-1961		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grinbergs, Mikus	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code PO Box 26626 Austin, TX 78755-0626		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grinbergs, Mikus	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code PO Box 26626 Austin, TX 78755-0626		
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: 8/15 Rpt: 11/41
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 05/27/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartgrove, Richard	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 4907 Bull Mountain Cv Austin, TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Greg	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 3307 Winding Creek Dr Austin, TX 78735-1474		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/11/2017	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 03/27/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Kate	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3408 Mount Barker Dr Austin, TX 78731-5725		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Kristi	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2 Randolph Pl Austin, TX 78746-5520		
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: 10/15 Rpt: 13/41
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 04/24/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowenthal, Eugene	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 9600 Crumley Ranch Rd Austin, TX 78738-6016		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowerre, Richard	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 725 Patterson Ave Austin, TX 78703-4723		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maher, Mary Beth	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2410 W 8th St Austin, TX 78703-4321		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maier, Richard	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 704 E 45th 1/2 St Austin, TX 78751-4025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/06/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manchester Texas Financial Group LLC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 111 Congress Ave. Ste. 1125 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: 12/15 Rpt: 15/41
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 04/18/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noxon, Kenneth 6 Contributor address; City; State; Zip Code PO Box 26625 Austin, TX 78755-0625	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Daniel Contributor address; City; State; Zip Code 816 Congress Ave Ste 1200 Austin, TX 78701-2672	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutishauser, Robert Contributor address; City; State; Zip Code 4200 Jackson Ave Apt 5015 Austin, TX 78731-6061	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Robert Contributor address; City; State; Zip Code 42 Sundown Pkwy Austin, TX 78746-5258	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/19/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Robert Contributor address; City; State; Zip Code PO Box 2115 Austin, TX 78768	Amount of Contribution (\$) \$200.00
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: 14/15 Rpt: 17/41
2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 05/30/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwest Laborers District Council SWLDC PAC 6 Contributor address; City; State; Zip Code 11720 E 21st St Ste D Tulsa, OK 74129-1824	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/01/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Mark Contributor address; City; State; Zip Code 1403 W 10th St Austin, TX 78703	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/16/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Patrick Contributor address; City; State; Zip Code 1706 W 10th St Austin, TX 78703-3908	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Christann Contributor address; City; State; Zip Code 222 W Mulberry Ave San Antonio, TX 78212-2950	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vay, John Contributor address; City; State; Zip Code 5112 Canyon Oaks Dr Lago Vista, TX 78645-6086	Amount of Contribution (\$) \$250.00
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: 19/41	
2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/30/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Lee & Jen Vickers	8 Amount of contribution (\$) \$1,127.00	9 In-kind contribution description catering for event
	7 Contributor address; City; State; Zip Code 4206 Avenue G Austin, TX 78751	<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)			

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: 1/20 Rpt: 21/41		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 05/02/2017		5 Payee name Alamo Mueller			
6 Amount (\$) \$64.20		7 Payee address; City; State; Zip Code 1911 Aldrich St Suite 120 Austin, TX 78723			
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 staff event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/10/2017		Payee name Alamo Mueller			
Amount (\$) \$115.00		Payee address; City; State; Zip Code 1911 Aldrich St Suite 120 Austin, TX 78723			
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 staff event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/01/2017		Payee name Clark Madison, Mike			
Amount (\$) \$5,000.00		Payee address; City; State; Zip Code 907 East 15th Street Austin, TX 78702			
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 Communications consulting	
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: 3/20 Rpt: 23/41	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 05/02/2017	5 Payee name Dart Bowl	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 5700 Grover Ave. Austin, TX 78756	
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 deposit for event venue
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2017	Payee name Dart Bowl	
Amount (\$) \$328.00	Payee address; City; State; Zip Code 5700 Grover Ave. Austin, TX 78756	
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 Event venue costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2017	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) 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 merchant account 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: 5/20 Rpt: 25/41	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 02/03/2017	5 Payee name First Data Merchant Services	
6 Amount (\$) \$1.75	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 account processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 01/03/2017	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) 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 merchant account processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 03/03/2017	Payee name First Data Merchant Services	
Amount (\$) \$20.08	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 account processing fees
9 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: 7/20 Rpt: 27/41	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 04/03/2017	5 Payee name First Data Merchant Services	
6 Amount (\$) \$22.30	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 account processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/03/2017	Payee name First Data Merchant Services	
Amount (\$) \$26.08	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 account processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2017	Payee name First Data Merchant Services	
Amount (\$) \$28.61	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 account 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: 9/20 Rpt: 29/41	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 04/03/2017	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 account processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/03/2017	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 account processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2017	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 account 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: 11/20 Rpt: 31/41	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 06/05/2017	5 Payee name First Data Merchant Services	
6 Amount (\$) \$79.64	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 account processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2017	Payee name First Data Merchant Services	
Amount (\$) \$112.22	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 account processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/03/2017	Payee name Freytags Florist	
Amount (\$) \$37.89	Payee address; City; State; Zip Code 2211 W Anderson Ln Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Gift for constituent
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: 13/20 Rpt: 33/41	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 02/06/2017	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 03/03/2017	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2017	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 <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: 15/20 Rpt: 35/41		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 04/12/2017		5 Payee name Postmaster			
6 Amount (\$) \$588.00		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) Solicitation/Fundraising 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 03/14/2017		Payee name Summers CALC			
Amount (\$) \$110.23		Payee address; City; State; Zip Code 901 S. Mopac Expwy. Austin, TX 78746			
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 Accounting services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/31/2017		Payee name Susan Harry Consulting			
Amount (\$) \$1,500.00		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: 17/20 Rpt: 37/41	2 FILER NAME Eckhardt, Sarah	3 Filer ID
4 Date 05/01/2017	5 Payee name TODO Austin	
6 Amount (\$) \$140.00	7 Payee address; City; State; Zip Code 1400 Corona Dr. Austin, TX 78723	
8 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/15/2017	Payee name Travis County Democratic Party	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1311 E 6th St Ste B Austin, TX 78701	
PURPOSE OF EXPENDITURE	(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 / event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2017	Payee name Westgate Restaurant	
Amount (\$) \$157.20	Payee address; City; State; Zip Code 5700 Grover Ave. Austin, TX 78756	
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 fundraising event
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: 19/20 Rpt: 39/41		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 03/06/2017		5 Payee name Whole Foods Market			
6 Amount (\$) \$231.66		7 Payee address; City; State; Zip Code 525 N. Lamar Blvd. Austin, TX 78703			
8 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 food for Commissioners Court retreat	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/28/2017		Payee name Whole Foods Market			
Amount (\$) \$395.11		Payee address; City; State; Zip Code 525 N. Lamar Blvd. Austin, TX 78703			
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 State of the County event	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/04/2017		Payee name Whole Foods Market			
Amount (\$) \$455.74		Payee address; City; State; Zip Code 525 N. Lamar Blvd. Austin, TX 78703			
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 catering for Jeff Travillion's swearing in party	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 41/41

2 FILER NAME
Eckhardt, Sarah

3 Filer ID

4 Date
01/04/2017

5 Name of person from whom amount is received
Friends of Gerald Daugherty

8 Amount (\$)
\$227.87

6 Address of person from whom amount is received; City; State; Zip Code
1403 Club Ridge Cove

Austin, TX 78735

7 Purpose for which amount is received Check if political contribution returned to filer
reimbursement for catering for Jeff Travillion's swearing in reception