#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 19 00084783 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Sarah NAME Date Received **ELECTRONICALLY FILED** 04/22/2020 NICKNAME LAST **SUFFIX** Eckhardt ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked CANDIDATE / ZIP CODE **OFFICEHOLDER** P.O. Box 301586 MAILING Amount Receipt # **ADDRESS** Change of Address Austin, TX 78703 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Carol NAME NICKNAME LAST **SUFFIX** Hatfield STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 3404 Northwood Circle **ADDRESS** (Residence or Business) Austin, TX 78703 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 459-5841 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded \$500 limit

Month

Month

Day

Day

07/14/2020

OFFICE HELD (if any)

Travis County Judge

**ELECTION DATE** 

01/01/2020

Year

Year

**PERIOD** 

10 ELECTION

11 OFFICE

**COVERED** 

**THROUGH** 

Primary

General

Month

**ELECTION TYPE** 

Runoff

X Special

Day

04/07/2020

12 OFFICE SOUGHT (if known)

State Senator District 14

Year

Other

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Eckhardt, Sarah		<b>14</b> Filer ID 00084783	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made without I officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE COMMITTEE NAME						
Ш	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS				
16 CONTRIBUTION	1 TOTAL BOLITIC	AL CONTRIBUTIONS OF \$50 OD LESS (OTHER	THAN DIEDOEC				
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHEF ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 11,435.00			
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLES	S ITEMIZED	<b>\$</b> 1,041.90			
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 7,910.08			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 28,893.96			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00			
17 AFFADAVIT	•						
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t				
			Sarah Eckhardt				
		Signature	of Candidate or Officeho	lder			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
of	, 20, to co	ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath			

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

				JVLK	3 of 19
Ec	ER NAN khardt,	Sarah	<b>19</b> Filer ID 00084783	(Ethics Co	ommission Filers)
I	HEDULI ME OF	SUB	TOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	11,435.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	7,910.08
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/19	
2	FILER NAME Eckhardt, Sa	ırah			3	Filer ID (Ethics Commission 00084783	on Filers)
4	Date 03/14/2020	/2020 Aldredge, Tenley  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
		Austin, TX 78704-3405	,				
8	Principal occu	pation / Job title (See Instructions)	Ş	Employer (See Instructions	s)		
	Date 03/11/2020	Full name of contributor Atkinson, Tamara Contributor address; City; Sta		)	•	Amount of Contribution (\$)	\$500.00
	Austin, TX 78759-5055  Principal occupation / Job title (See Instructions)  Employer (See Instructions		;) 				
			Workforce Solutions	"			
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$500.00	
		Austin, TX 78733-6135					
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Not employed	s)		
	Date Full name of contributor out-of-state PAC (ID#: 03/18/2020 Barnes, Kelly  Contributor address; City; State; Zip Code  Austin, TX 78703-1735		)		Amount of Contribution (\$)	\$2,000.00	
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions HillCo Partners	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/09/2020 Braun, David  Contributor address; City; State; Zip Code  Austin, TX 78746-4625		•	Amount of Contribution (\$)	\$1,000.00		
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			·				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/19	
2	FILER NAME Eckhardt, Sa	ırah			3	Filer ID (Ethics Commission 00084783	on Filers)
4	Date 03/11/2020	03/11/2020 Brim, Jay  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
		Austin, TX 78746-6316	•				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 02/28/2020	Full name of contributor  Brooks, Suzee  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Dringing agg	Austin, TX 78765-9112		Employer (See Instructions			
	retired	pation / Job title (See Instructions)		Employer (See Instructions none	)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78765-9112					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions none	)		
	03/03/2020 Burke, Cecelia			)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 03/10/2020	Cartwright, Sandy	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			<b>'</b>				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/19		
2	FILER NAME Eckhardt, Sa	rah		3	Filer ID (Ethics Commission 00084783	n Filers)	
4	Date 02/28/2020	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$250.00	
		Austin, TX 78704-3641					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 03/19/2020	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00	
	Principal occu	Austin, TX 78731-1744 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)			
Date 03/16/2020		Full name of contributor  uut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00	
		Contributor address; City; State; Zip Code  Austin, TX 78723-3126					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()			
	Date 03/11/2020	Full name of contributor out-of-state PAC (ID#: Drymalla, Laurie and Chris  Contributor address; City; State; Zip Code  Austin, TX 78746-7275			Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Date 03/07/2020	Full name of contributor out-of-state PAC (ID#: Eckhardt, Sarah  Contributor address; City; State; Zip Code  Austin, TX 78703-4828			Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>			
		I					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/19		
2	FILER NAME Eckhardt, Sa	rah		3	Filer ID (Ethics Commission Filers 00084783	5)	
4	Date 03/10/2020	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$) \$2	5.00	
		Austin, TX 78749-4599					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 02/26/2020	Full name of contributor out-of-state PAC (ID#:_ Grube, Bruce and Kathryn  Contributor address; City; State; Zip Code  Austin, TX 78746-7109			Amount of Contribution (\$) \$10	0.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			
	Date 03/13/2020	Full name of contributor out-of-state PAC (ID#: Hartgrove , Richard & Gary Cooper Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,50	0.00	
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions	i)			
	retired		none	_			
Date Full name of contributor out-of-state PAC (ID#:)  03/10/2020 Henson, Diane  Contributor address; City; State; Zip Code  Portsmouth, NH 03801-4238				Amount of Contribution (\$) \$2	5.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 02/29/2020	Full name of contributor out-of-state PAC (ID#:_ Howell, Pix  Contributor address; City; State; Zip Code  Wimberley, TX 78676-0663			Amount of Contribution (\$) \$25	0.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/19		
2	FILER NAME Eckhardt, Sa	rah		3	Filer ID (Ethics Commission 00084783	n Filers)	
4	Date 02/26/2020	5 Full name of contributor out-of-state PAC (ID#:) Jackson, Dee and Robert  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
_		Austin, TX 78746-4640					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 03/10/2020	Full name of contributor out-of-state PAC (ID#:_ Kohlhaas, Karen  Contributor address; City; State; Zip Code  New York, NY 10011-3135	)		Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Date 03/16/2020	Full name of contributor out-of-state PAC (ID#:_ Levy, Michael  Contributor address; City; State; Zip Code  Austin, TX 78767-0146			Amount of Contribution (\$)	\$1,000.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions none	<u> </u>			
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$35.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 03/18/2020	Full name of contributor out-of-state PAC (ID#:_Lober, Melinda  Contributor address; City; State; Zip Code  Houston, TX 77030-4111	)		Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/19	
2	FILER NAME Eckhardt, Sa	rah			3	Filer ID (Ethics Commission 00084783	n Filers)
4	Date 01/08/2020	<ul><li>5 Full name of contributor [ Mastromatteo, Giovanni</li><li>6 Contributor address; City; Star</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$20.00
_		Pflugerville, TX 78660			_		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 03/19/2020	Full name of contributor [ McNabb, Jim  Contributor address; City; Star		)		Amount of Contribution (\$)	\$20.00
	Deinsinal assu	Austin, TX 78735-6401		Francisco (Coo Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$50.00		
		Austin, TX 78759-7422					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/11/2020	Full name of contributor  Noxon, Patricia  Contributor address; City; Star  Austin, TX 78755-0625		)		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/10/2020	Full name of contributor  Perkins, Rick  Contributor address; City; Star  Austin, TX 78757-8151	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/19		
2	FILER NAME Eckhardt, Sa	rah		3	Filer ID (Ethics Commission 00084783	n Filers)	
4	Date 03/13/2020	5 Full name of contributor out-of-state PAC (ID#:) Ramirez, Diana 6 Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
_		Austin, TX 78724-6211		<u></u>			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 03/10/2020	Full name of contributor out-of-state PAC (ID#: Reed, Phillip Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00	
	Deinsinal assu	Austin, TX 78704-2606	Franks var (Caa kaatu atia sa	<u></u>			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  03/19/2020 Reiser, John  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$175.00		
		Austin, TX 78701-1058					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 03/10/2020	Full name of contributor out-of-state PAC (ID#:_Rood, Magdalena  Contributor address; City; State; Zip Code  Austin, TX 78704-3151	)		Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 03/11/2020	Full name of contributor out-of-state PAC (ID#:_Sernovitz, Andy  Contributor address; City; State; Zip Code  Austin, TX 78731-3198	)		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
		-					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/19		
2	FILER NAME Eckhardt, Sa	arah		3	Filer ID (Ethics Commission 00084783	n Filers)	
4	Date 03/10/2020	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00	
		Austin, TX 78738-7017					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 03/11/2020	Full name of contributor	)		Amount of Contribution (\$)	\$250.00	
		Austin, TX 78745-1291					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 03/10/2020	Full name of contributor out-of-state PAC (ID#: Whitlow, Elizabeth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
		Austin, TX 78703-0015					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

#### 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 dulae explains now to col	implete this form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Eckhardt, Sarah	00084783
5 Payee name	<u>'</u>
Corcoran, Mark	
7 Payee address; City; State; Zip Co	ode
2705 E. 13th St.	
Austin, TX 78702	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	website services
Candidate/Officeholder name Office cou	ght Office held
	ight Office field
1	
·	
	ode
2705 E. 13th St.	
Austin, TX 78702	
,	(b) Description
Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	website services
Candidate/Officeholder name Office sou	ght Office held
Н	
Pavee name	
First Data Merchant Services	
Pavee address: City: State: Zip Co	nde
Atlanta, GA 30342	
Atlanta, GA 30342	(h) Description
(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
<u> </u>	
(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense merchant processing fees
(a) Category (See Categories listed at the top of this schedule)  Fees  Candidate/Officeholder name Office sour	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense merchant processing fees
(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense merchant processing fees
(a) Category (See Categories listed at the top of this schedule)  Fees  Candidate/Officeholder name Office sour	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense merchant processing fees
	Eckhardt, Sarah  Payee name Corcoran, Mark  Payee address; City; State; Zip Corcoran, TX 78702  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  Candidate/Officeholder name Corcoran, Mark  Payee address; City; State; Zip Corcoran, TX 78702  (a) Category (See Categories listed at the top of this schedule) Corcoran, Mark  Payee address; City; State; Zip Corcoran, TX 78702  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  Candidate/Officeholder name  Office south  Payee name

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	T		_
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	5 Payee name	
	01/03/2020	First Data Merchant Services	
6	Amount (\$) \$14.71	7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE	
		Atlanta, GA 30342	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		merchant processing fees	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	$\overline{}$
	01/03/2020	First Data Merchant Services	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$19.95	5565 Glenridge Connector NE	
	Ψ13.33	3303 Gichnige Gonnedor NE	
		Atlanta, GA 30342	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		merchant processing fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/03/2020	First Data Merchant Services	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$19.95	5565 Glenridge Connector NE	
	Ψ13.33	3003 Glefflage Connector NL	
		Atlanta, GA 30342	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		merchant processing fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/8 Rpt: 14/19	Eckhardt, Sarah 00084783
4	Date	5 Payee name
	02/03/2020	First Data Merchant Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.95	5565 Glenridge Connector NE
L		Atlanta, GA 30342
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense merchant processing fees
		merental processing rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	03/03/2020	First Data Merchant Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	5565 Glenridge Connector NE
		Atlanta, GA 30342
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		merchant processing fees
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	5.	
	Date	Payee name
	04/03/2020	First Data Merchant Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	5565 Glenridge Connector NE
		Atlanta, GA 30342
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		merchant processing fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memorial Legal Services  The Instruction G	•		ages	/Contract Labor		Travel Out of OTHER (ente		egory not listed above)
1	Total pages Schedule F1:	2	EII ED NIAME					ı	3	Filer ID	<b>/</b> E	thics Commission Filers)
	Sch: 4/8 Rpt: 15/19		Eckhardt, S						3	0008478	,	
L	•		Ecknaiul, S	aidli						0008478	<u> </u>	
4	Date	5	Payee name									
	02/03/2020		First Data N	lerchant Servic	es							
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Cod	de					
	\$22.03		5565 Glenri	dge Connector	NE							
			Atlanta, GA	30342								
8	PURPOSE	(2)	<u> </u>				(b)	Description				
ľ	OF	رم) 	,	ee Categories listed at	the top of this sch	iedule)	(D)	Description  Check if travel of	nutsi	de of Texas C	omnlete	Schedule T
	EXPENDITURE		Fees					Check if Austin,				
								merchant pro				
								·		-		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office soug	ght			Office	held	
	expenditure to benefit C/O						-			- /-	-	
$\vdash$	Date	Г	Doves nome									
	04/03/2020		Payee name	Merchant Servic	200							
						<b>-</b> · -						
	Amount (\$)		Payee addre		•	; Zip Coo	de					
	\$31.91		5565 Glenri	dge Connector	NE							
			Atlanta, GA	30342								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Fees	<u> </u>		<i>'</i>		Check if travel of				
	LAFENDITURE							Check if Austin,				ense
								merchant pro	ces	ssing fees		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held												
L	expenditure to benefit C/OH											
	Date		Payee name					<del>-</del>				
	03/03/2020		First Data N	Merchant Servic	es							
	Amount (\$)	H	Payee addre			; Zip Coo	de					
	\$32.49		•	dge Connector		, _,p 000						
	Ψ32.43		COOC CICIIII	age connector								
			A414 : C *	20242								
			Atlanta, GA	JUJ4Z								
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	iedule)	(b)	Description				
	EXPENDITURE		Fees					Check if travel of Check if Austin,				
								merchant pro				CIISC
								merchant pro	UC:	Joing 1668		
	Complete ONLY !! -!!	Ц	Condidate 10"	00h0ld=======		Office	7 h +			Ott: -	bel-l	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Jandidate/Offi	ceholder name	C	Office souç	ynt			Office	neid	
	Oriana.o to borioni O/Oi											
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 5/8 Rpt: 16/19	Eckhardt, Sarah 00084783				
4	Date	5 Payee name				
	04/03/2020	First Data Merchant Services				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$48.22	5565 Glenridge Connector NE				
		Atlanta, GA 30342				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		merchant processing fees				
		more many processing root				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
$\vdash$	Dete					
	Date	Payee name				
	03/03/2020	First Data Merchant Services				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$51.88	5565 Glenridge Connector NE				
		Atlanta, GA 30342				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		merchant processing fees				
		meronant processing rees				
	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name				
	01/03/2020	First Data Merchant Services				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$141.68	5565 Glenridge Connector NE				
		Atlanta, GA 30342				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		merchant processing fees				
	0 1. 0					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	onponditure to benefit 6/01	•				

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment				-	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 6/8 Rpt: 17/19	Eckhardt, Sarah					00084783	
4	Date	5 Payee name						
	01/03/2020	First Data Merchan	t Services					
6	Amount (\$)	•	City; State; Zip	Code				
	\$172.99	5565 Glenridge Cor	inector NE					
		Atlanta, GA 30342						
8	PURPOSE OF		es listed at the top of this schedule)	(b)	Description  Check if travel of	outeic	de of Texas. Com	ploto Schodulo T
	EXPENDITURE	Fees					officeholder living	
					merchant pro	ces	sing fees	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder	name Office s	ought			Office he	eld
	Date	Payee name						
	04/03/2020	First Data Merchan	t Services					
	Amount (\$)	•	City; State; Zip	Code				
	\$259.27	5565 Glenridge Cor	nnector NE					
		Atlanta, GA 30342						
	PURPOSE OF	(a) Category (See Categorie	es listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Fees			<u></u>		de of Texas. Composition officeholder living	
					merchant pro	ces	sing fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder	name Office s	sought			Office he	eld
	Date	Payee name						
	03/03/2020	First Data Merchan	t Services					
	Amount (\$)	Payee address; C	City; State; Zip	Code				
	\$280.45	5565 Glenridge Cor	nnector NE					
		Atlanta, GA 30342						
	PURPOSE OF		es listed at the top of this schedule)	(b)	Description		lo of Tours	plata Cabadula T
	EXPENDITURE	Fees			ш		de of Texas. Composition officeholder living	
					merchant pro			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder	name Office s	sought			Office he	eld
_								

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Fi	lers)
l	Sch: 7/8 Rpt: 18/19	Eckhardt, Sarah	00084783	
4	Date	5 Payee name	'	
l	02/14/2020	Kelly Graphic		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$1,102.52	1409 Quaker Ridge		
l				
l		Austin, TX 78746		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description	
l	OF	Printing Expense	Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE		Check if Austin, TX, officeholder living expense	
			Printing / holiday card	
Ļ				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	Office held	
L	'			
l	Date	Payee name		
L	01/03/2020	NGP VAN		
l	Amount (\$)	Payee address; City; State; Zip Code		
l	\$320.00	1105 15th Street NW, Ste. 500		
l				
		Washington, DC 20005		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l			software	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held	
	expenditure to benefit C/OI			
F	Date	Payee name		
	02/03/2020	NGP VAN		
⊢	Amount (\$)	Payee address; City; State; Zip Code		
l	\$320.00	1105 15th Street NW, Ste. 500		
l		,		
l		Washington, DC 20005		
⊢	PURPOSE		Description	
l	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Since evernough tomai Expense	Check if Austin, TX, officeholder living expense	
			software	
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	Office held	
L	experience to beliefit 6/01	•		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
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	5 Payee name
03/02/2020	NGP VAN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$320.00	1105 15th Street NW, Ste. 500
	Washington, DC 20005
	washington, DC 20003
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	software
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/10/2020	NGP VAN
Amount (\$)	Payee address; City; State; Zip Code
\$350.25	1105 15th Street NW, Ste. 500
	Washington, DC 20005
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/18/2020	Texas Democratic Party
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	PO Box 15707
	Austin, TX 78761
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	voter data
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	