

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

9121

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 45		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		FIRST MI Sarah			
NICKNAME		LAST SUFFIX Eckhardt		FILED FOR RECORD 2017 AUG 15 AM 9:42 TRAVIS COUNTY TEXAS	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after Treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED		Month Day Year      Month Day Year 01 / 01 / 17 THROUGH 06 / 30 / 17		Receipt #      Amount \$	
				Date Processed	
				Date Imaged	

**6 EXPLANATION OF CORRECTION**  
 My full campaign finance report was filed by the deadline of July, 17, 2017; however, the County Clerk has asked us to refile this second copy. Included in this filing is a date-stamped copy of the original filed report. The County Clerk has assured my campaign that this replacement report will be considered filed on time. Also included in this report is an affidavit from my campaign staff with additional details about the request for the second filing.

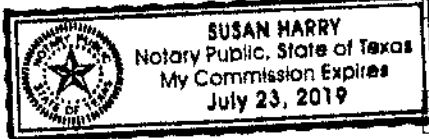
**7 AFFIDAVIT**

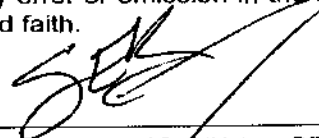
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

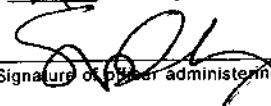
**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sarah Eckhardt, this the 11<sup>th</sup> day of August, 2017, to certify which, witness my hand and seal of office.

      Susan Harry      Notary  
 \_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

**Affidavit of Lorraine Garcia  
to Amend C/OH July 17, 2017 Filing of the  
Sarah Eckhardt Campaign**

My Name is Lorraine Garcia. I am over 21 years of age, I have personal knowledge of the matters here asserted, and I am under no disability that would prevent me from making this affidavit. The matters here asserted are true and correct.

On Monday, July 7, 2017, I took an executed original Candidate/Office Holder Report for Sarah Eckhardt to the Travis County Clerk's Office for filing. As is the custom at the County Clerk's Office, the woman at the counter had me count the pages in front of her to ensure all 41 pages were included and sign the Clerk's book showing receipt of the report. County Clerk staff then copied the report and provided to me a file-marked copy of the first 2 pages (the cover sheet and the notarized page).

The original that I submitted was 2-sided. The woman at the counter watched me count both sides. The woman at the counter advised me not to bring 2-sided originals in the future. The original cover sheet and the notarized page were on opposite sides of the same paper. The file-marked copy provided to me was 2 pages (single-sided). I assumed from her remarks and the single-sided file-marked copy that staff had made a single-sided copy from the 2-sided original.

On July 21, 2017, I was informed by a Sarah Eckhardt contributor and then corroborated that the report that appeared on the County Clerk website included only pages 1, 2, and every odd page thereafter. The even numbered pages were missing. I called the Clerk's Office and was told I needed to speak with an assistant county clerk who was then out of town.

I called back the following week and was informed that staff could not locate the missing pages and then I was instructed to re-file even though I had a file-marked copy showing timely filing. On August 3, 2017, I took the file-marked copy of the cover page and notary page along with the complete report to the Clerk's Office. All relevant staff were in a meeting. But, the receptionist accepted it. Later that day I received a call from Jenny Ballard who instructed me to re-file with an Affidavit of Amendment.

As a courtesy to the County Clerk's Office, I am submitting this Affidavit of Amendment, not because of any deficiency on behalf of the Sarah Eckhardt campaign, but because the County Clerk apparently mishandled the timely filed original.

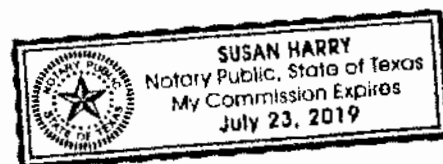
After repeated attempts to have the County Clerk locate the original that had apparently been mishandled.

FURTHER AFFIANT SAYETH NOT

DATED: August 6, 2017

Lorraine Garcia SWORN TO AND SUBSCRIBED BEFORE ME on this the 6th day of August 2017

Notary Public, State of Texas



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID	2 Total pages filed: 44		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST Sarah	MI	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST Eckhardt	SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked	
	P.O. Box 301586			Receipt #	
	Austin, TX 78703			Amount	
				Date Processed	
				Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST Carol	MI		
	NICKNAME	LAST Hatfield	SUFFIX		
<b>6 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	3404 Northwood Circle Austin, TX 78703				
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION		
	(512)	459-5841			
<b>8 REPORT TYPE</b>	<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)				
<b>9 PERIOD COVERED</b>	Month    Day    Year		Month    Day    Year		
	01/01/2017		THROUGH 06/30/2017		
<b>10 ELECTION</b>	ELECTION DATE		ELECTION TYPE		
	Month    Day    Year		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
	03/06/2018		<input type="checkbox"/> General	<input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
	Travis County Judge		Travis County Judge		

**GO TO PAGE 2**

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

**FORM C/OH  
COVER SHEET PG 2**  
2 of 4

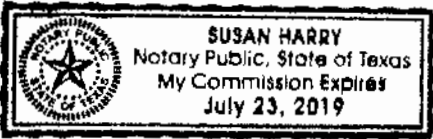
<b>13 C / OH NAME</b> Eckhardt, Sarah	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political 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.								
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<table border="1" style="width:100%"> <tr><td style="width:25%"><b>COMMITTEE TYPE</b></td><td><b>COMMITTEE NAME</b></td></tr> <tr><td colspan="2"><b>COMMITTEE ADDRESS</b></td></tr> <tr><td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td></tr> <tr><td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td></tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<b>COMMITTEE ADDRESS</b>		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	
<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>								
<b>COMMITTEE ADDRESS</b>									
<b>COMMITTEE CAMPAIGN TREASURER NAME</b>									
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>									

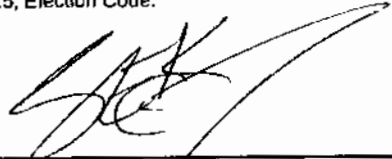
<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 955.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,232.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES 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 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.

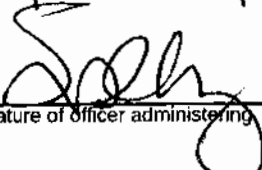


**SUSAN HARRY**  
Notary Public, State of Texas  
My Commission Expires  
July 23, 2019

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sarah Eckhardt, this the 8<sup>th</sup> day of August, 2017, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering

Susan Harry  
 \_\_\_\_\_  
 Printed name of officer administering

Notary  
 \_\_\_\_\_  
 Title of officer administering oath

**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	<b>OFFICE USE ONLY</b> Date Received: 2017 JUL 17 AM 9:43 FILED FOR RECORD COUNTY CLERK TRAVIS COUNTY, TEXAS Date Hand-Delivered or Date Postmarked 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

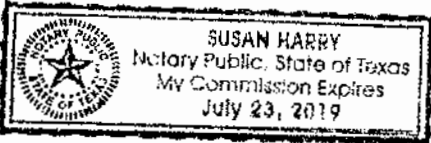
13 C / OH NAME Eckhardt, Sarah	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures 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.		
<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

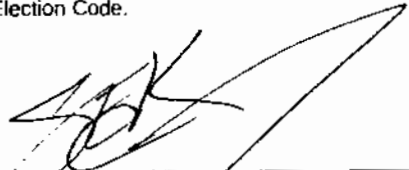
16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	955.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	29,232.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES 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 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.

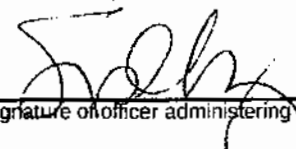


SUSAN HARRY  
Notary Public, State of Texas  
My Commission Expires  
July 23, 2019

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sarah Eckhardt, this the 14<sup>th</sup> day of July, 2017, to certify which, witness my hand and seal of office

  
 \_\_\_\_\_  
 Signature of officer administering

Susan Harry

 \_\_\_\_\_  
 Printed name of officer administering

Notary

 \_\_\_\_\_  
 Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Eckhardt, Sarah		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/15 Rpt: 4/4 <b>L</b>
<b>2</b> FILER NAME Eckhardt, Sarah		<b>3</b> Filer ID
<b>4</b> Date 05/27/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldredge, Tenley	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code 916 W Monroe St  Austin, TX 78704-3405		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armbrust & Brown, PLLC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744		
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#: _____) Baer, Therese	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 7756 Northcross Dr Ste 211 Austin, TX 78757-1738		
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#: _____) Banks, Aletta	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9616 Copper Creek Dr  Austin, TX 78729-3541		
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#: _____) Barry, Clare	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1505 Brentwood St  Austin, TX 78757-2509		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule A1:</b> Sch: 2/15 Rpt: 5/41
<b>2 FILER NAME</b> Eckhardt, Sarah		<b>3 Filer ID</b>
<b>4 Date</b> 04/24/2017	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Baum, Gerald <hr/> <b>6 Contributor address; City; State; Zip Code</b> 8608 Tallwood Dr  Austin, TX 78759	<b>7 Amount of Contribution (\$)</b> \$100.00
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>
<b>Date</b> 05/18/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Jon <hr/> <b>Contributor address; City; State; Zip Code</b> 2503 Flora Cv  Austin, TX 78746-6902	<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/27/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Benolken, Ann <hr/> <b>Contributor address; City; State; Zip Code</b> 601 Bulian Ln  West Lake Hills, TX 78746-5483	<b>Amount of Contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 04/17/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackwell, Betty <hr/> <b>Contributor address; City; State; Zip Code</b> 1306 Nueces St  Austin, TX 78701-1722	<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 05/01/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockenbrough, Anne <hr/> <b>Contributor address; City; State; Zip Code</b> 11318 Jones Rd  Manor, TX 78653-5205	<b>Amount of Contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/15 Rpt: 6/41
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#: _____) Carpenter, James	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 1700 Palisades Pointe Ln  Austin, TX 78738-5351	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Perla	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1108 Fiesta St  Austin, TX 78702-3011	
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#: _____) Cavner, Christine	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 3906 Arbor Glen Way  Austin, TX 78731-1461	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/02/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofer, George	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3306 Gentry Dr  Rollingwood, TX 78746-5507	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/15/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coie, Dave	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2018 Travis Heights Blvd  Austin, TX 78704-3641	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/15 Rpt: 7/41
<b>2</b> FILER NAME Eckhardt, Sarah		<b>3</b> Filer ID
<b>4</b> Date 05/17/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drown, Cheryl	<b>7</b> Amount of Contribution (\$)  \$150.00
	<b>6</b> Contributor address; City; State; Zip Code 2000 E Side Dr  Austin, TX 78704-4327	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 04/17/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ducloux, Claude	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b> 3512 Native Dancer Cv  Austin, TX 78746-1434	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 05/29/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Erwin, Gay	<b>Amount of Contribution (\$)</b>  \$250.00
	<b>Contributor address; City; State; Zip Code</b> 3 Jeffery Cv  Austin, TX 78746	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 05/07/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fath, Shudde	<b>Amount of Contribution (\$)</b>  \$200.00
	<b>Contributor address; City; State; Zip Code</b> 1005 Bluebonnet Ln  Austin, TX 78704-2003	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 06/05/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick, David	<b>Amount of Contribution (\$)</b>  \$200.00
	<b>Contributor address; City; State; Zip Code</b> 414 Ridgewood Rd  West Lake Hills, TX 78746-5522	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule A1:</b> Sch: 5/15 Rpt: 8/44
<b>2 FILER NAME</b> Eckhardt, Sarah		<b>3 Filer ID</b>
<b>4 Date</b> 04/25/2017	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Deborah <hr/> <b>6 Contributor address; City; State; Zip Code</b> 2409 W 49th St  Austin, TX 78756-2834	<b>7 Amount of Contribution (\$)</b> \$100.00
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>
<b>Date</b> 04/22/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Donald <hr/> <b>Contributor address; City; State; Zip Code</b> PO Box 340268  Austin, TX 78734-0005	<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/30/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jesus <hr/> <b>Contributor address; City; State; Zip Code</b> 5904 Quernus Cv  Austin, TX 78735-5402	<b>Amount of Contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/21/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottesman, Sanford <hr/> <b>Contributor address; City; State; Zip Code</b> 1900 Scenic Dr  Austin, TX 78703-2041	<b>Amount of Contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 04/25/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Sam <hr/> <b>Contributor address; City; State; Zip Code</b> 2401 Mountain View Dr  Austin, TX 78704	<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule A1:</b> Sch: 6/15 Rpt: 9/41
<b>2 FILER NAME</b> Eckhardt, Sarah		<b>3 Filer ID</b>
<b>4 Date</b> 06/02/2017	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Dougherty, Hearon & Moody, P.C. <hr/> <b>6 Contributor address; City; State; Zip Code</b> PO Box 98  Austin, TX 78767-0098	<b>7 Amount of Contribution (\$)</b> \$500.00
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>
<b>Date</b> 05/18/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Bob <hr/> <b>Contributor address; City; State; Zip Code</b> 2939 Westlake Cv  Austin, TX 78746-1961	<b>Amount of Contribution (\$)</b> \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 04/18/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Bob <hr/> <b>Contributor address; City; State; Zip Code</b> 2939 Westlake Cv  Austin, TX 78746-1961	<b>Amount of Contribution (\$)</b> \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 02/16/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Grinbergs, Mikus <hr/> <b>Contributor address; City; State; Zip Code</b> PO Box 26626  Austin, TX 78755-0626	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 04/20/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Grinbergs, Mikus <hr/> <b>Contributor address; City; State; Zip Code</b> PO Box 26626  Austin, TX 78755-0626	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/15 Rpt: 10/41A
<b>2</b> FILER NAME Eckhardt, Sarah		<b>3</b> Filer ID
<b>4</b> Date 04/03/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groepler, Sr., Paul	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address: City; State; Zip Code 1801 Lavaca St Apt 3M Austin, TX 78701-1304	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gullahorn, Jack	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code PO Box 140045  Austin, TX 78714-0045	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/31/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Anthony	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 1212 Guadalupe St Apt 1003 Austin, TX 78701-1810	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Half Associates State PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 1201 N Bowser Rd  Richardson, TX 75081-2262	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartgrove, Richard	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 4907 Bull Mountain Cv  Austin, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule A1:</b> Sch: 8/15 Rpt: 11/41
<b>2 FILER NAME</b> Eckhardt, Sarah		<b>3 Filer ID</b>
<b>4 Date</b> 05/27/2017	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartgrove, Richard <hr/> <b>6 Contributor address; City; State; Zip Code</b> 4907 Bull Mountain Cv  Austin, TX 78746	<b>7 Amount of Contribution (\$)</b> \$250.00
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>
<b>Date</b> 03/30/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Greg <hr/> <b>Contributor address; City; State; Zip Code</b> 3307 Winding Creek Dr  Austin, TX 78735-1474	<b>Amount of Contribution (\$)</b> \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 06/11/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidrick, Clarke <hr/> <b>Contributor address; City; State; Zip Code</b> 3702 Eastledge Dr  Austin, TX 78731-5851	<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/27/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Kate <hr/> <b>Contributor address; City; State; Zip Code</b> 3408 Mount Barker Dr  Austin, TX 78731-5725	<b>Amount of Contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/27/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Kristi <hr/> <b>Contributor address; City; State; Zip Code</b> 2 Randolph Pl  Austin, TX 78746-5520	<b>Amount of Contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/15 Rpt: 12/4 <del>1</del>
<b>2</b> FILER NAME Eckhardt, Sarah		<b>3</b> Filer ID
<b>4</b> Date 05/19/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henneke, Gregory  <b>6</b> Contributor address; City; State; Zip Code 333 Massachusetts Ave Unit 705 Indianapolis, IN 46204-2070	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Travillion Campaign  Contributor address; City; State; Zip Code PO Box 2425  Austin, TX 78768-2425	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeper, Cecile  Contributor address; City; State; Zip Code 2929 Buffalo Speedway Unit 203 Houston, TX 77098	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keys, Margaret  Contributor address; City; State; Zip Code 1713 W 11th St Unit B Austin, TX 78703-3962	Amount of Contribution (\$)  \$150.00
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#: _____) Langmore, John  Contributor address; City; State; Zip Code 1408 Preston Ave  Austin, TX 78703-1902	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/15 Rpt: 13/4
<b>2</b> FILER NAME Eckhardt, Sarah		<b>3</b> Filer ID
<b>4</b> Date 04/24/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowenthal, Eugene	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code 9600 Crumley Ranch Rd  Austin, TX 78738-6016	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule A1:</b> Sch: 11/15 Rpt: 14/44
<b>2 FILER NAME</b> Eckhardt, Sarah		<b>3 Filer ID</b>
<b>4 Date</b> 03/30/2017	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Adam <hr/> <b>6 Contributor address; City; State; Zip Code</b> 7529 Harlow Dr  Austin, TX 78739	<b>7 Amount of Contribution (\$)</b>  \$150.00
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>
<b>Date</b> 04/20/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Kelly <hr/> <b>Contributor address; City; State; Zip Code</b> 2016 Oxford Ave  Austin, TX 78704-4012	<b>Amount of Contribution (\$)</b>  \$200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 06/01/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, William <hr/> <b>Contributor address; City; State; Zip Code</b> 2402 Rockmoor Ave  Austin, TX 78703-1517	<b>Amount of Contribution (\$)</b>  \$250.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 04/20/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McRae, Pete <hr/> <b>Contributor address; City; State; Zip Code</b> 915 S College St Ste 204 Georgetown, TX 78626-6018	<b>Amount of Contribution (\$)</b>  \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 05/30/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Nabers, Mary Scott <hr/> <b>Contributor address; City; State; Zip Code</b> 901 S Mo Pac Expy Bldg 100 Austin, TX 78746-5776	<b>Amount of Contribution (\$)</b>  \$250.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		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	7 Amount of Contribution (\$)  \$100.00
6 Contributor address; City; State; Zip Code PO Box 26625  Austin, TX 78755-0625		
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	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code 816 Congress Ave Ste 1200 Austin, TX 78701-2672		
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	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 4200 Jackson Ave Apt 5015 Austin, TX 78731-6061		
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	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code 42 Sundown Pkwy  Austin, TX 78746-5258		
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	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code PO Box 2115  Austin, TX 78768		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/15 Rpt: 16/44
<b>2</b> FILER NAME Eckhardt, Sarah		<b>3</b> Filer ID
<b>4</b> Date 04/03/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea Campaign, Brigid <hr/> <b>6</b> Contributor address; City; State; Zip Code 2604 Geraghty Ave  Austin, TX 78757-2328	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea Campaign, Brigid <hr/> Contributor address; City; State; Zip Code 2604 Geraghty Ave  Austin, TX 78757-2328	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Lynn <hr/> Contributor address; City; State; Zip Code 3505 Greenway St  Austin, TX 78705-1817	Amount of Contribution (\$)  \$500.00
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#: _____) Sherman, Max <hr/> Contributor address; City; State; Zip Code 4200 Jackson Ave Apt 3007 Austin, TX 78731	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siff, Ted <hr/> Contributor address; City; State; Zip Code 604 W 11th St  Austin, TX 78701-2007	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 14/15 Rpt: 17/44
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)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/15 Rpt: 18/44
<b>2</b> FILER NAME Eckhardt, Sarah		<b>3</b> Filer ID
<b>4</b> Date 05/30/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vote PAC	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code 3571 Far West Blvd # 149 Austin, TX 78731-3064		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/21/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Diana	<b>Amount of Contribution (\$)</b> \$500.00
<b>Contributor address; City; State; Zip Code</b> 200 Buckeye Trl  West Lake Hills, TX 78746-4420		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 19/41	
<b>2</b> FILER NAME Eckhardt, Sarah		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 03/30/2017	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Lee & Jen Vickers	<b>8</b> Amount of contribution (\$) \$1,127.00	<b>9</b> In-kind contribution description catering for event
	<b>7</b> Contributor address: City; State; Zip Code 4206 Avenue G  Austin, TX 78751	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
Sch: 1/1 Rpt: 20/44

2 FILER NAME  
Eckhardt, Sarah

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

None

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)



# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/20 Rpt: 21/41	<b>2</b> FILER NAME Eckhardt, Sarah	<b>3</b> Filer ID
<b>4</b> Date 05/02/2017	<b>5</b> Payee name Alamo Mueller	
<b>6</b> Amount (\$) \$64.20	<b>7</b> Payee address; City; State; Zip Code 1911 Aldrich St Suite 120  Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
	<b>Complete ONLY</b> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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
	<b>Complete ONLY</b> 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: 2/20 Rpt: 22/41		2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 05/01/2017		5 Payee name Clark Madison, Mike		
6 Amount (\$) \$5,000.00		7 Payee address; City; State; Zip Code 907 East 15th Street  Austin, TX 78702		
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 Communications consulting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 06/01/2017		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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 06/29/2017		Payee name Corcoran, Mark		
Amount (\$) \$1,750.00		Payee address; City; State; Zip Code 2705 E. 13th St.  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 Website design services	
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: 3/20 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 ONLY 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 ONLY 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 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.

<b>1</b> Total pages Schedule F1: Sch: 4/20 Rpt: 24/41	<b>2</b> FILER NAME Eckhardt, Sarah	<b>3</b> Filer ID
<b>4</b> Date 03/03/2017	<b>5</b> Payee name First Data Merchant Services	
<b>6</b> Amount (\$) \$0.07	<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE  Atlanta, GA 30342	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 02/03/2017	Payee name First Data Merchant Services	
Amount (\$) \$0.10	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 01/03/2017	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) 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.

<b>1</b> Total pages Schedule F1: Sch: 5/20 Rpt: 25/41	<b>2</b> FILER NAME Eckhardt, Sarah	<b>3</b> Filer ID
<b>4</b> Date 02/03/2017	<b>5</b> Payee name First Data Merchant Services	
<b>6</b> Amount (\$) \$1.75	<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE  Atlanta, GA 30342	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
<b>Date</b> 01/03/2017	<b>Payee name</b> First Data Merchant Services	
<b>Amount (\$)</b> \$19.95	<b>Payee address; City; State; Zip Code</b> 5565 Glenridge Connector NE  Atlanta, GA 30342	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	
<b>Date</b> 03/03/2017	<b>Payee name</b> First Data Merchant Services	
<b>Amount (\$)</b> \$20.08	<b>Payee address; City; State; Zip Code</b> 5565 Glenridge Connector NE  Atlanta, GA 30342	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> 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: 6/20 Rpt: 26/44		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 02/03/2017		5 Payee name First Data Merchant Services			
6 Amount (\$) \$20.53		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 (\$) \$20.60		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 03/03/2017		Payee name First Data Merchant Services			
Amount (\$) \$21.70		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: 7/20 Rpt: 27/4		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 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 (\$) \$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 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 (\$) \$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 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: 8/20 Rpt: 28/41	2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 01/03/2017	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) 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 02/03/2017	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 03/03/2017	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



# 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.

<b>1</b> Total pages Schedule F1: Sch: 9/20 Rpt: 29/41	<b>2</b> FILER NAME Eckhardt, Sarah	<b>3</b> Filer ID
<b>4</b> Date 04/03/2017	<b>5</b> Payee name First Data Merchant Services	
<b>6</b> Amount (\$) \$39.90	<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE  Atlanta, GA 30342	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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
	<b>9</b> 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: 10/20 Rpt: 30/41		2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 04/03/2017		5 Payee name First Data Merchant Services		
6 Amount (\$) \$45.19		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 04/03/2017		Payee name First Data Merchant Services		
Amount (\$) \$59.65		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 05/03/2017		Payee name First Data Merchant Services		
Amount (\$) \$77.49		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 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 (\$) \$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 ONLY 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 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.

<b>1</b> Total pages Schedule F1: Sch: 12/20 Rpt: 32/41	<b>2</b> FILER NAME Eckhardt, Sarah	<b>3</b> Filer ID
<b>4</b> Date 04/03/2017	<b>5</b> Payee name Freytags Florist	
<b>6</b> Amount (\$) \$37.89	<b>7</b> Payee address; City; State; Zip Code 2211 W Anderson Ln  Austin, TX 78757	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 04/03/2017	Payee name Freytags Florist	
Amount (\$) \$50.83	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 01/06/2017	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 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.

<b>1</b> Total pages Schedule F1: Sch: 13/20 Rpt: 33/41	<b>2</b> FILER NAME Eckhardt, Sarah	<b>3</b> Filer ID
<b>4</b> Date 02/06/2017	<b>5</b> Payee name NGP VAN	
<b>6</b> Amount (\$) \$320.00	<b>7</b> Payee address; City; State; Zip Code 1105 15th Street NW, Ste. 500  Washington, DC 20005	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</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
	<b>9</b> 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: 14/20 Rpt: 34/41		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 05/03/2017		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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/13/2017		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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/09/2017		Payee name Postmaster			
Amount (\$) \$119.00		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) 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 postage	
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: 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: 16/20 Rpt: 36/41	2 FILER NAME Eckhardt, Sarah		3 Filer ID
4 Date 04/16/2017	5 Payee name Susan Harry Consulting		
6 Amount (\$) \$1,500.00	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 05/16/2017	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
Date 06/02/2017	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.

<b>1</b> Total pages Schedule F1: Sch: 17/20 Rpt: 37/41		<b>2</b> FILER NAME Eckhardt, Sarah		<b>3</b> Filer ID	
<b>4</b> Date 05/01/2017		<b>5</b> Payee name TODO Austin			
<b>6</b> Amount (\$) \$140.00		<b>7</b> Payee address; City; State; Zip Code 1400 Corona Dr.  Austin, TX 78723			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</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	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
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		<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b)</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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
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		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</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 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: 18/20 Rpt: 38/41		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 03/03/2017		5 Payee name Whole Foods Market			
6 Amount (\$) \$27.14		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 breakfast for Commissoiners Court retreat	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/03/2017		Payee name Whole Foods Market			
Amount (\$) \$28.15		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 breakfast for Commissoiners Court retreat	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/09/2017		Payee name Whole Foods Market			
Amount (\$) \$102.41		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 officeholder lunch meeting	
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.

<b>1</b> Total pages Schedule F1: Sch: 19/20 Rpt: 39/44	<b>2</b> FILER NAME Eckhardt, Sarah	<b>3</b> Filer ID
<b>4</b> Date 03/06/2017	<b>5</b> Payee name Whole Foods Market	
<b>6</b> Amount (\$) \$231.66	<b>7</b> Payee address; City; State; Zip Code 525 N. Lamar Blvd.  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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
<b>9</b> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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

# 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: 20/20 Rpt: 40/41		2 FILER NAME Eckhardt, Sarah		3 Filer ID	
4 Date 06/14/2017		5 Payee name Worley Printing Co., Inc.			
6 Amount (\$) \$770.75		7 Payee address; City; State; Zip Code 3217 N. IH 35  Austin, TX 78722			
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 / letterhead	
9 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