

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084783	2 Total pages filed: 19	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
		Sarah		
	NICKNAME	LAST	SUFFIX	Date Received ELECTRONICALLY FILED 04/22/2020
		Eckhardt		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked
	P.O. Box 301586			
	Austin, TX 78703			Receipt # Amount
				Date Processed
				Date Imaged
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 checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month	Day	Year	Month
		01/01/2020	THROUGH	04/07/2020
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
	07/14/2020			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)			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 19

13 C / OH NAME Eckhardt, Sarah **14 Filer ID** (Ethics Commission Filers)
00084783

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

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

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,435.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,041.90
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,910.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 28,893.96
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.

Sarah Eckhardt

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - C/OH

18 FILER NAME Eckhardt, Sarah		19 Filer ID (Ethics Commission Filers) 00084783
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,435.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,910.08
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/19
2 FILER NAME Eckhardt, Sarah		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 03/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldredge, Tenley	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78704-3405		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Tamara	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78759-5055		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Workforce Solutions
Date 03/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayres, Patricia	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78733-6135		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Not employed
Date 03/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Kelly	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Austin, TX 78703-1735		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) HillCo Partners
Date 03/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braun, David	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78746-4625		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/19
2 FILER NAME Eckhardt, Sarah		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 03/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brim, Jay	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78746-6316		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Suzee	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78765-9112		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 03/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Suzee	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78765-9112		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 03/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Cecelia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78731-2806		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartwright, Sandy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78703-4545		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/19
2 FILER NAME Eckhardt, Sarah		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 02/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coie, Dave	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Austin, TX 78704-3641		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coldiron, Ron	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78731-1744		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahl, Margaret	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78723-3126		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drymalla, Laurie and Chris	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78746-7275		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckhardt, Sarah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78703-4828		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/19
2 FILER NAME Eckhardt, Sarah		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 03/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilliam, Thomas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749-4599	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grube, Bruce and Kathryn <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-7109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartgrove , Richard & Gary Cooper <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 03/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, Diane <hr/> Contributor address; City; State; Zip Code Portsmouth, NH 03801-4238	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Pix <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-0663	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/19
2 FILER NAME Eckhardt, Sarah		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 02/26/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Dee and Robert <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-4640	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohlhaas, Karen <hr/> Contributor address; City; State; Zip Code New York, NY 10011-3135	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78767-0146	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 03/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lober, James <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-4111	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lober, Melinda <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-4111	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/19
2 FILER NAME Eckhardt, Sarah		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 01/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastromatteo, Giovanni	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Pflugerville, TX 78660		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNabb, Jim	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78735-6401		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mossman, Nancy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78759-7422		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noxon, Patricia	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Austin, TX 78755-0625		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Rick	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78757-8151		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/19
2 FILER NAME Eckhardt, Sarah		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 03/13/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Diana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78724-6211	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Phillip <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2606	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reiser, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-1058	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rood, Magdalena <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-3151	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sernovitz, Andy <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-3198	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/19
2 FILER NAME Eckhardt, Sarah		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 03/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speck, Frederick	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78738-7017		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Lonny	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78745-1291		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitlow, Elizabeth	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78703-0015		
Principal occupation / Job title (See Instructions)		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.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 12/19	2 FILER NAME Eckhardt, Sarah	3 Filer ID (Ethics Commission Filers) 00084783
4 Date 03/03/2020	5 Payee name Corcoran, Mark	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 2705 E. 13th St. 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 website services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2020	Payee name Corcoran, Mark	
Amount (\$) \$225.00	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 services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2020	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 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: 2/8 Rpt: 13/19	2 FILER NAME Eckhardt, Sarah	3 Filer ID (Ethics Commission Filers) 00084783
4 Date 01/03/2020	5 Payee name First Data Merchant Services	
6 Amount (\$) \$14.71	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 processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/03/2020	Candidate/Officeholder name Office sought Office held	
Payee name First Data Merchant Services		
Amount (\$) \$19.95	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2020	Candidate/Officeholder name Office sought Office held	
Payee name First Data Merchant Services		
Amount (\$) \$19.95	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 14/19	2 FILER NAME Eckhardt, Sarah	3 Filer ID (Ethics Commission Filers) 00084783
4 Date 02/03/2020	5 Payee name First Data Merchant Services	
6 Amount (\$) \$19.95	7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2020	Candidate/Officeholder name Office sought Office held	
Date 03/03/2020	Payee name First Data Merchant Services	
Amount (\$) \$19.95	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2020	Candidate/Officeholder name Office sought Office held	
Date 04/03/2020	Payee name First Data Merchant Services	
Amount (\$) \$19.95	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2020	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 15/19	2 FILER NAME Eckhardt, Sarah	3 Filer ID (Ethics Commission Filers) 00084783
4 Date 02/03/2020	5 Payee name First Data Merchant Services	
6 Amount (\$) \$22.03	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 processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2020	Candidate/Officeholder name Office sought Office held	
Payee name First Data Merchant Services		
Amount (\$) \$31.91	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 processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2020	Candidate/Officeholder name Office sought Office held	
Payee name First Data Merchant Services		
Amount (\$) \$32.49	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) 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 processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 16/19	2 FILER NAME Eckhardt, Sarah	3 Filer ID (Ethics Commission Filers) 00084783
4 Date 04/03/2020	5 Payee name First Data Merchant Services	
6 Amount (\$) \$48.22	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 processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2020	Candidate/Officeholder name Office sought Office held	
Payee name First Data Merchant Services		
Amount (\$) \$51.88	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 processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/03/2020	Candidate/Officeholder name Office sought Office held	
Payee name First Data Merchant Services		
Amount (\$) \$141.68	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 processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 17/19	2 FILER NAME Eckhardt, Sarah	3 Filer ID (Ethics Commission Filers) 00084783
4 Date 01/03/2020	5 Payee name First Data Merchant Services	
6 Amount (\$) \$172.99	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 processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2020	Candidate/Officeholder name Office sought Office held	
Payee name First Data Merchant Services		
Amount (\$) \$259.27	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 processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2020	Candidate/Officeholder name Office sought Office held	
Payee name First Data Merchant Services		
Amount (\$) \$280.45	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 processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 18/19	2 FILER NAME Eckhardt, Sarah	3 Filer ID (Ethics Commission Filers) 00084783
4 Date 02/14/2020	5 Payee name Kelly Graphic	
6 Amount (\$) \$1,102.52	7 Payee address; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746	
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 / holiday card
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2020	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 software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2020	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 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: 8/8 Rpt: 19/19	2 FILER NAME Eckhardt, Sarah	3 Filer ID (Ethics Commission Filers) 00084783
4 Date 03/02/2020	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 software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/10/2020	Payee name NGP VAN	
Amount (\$) \$350.25	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 software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2020	Payee name Texas Democratic Party	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
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 voter data
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held