CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 50 00084783 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY** OFFICEHOLDER The Honorable Sarah NAME Date Received **ELECTRONICALLY FILED** 07/17/2023 NICKNAME LAST SUFFIX Eckhardt CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Postmarked OFFICEHOLDER P.O. Box 301586 MAILING Receipt # Amount **ADDRESS**

	Change of Address	Austin, TX 78703				
		, washing the rest of			Date Processed	
					Date Imaged	
5	CAMPAIGN	MS / MRS / MR FIRS	 ST	MI		
	TREASURER NAME	Card	ol			
		NICKNAME LAS	T	SUFFIX		
		Hatt	ield			
6	CAMPAIGN	STREET ADDRESS (NO PO BOX	PLEASE); APT	r / SUITE #; CITY;	STATI	E; ZIP CODE
	TREASURER ADDRESS	3404 Northwood Circle				
	(Residence or Business)	Austin, TX 78703				
7	CAMPAIGN	AREA CODE PHONE NU	JMBER EXTENSION			
	TREASURER PHONE	(512) 459-5841				
8	REPORT TYPE	January 15 30	Oth day before election	Runoff	15th day after camp	aign treasurer
				<u></u>	appointment (officer	nolder only)
		X July 15 8t		Exceeded modified reporting limit	Final Report (Attach	C/OH-FR)
9	PERIOD COVERED	Month Day Year	TURQUAL	Month Day	Year	
	COVERED	01/01/2023	THROUGH	06/30/2023	}	
10	ELECTION	ELECTION DATE		ELECTION TYPE	_	
		Month Day Year 03/05/2024	X Primary	Runoff	Other	
		03/03/2024	General	Special		
11	L OFFICE	OFFICE HELD (if any)	_1	12 OFFICE SOUGHT	(if known)	
		State Senator District 14		State Senator Dis	trict 14	
\vdash		<u> </u>				
			GO TO PAGE 2			
Fo	orms provided by Tex	xas Ethics Commission	www.ethics.state.tx.us	S	Version	V3.5.1.a18ea2ca

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 50

13 C / OH NAME	Eckhardt, Sarah (The	Honorable)	14 Filer ID 00084783	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or polit These expenditures may have been r officeholders are required to report the	nade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUL	RER NAME	
		COMMITTEE CAMPAIGN TREASUI	RER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (ES OF LOANS, OR CONTRIBUTION		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	ES OF LOANS)	\$ 1,099.69
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 2,375.59
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 68,214.09
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A	AS OF THE LAST DAY OF THE	\$ 82,959.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING PERIOD	G LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			under penalty of perjury, that the acond includes all information required tection Code.	
			The Honorable Sarah Eckhar	dt
			Signature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and sea	l of office.	
Signature of office	cer administering	Printed name of officer administ	ering Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		3 of 50			
19 Filer ID 00084783	(Ethics Com	mission Filers)			
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
	\$	1,099.69			
	\$				
	\$				
	\$				
NS	\$	67,914.09			
	\$				
TIONS	\$				
	\$				
	\$	300.00			
S OF C/OH	\$				
TIONS	\$				
RETURNED	\$				
		\$ SUBTO \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			

	MONET	ARY POLITICAL CONTRIBUTION		E A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/50	
2	FILER NAME Eckhardt, Sa	arah (The Honorable)		3	Filer ID (Ethics Commissio 00084783	n Filers)
4	Date 06/24/2023	 Full name of contributor out-of-state PAC (ID#:_ Coldiron, Ron Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Austin, TX 78731-1744 pation / Job title (See Instructions)	Employer (See Instructions)		
		, , , , , , , , , , , , , , , , , , , ,		,		
	Date 06/19/2023	Full name of contributor out-of-state PAC (ID#:_ Conyngham, Karen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$155.08
	Principal occu	Austin, TX 78746-4115 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#:_ Crews, Joe Contributor address; City; State; Zip Code Austin, TX 78703-2025			Amount of Contribution (\$)	\$103.45
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#:_ Howell, Pix Contributor address; City; State; Zip Code Wimberley, TX 78676-0663			Amount of Contribution (\$)	\$103.45
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/25/2023	Full name of contributor out-of-state PAC (ID#:_KPW PAC Contributor address; City; State; Zip Code Austin, TX 78763			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

ARY POLITICAL CONTRIBUTION	SCHEDULE A1	
ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/50	
arah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
Date O6/22/2023 5 Full name of contributor out-of-state PAC (ID#:) Maldonado, Lucille and Hilbert 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$129.26
Round Rock, TX 78664-7900	la =	
pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Full name of contributor out-of-state PAC (ID#:_ Mason, Barbara Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$103.45
Austin, TX 78726-1932		
pation / Job title (See Instructions)	Employer (See Instructions	s)
	rah (The Honorable) 5 Full name of contributor	5 Full name of contributor out-of-state PAC (ID#:) Maldonado, Lucille and Hilbert 6 Contributor address; City; State; Zip Code Round Rock, TX 78664-7900 pation / Job title (See Instructions) 9 Employer (See Instruction Full name of contributor out-of-state PAC (ID#:) Mason, Barbara Contributor address; City; State; Zip Code Austin, TX 78726-1932

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)
	Sch: 1/44 Rpt: 6/50	Eckhardt, Sarah (The Honorable)	00084783
4	Date	5 Payee name	
	04/28/2023	Annie's List	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	PO Box 303277	
		Aug 11/2 70700	
_	DUDDOCE	Austin, TX 78703	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	e of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Bonations Made By	fficeholder living expense
		Donation	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	04/25/2023	Austin Bar Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	712 W 16th St	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Continuations Made By	e of Texas. Complete Schedule T. Ifficeholder living expense
		Sponsorship of ev	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	DH 	
	Date	Payee name	
	06/07/2023	Book People	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$414.06	603 N Lamar Blvd	
		Austin, TX 78703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Oliti Wards/Wellionals Expense	e of Texas. Complete Schedule T. fficeholder living expense
		books	mocroider living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card i ayment		The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/44 Rpt: 7/50		Eckhardt, Sarah (The Honorable)		00084783
4	Date	5	Payee name		•
	05/21/2023		Clay Pit		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$238.12		1601 Guadalupe St		
			Austin, TX 78701		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EVENDITURE	l`	Food/Beverage Expense	l` ′	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					staff dinner
				L	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ught	Office held
		_			
	Date		Payee name		
	05/18/2023		Clean Water Fund		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$250.00		1444 I Street NW, Suite 400		
			Washington, DC 20005		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
			Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense Donation
					Donation
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/OI		Sandidate/Onicensider harne Onice Soc	agrit	Cince held
-	Data	Т	David and the second		
	Date 04/12/2023		Payee name Cold Springs Liquor		
		╀	<u> </u>	1 -	
	Amount (\$)		Payee address; City; State; Zip Co	oae	
	\$305.75		9073 W State Highway 29		
			17 - 17 TV TO 10		
			Liberty Hill, TX 78642		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Drinks for Office/Sine Die
	Complete ONLY if direct	_	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	Н		-	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/44 Rpt: 8/50	Eckhardt, Sarah (The Honorable)		00084783
4	Date	5 Payee name		<u>'</u>
	03/01/2023	Digital Advance		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$5,000.00	9600 Escarpment Blvd		
		Austin, TX 78749		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Digital consulting
				Digital Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		9	C.II.GC II.GC
-	Date	Payee name		
	01/26/2023	Einhorn, Peter		
-	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1,000.00	5903 Duncanville Pass	uc	
	Ψ1,000.00	5566 Barroanville 1 a55		
		Austin, TX 78745		
⊢	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ wages/Contract Labor		Check if Austin, TX, officeholder living expense
				Salary supplement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	Date	Payee name		
	03/02/2023	Einhorn, Peter		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$500.00	5903 Duncanville Pass		
		Austin, TX 78745		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/44 Rpt: 9/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	03/28/2023	Einhorn, Peter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	5903 Duncanville Pass
		Austin, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary supplement
		Calary Supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
 	Date	Payee name
	04/26/2023	Einhorn, Peter
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	5903 Duncanville Pass
	,	
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	05/25/2023	Einhorn, Peter
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	5903 Duncanville Pass
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 5/44 Rpt: 10/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	06/27/2023	Einhorn, Peter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	5903 Duncanville Pass
		Austin, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	_	
	Date	Payee name
	02/07/2023	Girl Scout of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.00	3500 Lacey Rd Ste 300
		Downers Grove, IL 60515
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		cookies
		Goodwag
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/09/2023	Girl Scout of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.00	3500 Lacey Rd Ste 300
		Downers Grove, IL 60515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		cookies
_	Occupation ONE VIII	Ora didata (Office hadden granne
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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		
Ļ		· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1:		
	Sch: 6/44 Rpt: 11/50	Eckhardt, Sarah (The Honorable) 00084783	
4	Date	5 Payee name	
L	01/26/2023	Gonzalez, Laura	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	600 Westinghouse Rd Apt 5102	
		Georgetown, TX 78626	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Salaries/Wages/Contract Labor	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Salary supplement	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/01/2023	Gonzalez, Laura	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	600 Westinghouse Rd Apt 5102	
		Georgetown, TX 78626	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if Austin TV, officeholder living exposes	
		Check if Austin, TX, officeholder living expense Salary supplement	
		Salary supplement	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/Ol	•	
\vdash	Data	Davida marria	_
	Date	Payee name Conzeloz Lauro	
	03/28/2023	Gonzalez, Laura	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	600 Westinghouse Rd Apt 5102	
		Georgetown, TX 78626	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Salary supplement	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/44 Rpt: 12/50	2 FILER NAME Eckhardt, Sarah (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084783
4	Date 04/26/2023	5 Payee name Gonzalez, Laura
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 600 Westinghouse Rd Apt 5102
		Georgetown, TX 78626
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary supplement
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/25/2023	Payee name Gonzalez, Laura
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 600 Westinghouse Rd Apt 5102
		Georgetown, TX 78626
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary supplement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/27/2023	Payee name Gonzalez, Laura
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 600 Westinghouse Rd Apt 5102
		Georgetown, TX 78626
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary supplement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 8/44 Rpt: 13/50	Eckhardt, Sarah (The Honorable) 00084783
4 Date	5 Payee name
01/03/2023	Gsuite
6 Amount (\$) \$44.77	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense email
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/01/2023	Gsuite
Amount (\$) \$46.43	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense email
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 03/01/2023	Payee name Gsuite
Amount (\$)	Payee address; City; State; Zip Code
\$51.17	1600 Amphitheatre Parkway
	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 9/44 Rpt: 14/50	Eckhardt, Sarah (The Honorable) 00084783
4 Date	5 Payee name
04/03/2023	Gsuite
6 Amount (\$) \$51.17	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense email
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/08/2023	Gsuite
Amount (\$) \$51.17	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense email
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2023	Gsuite
Amount (\$) \$56.94	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense email
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/44 Rpt: 15/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	01/04/2023	Gusto
6	Amount (\$) \$19.18	7 Payee address; City; State; Zip Code 525 20th St
_		San Francisco, CA 94107
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payroll software fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/06/2023	Gusto
	Amount (\$) \$25.58	Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107
	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 payroll software fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/13/2023	Gusto
	Amount (\$) \$25.58	Payee address; City; State; Zip Code 525 20th St
		San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payroll software fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 11/44 Rpt: 16/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	06/06/2023	Gusto
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.58	525 20th St
		San Francisco, CA 94107
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 payroll software fees
		payron software rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Date	Davida marra
	01/01/2023	Payee name
		HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.48	19348 Ronald Regan Blvd
		Austin, TX 78717
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H	Date	Davida marra
	01/05/2023	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.97	19348 Ronald Regan Blvd
		Austin, TX 78717
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Session Day One
		Fuou iui Sessiuii Day Olie
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	Sa		ages	/Contract Labor		OTHER (enter a	category not listed above)	
				The Instruction G	uide explains how	to com	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	rs)
	Sch: 12/44 Rpt: 17/50		Eckhardt, S	arah (The Hond	orable)					00084783		
4	Date	5	Payee name									
	01/09/2023		HEB									
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	ip Cod	de					
	\$99.50		19348 Rona	ıld Regan Blvd								
			Austin, TX 7	8717								
8	PURPOSE	⊢				1,	(h)	Description				
°	OF			e Categories listed at t		e) ((D)	Description Check if travel (nutei	de of Teyas Com	plete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Ex	pense			_		officeholder living		
								Office supplie				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	ıht			Office he	eld	
	expenditure to benefit C/O	Н				J						
H	Date	Г	Payee name									
	01/10/2023	ı	HEB									
		_		City	Ctata: 7	in Cod	10					
	Amount (\$)	l	Payee addres		State; Zi	ір Соц	Je					
	\$86.41		19348 R0na	ıld Regan Blvd								
			Austin, TX 7	8717								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedule	e) ((b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental Ex	pense			=			plete Schedule T.	
	EXI ENDITORE							—		officeholder living	g expense	
								Office supplie	es			
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	ceholder name	Offic	e soug	jht			Office h	eld	
	experientare to benefit 6/6											
	Date		Payee name									
	01/17/2023		HEB									
	Amount (\$)		Payee addres	ss; City;	State; Zi	ip Cod	de					
	\$34.93		1801 E 51st	St								
			Austin, TX 7	8723								
	PURPOSE	-				. [(h)	Description				
	OF			e Categories listed at t nead/Rental Ex		e)	(1)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Overi	icad/iteritar Ex	perise			므		officeholder living		
								office supplie	S			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	jht			Office he	eld	
	expenditure to benefit C/O	Н										

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment		The Instruction Guide explains how	w to com	ple	ete this form.
1	Total pages Schedule F1:	ı				3 Filer ID (Ethics Commission Filers) 00084783
_	Sch: 13/44 Rpt: 18/50		Eckhardt, Sarah (The Honorable)			00084783
4	Date 01/18/2023		Payee name HEB			
6	Amount (\$) \$95.54		Payee address; City; State; 2 19348 Ronald Regan Blvd Austin, TX 78717	Zip Cod	е	
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Food/Beverage Expense	(le)	b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for the Office
9	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholder name Offic	ce soug	ht	Office held
	Date 01/20/2023	ı	Payee name HEB			
	Amount (\$) \$121.43		Payee address; City; State; z 19348 Ronald Regan Blvd Austin, TX 78717	Zip Cod	е	
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Food/Beverage Expense	ile) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for the Office
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholder name Offic	ce soug	ht	Office held
	Date 02/15/2023	ı	Payee name HEB			
	Amount (\$) \$189.87		Payee address; City; State; Z 19348 Ronald Regan Blvd	Zip Cod	е	
			Austin, TX 78717			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Food/Beverage Expense	ile)	b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Office
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholder name Office	ce soug	ht	Office held

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

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 14/44 Rpt: 19/50	Eckhardt, Sarah (The Honorable)		00084783
4	Date	5 Payee name		•
	02/28/2023	HEB		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$140.99	19348 Ronald Regan Blvd		
		Austin, TX 78717		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	-			Check if Austin, TX, officeholder living expense Food for Staff
			1	. Sou for Stan
9	Complete ONLY if direct	Candidate/Officeholder name Office so	llup _t	Office held
9	expenditure to benefit C/OF		uyııl	Office field
H	Data			
	Date	Payee name		
	03/07/2023	HEB		
	Amount (\$)	Payee address; City; State; Zip Ci	ode	
	\$112.23	19348 Ronald Regan Blvd		
		Austin, TX 78717		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
			1	Check if Austin, TX, officeholder living expense Food for Staff
			Ī	- 2
	Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/OF		J•	
	Date	Payee name		
	03/08/2023	HEB		
			ode	
	Amount (\$) \$113.67	Payee address; City; State; Zip Ci 19348 Ronald Regan Blvd	oue	
	Φ113.07	19940 Norialu Negali Divu		
		Austin TV 70747		
		Austin, TX 78717		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Food/Beverage Expense	1	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Food for Office
			1	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OF			

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 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: 15/44 Rpt: 20/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	03/08/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.83	1801 E 51st St
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office supplies
		office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	03/14/2023	HEB
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$211.66	19348 Ronald Regan Blvd
	ΨΖΙΙ.00	13040 Nortala Negari Biva
		Austin, TX 78717
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for Office
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	- p	
	Date	Payee name
	03/20/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.97	19348 Ronald Regan Blvd
		Austin, TX 78717
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Office
		1 334 131 3 11165
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

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

OTHER (enter a category not listed above)

Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/44 Rpt: 21/50 Eckhardt, Sarah (The Honorable) 00084783 4 Date Payee name 03/21/2023 **HEB** 6 Amount (\$) Payee address; City; State; Zip Code \$41.85 19348 Ronald Regan Blvd Austin, TX 78717 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Office Candidate/Officeholder name

EXPENDITURE CATEGORIES FOR BOX 8(a)

9	expenditure to benefit C/Oł	Candidate/Onicenoider name Onice sought Onice neid
	Date	Payee name
	03/27/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.39	19348 Ronald Regan Blvd
		Austin, TX 78717
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office supplies
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	03/28/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.10	19348 Ronald Regan Blvd
		Austin, TX 78717
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

8

Office sought

Office Overhead/Rental Expense

Candidate/Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

office supplies

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 17/44 Rpt: 22/50	FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4	Date 03/29/2023	5 Payee name HEB		00004700
6	Amount (\$) \$90.27	7 Payee address; City; State; Zip Co 19348 Ronald Regan Blvd Austin, TX 78717	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for office
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	Date 04/01/2023	Payee name HEB		
	Amount (\$) \$78.73	Payee address; City; State; Zip Co 14208 N HIGHWAY 183	de	
	PURPOSE OF EXPENDITURE	Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Office
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sour	ght	Office held
	Date 04/12/2023	Payee name HEB		
	Amount (\$) \$416.81	Payee address; City; State; Zip Co 14208 N HIGHWAY 183	de	
		Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for April
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	<u>_</u>
1	Total pages Schedule F1: Sch: 18/44 Rpt: 23/50	2 FILER NAME Eckhardt, Sarah (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084783
4	Date	5 Payee name
	04/14/2023	HEB
6	Amount (\$) \$18.88	7 Payee address; City; State; Zip Code 1801 E 51st St Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense office supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/19/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.96	250 University Blvd
		Round Rock, TX 78665
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for the Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/22/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$221.30	14208 N HIGHWAY 183
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for office event
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/44 Rpt: 24/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	04/24/2023	HEB
6	Amount (\$) \$14.34	7 Payee address; City; State; Zip Code 19348 RONALD W REAGAN Blvd Leander, TX 78641
8	DUDDOCE	
0	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	04/27/2023	HEB
	Amount (\$) \$75.84	Payee address; City; State; Zip Code 14208 N HIGHWAY 183
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food for office
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2023	HEB
	Amount (\$) \$20.42	Payee address; City; State; Zip Code 14028 N HIGHWAY 183
		Cedar Park, TX 78613
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food for office
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 20/44 Rpt: 25/50	FILER NAME Eckhardt, Sarah (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084783
4	Date 05/17/2023	5 Payee name HEB	<u>'</u>
6	Amount (\$) \$32.00	7 Payee address; City; State; Zip Code 14028 N HIGHWAY 183	
8	PURPOSE OF EXPENDITURE	Cedar Park, TX 78613 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food for office
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 05/17/2023	Payee name HEB	
	Amount (\$) \$96.51	Payee address; City; State; Zip Code 14028 N HIGHWAY 183 Cedar Park, TX 78613	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food for office
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 05/17/2023	Payee name HEB	
	Amount (\$) \$222.62	Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy	
		West Lake Hills, TX 78746	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food for office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/44 Rpt: 26/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	05/22/2023	HEB
6	Amount (\$) \$154.97	7 Payee address; City; State; Zip Code 19348 Ronald Regan Blvd
		Austin, TX 78717
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for office
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/24/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.02	19348 Ronald Regan Blvd
		Austin, TX 78717
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for office
		Pool to office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$186.26	19348 Ronald Regan Blvd
		Austin, TX 78717
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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: 22/44 Rpt: 27/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	05/29/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.98	19348 Ronald Regan Blvd
		Austin, TX 78717
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for office
		1 000 101 01100
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨		
	Date	Payee name
L	05/30/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.77	19348 Ronald Regan Blvd
		Austin, TX 78717
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Food for office
L	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	05/30/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.31	19348 Ronald Regan Blvd
		Austin, TX 78717
	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
I		supplies for office
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	•
_		

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

Credit Card Payment	The Instruction Guide explains how to c	emplete this form.	OTHER (eliter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
Sch: 23/44 Rpt: 28/50	Eckhardt, Sarah (The Honorable)		00084783
1 Date	5 Payee name		
05/30/2023	HEB		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$62.47	19348 Ronald Regan Blvd		
	Austin, TX 78717		
B PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel o	utside of Texas. Complete Schedule T.
LAFLINDITORL		. —	TX, officeholder living expense
		supplies for of	псе
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ight.	Office held
expenditure to benefit C/O		igni	Office field
Data			
Date	Payee name		
06/08/2023	HEB		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$132.11	19348 Ronald Regan Blvd		
	Austin, TX 78717		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Food/Beverage Expense	l ⊢	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Food for Office	
Complete ONLY if direct	Candidate/Officeholder name Office so	ıght	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
06/08/2023	НЕВ		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$20.10	19348 Ronald Regan Blvd		
	3		
	Austin, TX 78717		
PURPOSE		(b) Description	
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel o	utside of Texas. Complete Schedule T.
EXPENDITURE	1 000/Deverage Expense	l <u>–</u>	TX, officeholder living expense
		Food for Office	e
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ight	Office held
experiulture to beliefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Printing Expense Salaries/Wages/Contract Labor

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1: Sch: 24/44 Rpt: 29/50	FILER NAME Eckhardt, Sarah (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084783
4 Date 06/09/2023	5 Payee name HEB	•
6 Amount (\$) \$25.69	7 Payee address; City; State; Zip Cod 701 S Capital Of Texas Hwy West Lake Hills, TX 78746	le
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date 06/27/2023	Payee name HEB	
Amount (\$) \$95.95	Payee address; City; State; Zip Cod 19348 Ronald Regan Blvd Austin, TX 78717	de
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Office
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date 01/26/2023	Payee name Hardage, Olivia	
Amount (\$) \$500.00	Payee address; City; State; Zip Cod 5811 Timber Trl Austin, TX 78731	le
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary supplement
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 25/44 Rpt: 30/50	Eckhardt, Sarah (The Honorable) 00084783	
4	Date	5 Payee name	
	03/01/2023	Hardage, Olivia	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	5811 Timber Trl	
		Austin, TX 78731	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense Salary supplement	
		Salary Supplement	
_	Operation ONLY if allowed	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	03/28/2023	Hardage, Olivia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	5811 Timber Trl	
		Austin, TX 78731	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Salary supplement	
		Salary Supplement	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	04/26/2023	Hardage, Olivia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	5811 Timber Trl	
		Austin, TX 78731	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense	
		Salary supplement	
_	Operation ONE VIII II	Ora didata (Office hadden granne	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 26/44 Rpt: 31/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	05/25/2023	Hardage, Olivia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	5811 Timber Trl
		Austin, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Salary supplement
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/27/2023	Hardage, Olivia
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	5811 Timber Trl
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Salary supplement
	Operation ONLY if allowed	Out tidate Office health and a second to the out of the second to the se
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2023	HootSuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$498.83	1230 Avenue Of The Americas FI 16
		New York, NY 10020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Digital software
	Operation Children	Openhildets (Office health are nown)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contr	Travel in District Travel Out of District act Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete th	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 27/44 Rpt: 32/50	Eckhardt, Sarah (The Honorable)	00084783
4	Date	5 Payee name	
	01/18/2023	Intuit	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$41.04	2700 Coast Ave	
	Ψ41.04	2700 Codst Ave	
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	ellice everification expense	Check if travel outside of Texas. Complete Schedule T.
		, <u> </u>	Check if Austin, TX, officeholder living expense
		acc	counting software
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/21/2023	Intuit	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.68	2700 Coast Ave	
		Mountain View, CA 94043	
_	PURPOSE	·	evintion
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhood (Pontal Expense)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertical Experise	Check if Austin, TX, officeholder living expense
		acc	ounting software
Т	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	03/19/2023	Intuit	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.04	2700 Coast Ave	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	cription
	OF EXPENDITURE	Office Overficacintental Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE		Check if Austin, TX, officeholder living expense
		acc	counting software
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1		2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/44 Rpt: 33/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	04/18/2023	Intuit
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.04	2700 Coast Ave
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		accounting software
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorarie to berieff C/O	
	Date	Payee name
	05/18/2023	Intuit
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.04	2700 Coast Ave
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		accounting software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	06/19/2023	Intuit
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.04	2700 Coast Ave
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		accounting software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 29/44 Rpt: 34/50	FILER NAME Eckhardt, Sarah (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084783
4	Date 02/23/2023	5 Payee name Legislative Study Group	
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 2910 Austin, TX 78768	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dues
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 01/03/2023	Payee name NGP VAN	
	Amount (\$) \$341.12	Payee address; City; State; Zip Code 1105 15th St NW Ste 500 Washington, DC 20005	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense database software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/02/2023	Payee name NGP VAN	
	Amount (\$) \$341.12	Payee address; City; State; Zip Code 1105 15th St NW Ste 500	
		Washington, DC 20005	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense database software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 30/44 Rpt: 35/50	FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4	Date 04/21/2023	5 Payee name NGP VAN		
6	Amount (\$) \$341.12	7 Payee address; City; State; Zip Co 1105 15th St NW Ste 500 Washington, DC 20005	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense database software
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	Date 05/08/2023	Payee name NGP VAN		
	Amount (\$) \$341.12	Payee address; City; State; Zip Co 1105 15th St NW Ste 500 Washington, DC 20005	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense database software
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	Date 06/05/2023	Payee name NGP VAN		
	Amount (\$) \$341.12	Payee address; City; State; Zip Co 1105 15th St NW Ste 500	de	
		Washington, DC 20005		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense database software
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held

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	
_	T	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 31/44 Rpt: 36/50	2 FILER NAME Eckhardt, Sarah (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084783
4	Date	5 Payee name
	04/19/2023	Planned Parenthood of Greater Texas
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 7424 Greenville Avenue #206 Dallas, TX 75231
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2023	Planned Parenthood of Greater Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	7424 Greenville Avenue #206
		Dallas, TX 75231
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/26/2023	Roberts, Andromeda
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 121 Wind Flower Ln Texas
		Liberty Hill, TX 78642
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary supplement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 complete this form.
1	Total pages Schedule F1: Sch: 32/44 Rpt: 37/50	2 FILER NAME Substitute 2 Eckhardt, Sarah (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084783
4	Date	5 Payee name
	03/01/2023	Roberts, Andromeda
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 121 Wind Flower Ln Texas
		Liberty Hill, TX 78642
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary supplement
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/28/2023	Roberts, Andromeda
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 121 Wind Flower Ln Texas
		Liberty Hill, TX 78642
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary supplement
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/26/2023	Payee name Roberts, Andromeda
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 121 Wind Flower Ln Texas
		Liberty Hill, TX 78642
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary supplement
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	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: 33/44 Rpt: 38/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	05/25/2023	Roberts, Andromeda
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	121 Wind Flower Ln Texas
		Liberty Hill, TX 78642
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Avertin TV office helder living gyreage.
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary Supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
⊨	Data	
	Date	Payee name
	06/27/2023	Roberts, Andromeda
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	121 Wind Flower Ln Texas
		Liberty Hill, TX 78642
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Salary supplement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D-4-	
	Date	Payee name
	02/24/2023	Sidle, Catherine
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	411 Radam Lane
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Website development
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		

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

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: 34/44 Rpt: 39/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	01/03/2023	Spaw Senate Account
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 12068
		Austin, TX 78711
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 Dues
		5466
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/23/2023	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$298.77	Address
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website hosting
		Website nosting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name Tayon Plus Action Democrate
	06/05/2023	Texas Blue Action Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 41424
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Continuutori
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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

	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: 35/44 Rpt: 40/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	03/14/2023	Texas Senate Democratic Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	PO Box 12068
		Austin, TX 78711
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 Dues
		Bucs
9	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	05/26/2023	Thirsty Penguin
	Amount (\$)	Payee address; City; State; Zip Code
	\$211.88	14751 W State Highway 29
		Liberty Hill, TX 78642
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Drinks for Sine Die
		Diffice for other pie
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	03/13/2023	Travis County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1311 E 6th St Ste B
L		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Evenitionet
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 36/44 Rpt: 41/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	03/13/2023	Travis County Parks Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	2407 S. Congress, Ste. E, #540
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
		23.14.10.1
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/05/2023	Travis County Parks Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	2407 S. Congress, Ste. E, #540
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		t-shirts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/01/2023	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.00	3507 N Lamar Blvd
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense post office box rental
		post office box rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 37/44 Rpt: 42/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	02/01/2023	Various Hats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	9600 Escarpment Blvd Ste 745
		Austin, TX 78749
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital consulting
		Digital consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	02/09/2023	Various Hats
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	9600 Escarpment Blvd Ste 745
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital consulting
		Digital Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 03/21/2023	Payee name Various Hats
		11 11 11 11 11 11 11 11 11 11 11 11 11
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	9600 Escarpment Blvd Ste 745
		Austin, TX 78749
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital consulting
		Digital consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/44 Rpt: 43/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	05/17/2023	Various Hats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	9600 Escarpment Blvd Ste 745
		Austin, TX 78749
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital consulting
		2.g.ta. concenting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/04/2023	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.31	2801 E Whitestone Blvd
	,	
		Cedar Park, TX 78613
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
	Data	
	Date 05/30/2023	Payee name Whole Earth Provision
	Amount (\$) \$128.55	Payee address; City; State; Zip Code 1014 N Lamar Blvd
	Φ120.55	1014 N Lamai Bivu
		Austin, TX 78703
	DUDDOGE	To a second seco
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gifts
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/O	·

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Cabadala Ed	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 39/44 Rpt: 44/50	2 FILER NAME Eckhardt, Sarah (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084783
_	·	
4	Date	5 Payee name
	01/09/2023	Whole Foods Market
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$254.97	525 N Lamar Blvd
	,	 ·· ··
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		food for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	01/27/2023	Whole Foods Market
-	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$43.07	525 N Lamar Blvd
		Austin, TX 78703
	PURPOSE	(a) Cotogony (b) Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food for office
		1000 for office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	02/06/2023	Whole Foods Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.99	525 N Lamar Blvd
		Austin, TX 78703
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food for office
		1000 101 UIIICE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 40/44 Rpt: 45/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	04/26/2023	Whole Foods Market
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.70	525 N Lamar Blvd
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense food for office
		lood for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	01/09/2023	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.98	55 Almaden Blvd Fl 6
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		virtual meeting software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2023	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.98	55 Almaden Blvd Fl 6
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		virtual meeting software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 41/44 Rpt: 46/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	02/09/2023	Zoom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.98	55 Almaden Blvd Fl 6
		San Jose, CA 95113
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		virtual meeting software subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/09/2023	Payee name Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.98	55 Almaden Blvd Fl 6
		San Jose, CA 95113
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		virtual meeting software subscription
		l mass messing contract pass.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o
-	Date	Payee name
	03/09/2023	Zoom
	Amount (\$)	Payee address; City; State; Zip Code 55 Almaden Blvd Fl 6
	\$17.05	55 Almaden Bivd Fi 6
		San Jose, CA 95113
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		virtual meeting software subscription
		l man me ang earnar earna para
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Ļ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 42/44 Rpt: 47/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
L	03/09/2023	Zoom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd Fl 6
		San Jose, CA 95113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		virtual meeting software subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	04/10/2023	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd Fl 6
		San Jose, CA 95113
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense virtual meeting software subscription
		viituai meeting soitware subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	04/10/2023	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd Fl 6
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		virtual meeting software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/44 Rpt: 48/50	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	05/09/2023	Zoom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd Fl 6
		San Jose, CA 95113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense
		virtual meeting software subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/09/2023	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd Fl 6
		San Jose, CA 95113
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		virtual meeting software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/09/2023	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd FI 6
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense virtual meeting software subscription
		virtual meeting software subscription
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	Fees Food/Beverage Expense Gift/Awards/Memorials Exp mmittee Legal Services	ense	Polling Expens Printing Expen			Travel in District Travel Out of Dis	quipment & Related Expense strict category not listed above)
	Credit Cara r ayment		The Instruction Guide	e explains h	low to compl	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 44/44 Rpt: 49/50		Eckhardt, Sarah (The Honoral	ole)				00084783	
4	Date	5	Payee name						
	06/09/2023		Zoom						
<u>_</u>	Amount (\$)	7	Payee address; City;	State:	Zip Code				
ľ	\$17.05	ľ	55 Almaden Blvd Fl 6	State,	Zip Code				
	Φ17.05		33 Almaden Bivu Fi 0						
			San Jose, CA 95113						
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule) (b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Exper					de of Texas. Com	
	LA LINDITORE					_		officeholder living	
						virtual meetin	ng s	soπware sub	scription
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name	0	ffice sought			Office he	eld
L	experiantiale to belief of or								
l									
l									
l									
l									
l									
l									
l									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 50/50 Eckhardt, Sarah (The Honorable) 00084783 Date Payee name 01/13/2023 Eckhardt, Sarah 6 Amount (\$) Payee address; City; State; Zip Code \$300.00 1001 Lorrain St Reimbursement from political contributions intended Х Austin, TX 78703-4828 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Senate dining fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH