

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00084783	<b>2</b> Total pages filed: 100		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Sarah	MI MI	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST Eckhardt	SUFFIX		Date Received <b>ELECTRONICALLY FILED</b> 01/16/2024
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 301586  Austin, TX 78703		ZIP CODE	Date Hand-delivered or Date Postmarked	
				Receipt #	
				Amount	
				Date Processed	
				Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Carol	MI MI		
	NICKNAME	LAST Hatfield	SUFFIX		
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3404 Northwood Circle  Austin, TX 78703		APT / SUITE #;	CITY; STATE; ZIP CODE	
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(512)	459-5841			
<b>8</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
<b>9</b> PERIOD COVERED	Month	Day	Year	Month	
	07/01/2023			12/31/2023	
<b>10</b> ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	03/05/2024			<input type="checkbox"/> General	<input type="checkbox"/> Other
<b>11</b> OFFICE	OFFICE HELD (if any) State Senator District 14			<b>12</b> OFFICE SOUGHT (if known) State Senator District 14	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Eckhardt, Sarah (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00084783
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table style="width:100%"> <tr> <td style="width:30%"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td></td> <td><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>								
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>								
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>								
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>									

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	126,803.50
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	2,810.18
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	104,363.03
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	96,857.11
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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

\_\_\_\_\_  
 The Honorable Sarah Eckhardt  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Eckhardt, Sarah (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00084783
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 126,803.50
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 104,363.03
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/51 Rpt: 4/100
2 FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abazari, Ali	7 Amount of Contribution (\$)  \$250.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78732-1951	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albert, David	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78741-3513	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albright, Alexandra	Amount of Contribution (\$)  \$258.32
	Contributor address; City; State; Zip Code  Austin, TX 78703-1021	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aldredge, Tenley	Amount of Contribution (\$)  \$206.70
	Contributor address; City; State; Zip Code  Austin, TX 78704-3405	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen Boone Humphries Robinson LLP	Amount of Contribution (\$)  \$2,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77027-7537	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/51 Rpt: 5/100
2 FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alsobrook, Renae	7 Amount of Contribution (\$) \$51.83
	6 Contributor address; City; State; Zip Code  Austin, TX 78703-4912	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amos, Steve	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78703-3934	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apt, William	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-3327	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Archer, Christian	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78212-3409	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ausley, Robbie J.	Amount of Contribution (\$) \$258.32
	Contributor address; City; State; Zip Code  Austin, TX 78731-6143	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/51 Rpt: 6/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ayres, Robert	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-6429		
<b>8</b> Principal occupation / Job title (See Instructions) Land Steward		<b>9</b> Employer (See Instructions) Shield Ranch
Date 11/16/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00235739</u> ) BNSF RailPAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76161-0039		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BRYANT, SUZANNE	Amount of Contribution (\$) \$103.45
Contributor address; City; State; Zip Code  Austin, TX 78703-2404		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BRYANT, SUZANNE C	Amount of Contribution (\$) \$20.85
Contributor address; City; State; Zip Code  Austin, TX 78703-2404		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bagwell, Inelle	Amount of Contribution (\$) \$103.45
Contributor address; City; State; Zip Code  Austin, TX 78723-5396		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/51 Rpt: 7/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/08/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Carlos <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78727-6025	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bhatt, Bhuvanesh <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78210-1411	Amount of Contribution (\$)  \$26.01
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bishop, Laura <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-1637	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bracewell PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002-2770	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Braun & Gresham <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-1148	Amount of Contribution (\$)  \$155.08
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/51 Rpt: 8/100
2 FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bray, Elizabeth	7 Amount of Contribution (\$)  \$51.83
	6 Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-5378	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brockenbrough, Anne S.	Amount of Contribution (\$)  \$258.32
	Contributor address; City; State; Zip Code  Manor, TX 78653-5205	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brooks, Suzee	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78703-0015	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryan, Helen	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78746-2906	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryce, James	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Austin, TX 78757-3129	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 6/51 Rpt: 9/100
2 FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 11/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burton, Brandi Clark	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78756-3016	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burton, Susan P.	Amount of Contribution (\$) \$20.85
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-4342	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cannon, Tina	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78704-2287	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carpenter, Jim	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78738-5351	
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Carpenter & Associates Inc
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carson, Bill	Amount of Contribution (\$) \$516.45
	Contributor address; City; State; Zip Code  Austin, TX 78735-1433	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/51 Rpt: 10/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 07/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chancellor, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78266-2140	<b>7</b> Amount of Contribution (\$)  \$20.85
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Claunch, Dave S. <hr/> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-4434	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clements, Andrew W. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723-3331	Amount of Contribution (\$)  \$103.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cobb Fendley PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77040-6153	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cofer, George <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-5507	Amount of Contribution (\$)  \$258.32
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/51 Rpt: 11/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cofer, George	<b>7</b> Amount of Contribution (\$)  \$51.83
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-5507		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cofer, George	Amount of Contribution (\$)  \$103.45
Contributor address; City; State; Zip Code  Austin, TX 78746-5507		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coldiron, Ron	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78731-1744		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coldiron, Ron	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78731-1744		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coldiron, Ron	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78731-1744		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/51 Rpt: 12/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 08/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coldiron, Ron <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731-1744	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coldiron, Ron <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-1744	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coldiron, Ron <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-1744	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716 ) Comcast Corporation and NBC Universal PAC <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19103-2833	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-4115	Amount of Contribution (\$)  \$26.01
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/51 Rpt: 13/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conyngham, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-4115	<b>7</b> Amount of Contribution (\$)  \$26.01
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-4115	Amount of Contribution (\$)  \$26.01
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-4115	Amount of Contribution (\$)  \$51.83
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-4115	Amount of Contribution (\$)  \$26.01
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cousar, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-5306	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/51 Rpt: 14/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/17/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coxe, Simone <hr/> <b>6</b> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-3601	<b>7</b> Amount of Contribution (\$)  \$2,581.45
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crook, Kelly <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-1630	Amount of Contribution (\$)  \$258.32
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cullinane, Mary <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-6226	Amount of Contribution (\$)  \$51.83
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cummins, Clemmie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-4816	Amount of Contribution (\$)  \$103.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Currens, Leslie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-1212	Amount of Contribution (\$)  \$103.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/51 Rpt: 15/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/17/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dalrymple, gail <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731-3914	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Danburg, Debra L. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-4611	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Jim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-5350	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Jim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-5350	Amount of Contribution (\$)  \$36.34
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Lloyd Alton <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-2705	Amount of Contribution (\$)  \$103.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 13/51 Rpt: 16/100
2 FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dickie, Martha S. ..... 6 Contributor address; City; State; Zip Code  Austin, TX 78746-7700	7 Amount of Contribution (\$)  \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dochan, Sandy ..... Contributor address; City; State; Zip Code  Austin, TX 78731-1122	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doran, Judith ..... Contributor address; City; State; Zip Code  Austin, TX 78731-4005	Amount of Contribution (\$)  \$103.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Drown, Cheryl ..... Contributor address; City; State; Zip Code  Austin, TX 78704-4327	Amount of Contribution (\$)  \$103.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunkelberg, Anne ..... Contributor address; City; State; Zip Code  Austin, TX 78704-5621	Amount of Contribution (\$)  \$258.32
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/51 Rpt: 17/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duron, Jodi	<b>7</b> Amount of Contribution (\$)  \$516.45
<b>6</b> Contributor address; City; State; Zip Code  Elgin, TX 78621-5902		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARDS, JIM	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78716-1141		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Employees of Raytheon Technologies Corporation PAC	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  Arlington, VA 22209-3900		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Angela and Gary	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code  Austin, TX 78756-3427		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farb, Loretta	Amount of Contribution (\$)  \$103.45
Contributor address; City; State; Zip Code  Austin, TX 78753-2614		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 15/51 Rpt: 18/100
2 FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 10/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fero, Mary	7 Amount of Contribution (\$)  \$36.34
	6 Contributor address; City; State; Zip Code  Austin, TX 78757-2346	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleming, Sherri E.	Amount of Contribution (\$)  \$258.32
	Contributor address; City; State; Zip Code  Austin, TX 78727-3139	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fox, Jay	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5510	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frank, David	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-1837	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fritzler, Jim	Amount of Contribution (\$)  \$51.83
	Contributor address; City; State; Zip Code  Albuquerque, NM 87106-1707	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/51 Rpt: 19/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GUTIERREZ, MARCOS <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-1975	<b>7</b> Amount of Contribution (\$)  \$51.83
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galindo, Cid <hr/> Contributor address; City; State; Zip Code  Austin, TX 78762-6008	Amount of Contribution (\$)  \$103.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerson, Lora Ann <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-5634	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ghilarducci, Ali <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751-1310	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbons, Heidi E. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-4517	Amount of Contribution (\$)  \$26.01
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 17/51 Rpt: 20/100
2 FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbons, Heidi E. ..... 6 Contributor address; City; State; Zip Code  Austin, TX 78703-4517	7 Amount of Contribution (\$)  \$26.01
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gladish, Kendal and Ken ..... Contributor address; City; State; Zip Code  Austin, TX 78759-8641	Amount of Contribution (\$)  \$516.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glast, Rachel ..... Contributor address; City; State; Zip Code  Austin, TX 78759-7541	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Eric ..... Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-2145	Amount of Contribution (\$)  \$516.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goodfriend, Sarah ..... Contributor address; City; State; Zip Code  Austin, TX 78703-2404	Amount of Contribution (\$)  \$20.85
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/51 Rpt: 21/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 08/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graham, Ann S. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78751-4718	<b>7</b> Amount of Contribution (\$)  \$51.83
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grant, Kathy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-4131	Amount of Contribution (\$)  \$516.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gregory, Bob E <hr/> Contributor address; City; State; Zip Code  Austin, TX 78747-1564	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Texas Disposal Systems
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffith, Idona <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-7177	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gullahorn, jack W. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78714-0045	Amount of Contribution (\$)  \$258.32
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/51 Rpt: 22/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOLLAND JR, Walter	<b>7</b> Amount of Contribution (\$)  \$36.34
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78732-1226		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley, Anthony	Amount of Contribution (\$)  \$1,032.70
Contributor address; City; State; Zip Code  Austin, TX 78701-2985		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) HMWK LLC
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hardage, Philip	Amount of Contribution (\$)  \$103.45
Contributor address; City; State; Zip Code  Elgin, TX 78621-5745		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hardeman, Bryan	Amount of Contribution (\$)  \$2,000.00
Contributor address; City; State; Zip Code  Austin, TX 78752-3602		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self Employed
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hartgrove, Richard C	Amount of Contribution (\$)  \$5,000.00
Contributor address; City; State; Zip Code  Austin, TX 78746-2402		
Principal occupation / Job title (See Instructions) Attorney (Ret)		Employer (See Instructions) AT&T ( ret)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/51 Rpt: 23/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/05/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harvey, Jay <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TN 78746	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Winckler, Harvey & McConnell, LLP
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haverlah, Sandra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-7533	Amount of Contribution (\$)  \$1,032.70
Principal occupation / Job title (See Instructions) Policy Consultant		Employer (See Instructions) Texas Policy and Advocacy Group
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayes, Sherrard <hr/> Contributor address; City; State; Zip Code  Manchaca, TX 78652-2014	Amount of Contribution (\$)  \$258.32
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haynes, Adam <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-1605	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/51 Rpt: 24/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herndon, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757-2238	<b>7</b> Amount of Contribution (\$)  \$10.53
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herzele, Charlotte <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$103.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herzele, Charlotte <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$1,032.70
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas at Austin
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herzele, Charlotte <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751-4721	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) UT Austin
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HillCo PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2458	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/51 Rpt: 25/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston, Bradley and Julia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-3853	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howard, Ann <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1025	Amount of Contribution (\$)  \$258.32
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howard, Robert M <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-5809	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) IBAT PAC - PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1683	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ireson, Diane Elisabeth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-0002	Amount of Contribution (\$)  \$516.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/51 Rpt: 26/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ironworkers State COPE	<b>7</b> Amount of Contribution (\$) \$5,000.00
<b>6</b> Contributor address; City; State; Zip Code  Grapevine, TX 76051-3395		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JOHNSON, EDWIN	Amount of Contribution (\$) \$20.85
Contributor address; City; State; Zip Code  Austin, TX 78751-3205		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jabour, David	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78731-3654		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Twin Liqueors
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Dee and Robert	Amount of Contribution (\$) \$103.45
Contributor address; City; State; Zip Code  Austin, TX 78746-4640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson Jr., Kevin M.	Amount of Contribution (\$) \$51.83
Contributor address; City; State; Zip Code  Austin, TX 78748-6415		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 24/51 Rpt: 27/100
2 FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallerman, Dick	7 Amount of Contribution (\$)  \$103.45
	6 Contributor address; City; State; Zip Code  Austin, TX 78704-3802	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Maritza	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78751-2216	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Susan	Amount of Contribution (\$)  \$36.34
	Contributor address; City; State; Zip Code  Austin, TX 78746-8029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleberg, Jay	Amount of Contribution (\$)  \$258.32
	Contributor address; City; State; Zip Code  Austin, TX 78704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kocurek, Kelly	Amount of Contribution (\$)  \$258.32
	Contributor address; City; State; Zip Code  Austin, TX 78701-0021	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 25/51 Rpt: 28/100
2 FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 11/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krogman, Travis	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78738-6200	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kumar, Sam	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-3738	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kunik, daryl	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78703-4824	
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) topo
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Langmore, John H.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78703-1902	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lansdell Strong, Wade	Amount of Contribution (\$) \$51.83
	Contributor address; City; State; Zip Code  Austin, TX 78717-5392	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/51 Rpt: 29/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/21/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larum, Glen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78723-1258	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Law - Pac <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2133	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Law Office of Leslie J. Boykin PC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2211	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Layne, Elizabeth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-3827	Amount of Contribution (\$)  \$258.32
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-4501	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/51 Rpt: 30/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Spaw <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-2635	<b>7</b> Amount of Contribution (\$)  \$36.34
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leslie, Laura <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-4308	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Li, Hugh <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730-1472	Amount of Contribution (\$)  \$516.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Libal, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78756-2703	Amount of Contribution (\$)  \$36.34
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lightsey, Rebecca <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-1815	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/51 Rpt: 31/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linebarger Goggan Blair & Sampson LLP	<b>7</b> Amount of Contribution (\$) \$1,500.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78760-7428		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linebarger, Dale	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78703-3137		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Logan, Stella	Amount of Contribution (\$) \$103.45
Contributor address; City; State; Zip Code  Austin, TX 78733-6124		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Logan, Stella	Amount of Contribution (\$) \$103.45
Contributor address; City; State; Zip Code  Austin, TX 78733-6124		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) London, Alice	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-5498		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/51 Rpt: 32/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Long, Walter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-5114	<b>7</b> Amount of Contribution (\$)  \$516.45
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lorenz, Perry Howard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702-3368	Amount of Contribution (\$)  \$2,581.45
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Selc
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowrimore, Jane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-6008	Amount of Contribution (\$)  \$4,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowry, Sharon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745-2084	Amount of Contribution (\$)  \$5.36
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lunning, Everett <hr/> Contributor address; City; State; Zip Code  Austin, TX 78753-3732	Amount of Contribution (\$)  \$51.83
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/51 Rpt: 33/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marks, Ron <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-3446	<b>7</b> Amount of Contribution (\$)  \$103.45
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marks, Scott <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-2763	Amount of Contribution (\$)  \$516.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marston, Jim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-1645	Amount of Contribution (\$)  \$103.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marston, Jim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-1645	Amount of Contribution (\$)  \$51.83
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Roger <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745-4317	Amount of Contribution (\$)  \$26.01
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/51 Rpt: 34/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/04/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Massaro, Vera D. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757-7587	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McAuley, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-4390	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McAuley, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-4390	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDonald, Kelly <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-4012	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342 ) McGuire Woods Federal PAC Fund <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23219-3956	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/51 Rpt: 35/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIver, Diana <hr/> <b>6</b> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-3403	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLean, Michael <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-2605	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meissner, Wayne <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-8851	Amount of Contribution (\$)  \$103.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Menicucci, Margaret <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-5206	Amount of Contribution (\$)  \$258.32
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merck Employees PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20004-2601	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/51 Rpt: 36/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merrill, Trish	<b>7</b> Amount of Contribution (\$) \$103.45
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78739-1728		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merriweather, Tim	Amount of Contribution (\$) \$206.70
Contributor address; City; State; Zip Code  Austin, TX 78759-8235		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Metcalfe Wolfe Stuart & Williams LLP	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Austin, TX 78701-3415		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, Susan M	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78746-1851		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyers, Lucas	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Austin, TX 78701-2132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 34/51 Rpt: 37/100
2 FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Milloy, Ross	7 Amount of Contribution (\$)  \$1,000.00
	6 Contributor address; City; State; Zip Code  San Marcos, TX 78667	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Austin-San Antonio Corridor Council
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mistler, Julia	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78703-2320	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Blake	Amount of Contribution (\$)  \$26.01
	Contributor address; City; State; Zip Code  Austin, TX 78704-4000	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Margaret	Amount of Contribution (\$)  \$1,032.70
	Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-4532	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed Margaret Moore Law PLLC
Date 11/16/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00366559 ) NRG Energy PAC	Amount of Contribution (\$)  \$3,000.00
	Contributor address; City; State; Zip Code  Princeton, NJ 08540-6023	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 35/51 Rpt: 38/100
2 FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 10/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neavel, Nancy T. ..... 6 Contributor address; City; State; Zip Code  Austin, TX 78703-1159	7 Amount of Contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nichols, Carolyn Anita ..... Contributor address; City; State; Zip Code  Lakeway, TX 78738-6092	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Novy, Brian ..... Contributor address; City; State; Zip Code  Austin, TX 78731-1426	Amount of Contribution (\$)  \$258.32
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noxon, Patricia ..... Contributor address; City; State; Zip Code  Austin, TX 78755-0625	Amount of Contribution (\$)  \$206.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nyfeler, John V. ..... Contributor address; City; State; Zip Code  Austin, TX 78721-1213	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/51 Rpt: 39/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ONCOR Texas PAC	<b>7</b> Amount of Contribution (\$) \$2,000.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75202-1234		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oney, Tom	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78756-1808		
Principal occupation / Job title (See Instructions) External Affairs		Employer (See Instructions) LCRA
Date 10/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owen, Carolyn	Amount of Contribution (\$) \$20.85
Contributor address; City; State; Zip Code  Austin, TX 78703-3416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owen, Carolyn	Amount of Contribution (\$) \$20.85
Contributor address; City; State; Zip Code  Austin, TX 78703-3416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owen, Carolyn	Amount of Contribution (\$) \$20.85
Contributor address; City; State; Zip Code  Austin, TX 78703-3416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/51 Rpt: 40/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 08/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owen, Carolyn	<b>7</b> Amount of Contribution (\$)  \$20.85
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-3416		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owen, Carolyn	Amount of Contribution (\$)  \$20.85
Contributor address; City; State; Zip Code  Austin, TX 78703-3416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owen, Carolyn	Amount of Contribution (\$)  \$20.85
Contributor address; City; State; Zip Code  Austin, TX 78703-3416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pannes, Pam	Amount of Contribution (\$)  \$103.45
Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-5127		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parse, Mary	Amount of Contribution (\$)  \$103.45
Contributor address; City; State; Zip Code  Austin, TX 78703-1224		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/51 Rpt: 41/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patrick, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-0057	<b>7</b> Amount of Contribution (\$)  \$51.83
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patt, Debra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-1057	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Texas Oncology
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pfeiffer, Peter <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-1032	Amount of Contribution (\$)  \$103.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pogue, Alan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-3935	Amount of Contribution (\$)  \$20.85
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Potter, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-3935	Amount of Contribution (\$)  \$36.34
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/51 Rpt: 42/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, Clark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-2834	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, Daniel R. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1513	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, Joanne <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750-8202	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, Joanne <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750-8202	Amount of Contribution (\$)  \$51.83
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richie, Carl S <hr/> Contributor address; City; State; Zip Code  Windcrest, TX 78239-2025	Amount of Contribution (\$)  \$516.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 40/51 Rpt: 43/100
2 FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richmond, Debra	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78739-1531	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rider, Kathy T	Amount of Contribution (\$) \$155.08
	Contributor address; City; State; Zip Code  Austin, TX 78703-2753	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riley, Nicki G.	Amount of Contribution (\$) \$206.70
	Contributor address; City; State; Zip Code  Round Rock, TX 78681-4089	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Andy	Amount of Contribution (\$) \$103.45
	Contributor address; City; State; Zip Code  Austin, TX 78731-2016	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roth, Daniel	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-4659	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/51 Rpt: 44/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHAW, MARGARET <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-3935	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarosdy, Randall <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-3656	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwartz, Cynthia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-4866	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Jeanette <hr/> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-4424	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sembera, Don <hr/> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-4424	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/51 Rpt: 45/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shapiro, Ike R. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-4611	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shapiro, Jim <hr/> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-5495	Amount of Contribution (\$)  \$258.32
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shapiro, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78768-2115	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Co-owner		Employer (See Instructions) Austin Metal & Iron
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shea, Brigid <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-2328	Amount of Contribution (\$)  \$258.32
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sherman, Lynn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78705-1817	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/51 Rpt: 46/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/09/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Silverstein, Alison <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78723-4905	<b>7</b> Amount of Contribution (\$)  \$103.45
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simmons, Bob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735-6903	Amount of Contribution (\$)  \$20.85
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simmons, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735-6903	Amount of Contribution (\$)  \$20.85
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singleton, Mary <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602-4669	Amount of Contribution (\$)  \$20.85
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Craig <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-3212	Amount of Contribution (\$)  \$103.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/51 Rpt: 47/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Hank	<b>7</b> Amount of Contribution (\$)  \$516.45
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78748-1059		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Southwest Laborers District Council SWLDC PAC	Amount of Contribution (\$)  \$350.00
Contributor address; City; State; Zip Code  Tulsa, OK 74129-1824		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Speck, Frederick	Amount of Contribution (\$)  \$51.83
Contributor address; City; State; Zip Code  Austin, TX 78738-7017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spicewood Professional Offices	Amount of Contribution (\$)  \$2,500.00
Contributor address; City; State; Zip Code  Austin, TX 78759-8504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stern, Lonny	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Austin, TX 78745-1105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/51 Rpt: 48/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 07/17/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stine, Mark	<b>7</b> Amount of Contribution (\$) \$309.95
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-4816		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Streusand, Sabrina	Amount of Contribution (\$) \$103.45
Contributor address; City; State; Zip Code  Austin, TX 78704-1166		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, David	Amount of Contribution (\$) \$258.32
Contributor address; City; State; Zip Code  Austin, TX 78703-3937		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taniguchi, Evan K.	Amount of Contribution (\$) \$516.45
Contributor address; City; State; Zip Code  Austin, TX 78705-3510		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Building Branch AGC PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701-2656		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/51 Rpt: 49/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Nurse Practitioners PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78735-6701	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1814	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Working Families PAC <hr/> Contributor address; City; State; Zip Code  Metairie, LA 70003-5232	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Kathleen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-9119	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Margot K. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751-4624	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/51 Rpt: 50/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Stephanie	<b>7</b> Amount of Contribution (\$)  \$51.83
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-4027		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Townsend, Nancy	Amount of Contribution (\$)  \$26.01
Contributor address; City; State; Zip Code  Austin, TX 78703-3925		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trevino, Victoria R.	Amount of Contribution (\$)  \$60.00
Contributor address; City; State; Zip Code  Austin, TX 78756-3003		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Margaret	Amount of Contribution (\$)  \$103.45
Contributor address; City; State; Zip Code  Austin, TX 78749-2013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) UA Plumbers & Pipefitters Local 286 PAC Fund	Amount of Contribution (\$)  \$4,000.00
Contributor address; City; State; Zip Code  Austin, TX 78702-4106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 48/51 Rpt: 51/100
2 FILER NAME Eckhardt, Sarah (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084783
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vasquez, Melba	7 Amount of Contribution (\$)  \$20.85
	6 Contributor address; City; State; Zip Code  Austin, TX 78746-7988	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00226548</u> ) Vistra Employee PAC of Vistra Corp	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Irving, TX 75039-2479	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vogel, Carolyn	Amount of Contribution (\$)  \$51.83
	Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-5539	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Voss, Tanya	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78757-3428	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vote PAC	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78731-3064	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/51 Rpt: 52/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Nancy	<b>7</b> Amount of Contribution (\$)  \$103.45
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78749-2113		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Nathaniel	Amount of Contribution (\$)  \$516.45
Contributor address; City; State; Zip Code  Austin, TX 78752-1416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wardian, Gary	Amount of Contribution (\$)  \$35.00
Contributor address; City; State; Zip Code  Austin, TX 78766-1555		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wardian, Gary	Amount of Contribution (\$)  \$36.34
Contributor address; City; State; Zip Code  Austin, TX 78766-1555		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warr, Amy	Amount of Contribution (\$)  \$103.45
Contributor address; City; State; Zip Code  Austin, TX 78731-5929		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/51 Rpt: 53/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/04/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warren, Tommy G. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77387-9269	<b>7</b> Amount of Contribution (\$)  \$1,032.70
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) Spiderwood Studios LLC
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wheat, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721-1216	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiley, Liz <hr/> Contributor address; City; State; Zip Code  Buena Vista, CO 81211-9128	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkerson, Ray <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-8052	Amount of Contribution (\$)  \$1,032.70
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) Ray Wilkerson Co
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winkelman, Marc T. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78744-1414	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/51 Rpt: 54/100
<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wittig, Dale <hr/> <b>6</b> Contributor address; City; State; Zip Code  Annapolis, MD 21409-5715	<b>7</b> Amount of Contribution (\$)  \$103.45
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Worrell, Gail <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-2238	Amount of Contribution (\$)  \$516.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yi, Alice <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745-2524	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zehnder, Amy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721-1123	Amount of Contribution (\$)  \$51.83
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/46 Rpt: 55/100	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 12/04/2023	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109-5210	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift for staff holiday party
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2023	Payee name Amazon	
Amount (\$) \$83.13	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109-5210	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2023	Payee name Amazon	
Amount (\$) \$27.05	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109-5210	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/46 Rpt: 56/100	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
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<b>4</b> Date 12/08/2023	<b>5</b> Payee name Amazon
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<b>6</b> Amount (\$) \$10.76	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109-5210
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/08/2023	Payee name Amazon
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Amount (\$) \$35.05	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109-5210
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/24/2023	Payee name Austin AFL-CIO
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Amount (\$) \$550.00	Payee address; City; State; Zip Code PO Box 87  Austin, TX 78767-0087
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print advertisement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/46 Rpt: 57/100	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/05/2023	<b>5</b> Payee name Broken Spoke	
<b>6</b> Amount (\$) \$6,728.00	<b>7</b> Payee address; City; State; Zip Code 3201 S Lamar Blvd  Austin, TX 78704-5805	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food & venue rental for event
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/27/2023	Payee name Einhorn, Peter	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 5903 Duncanville Pass  Austin, TX 78745-3052	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2023	Payee name Einhorn, Peter	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 5903 Duncanville Pass  Austin, TX 78745-3052	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/46 Rpt: 58/100	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
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<b>4</b> Date 09/29/2023	<b>5</b> Payee name Einhorn, Peter
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 5903 Duncanville Pass  Austin, TX 78745-3052
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2023	Payee name Einhorn, Peter
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 5903 Duncanville Pass  Austin, TX 78745-3052
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/30/2023	Payee name Einhorn, Peter
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 5903 Duncanville Pass  Austin, TX 78745-3052
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/46 Rpt: 59/100	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
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<b>4</b> Date 11/06/2023	<b>5</b> Payee name Facebook Inc.
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<b>6</b> Amount (\$) \$75.00	<b>7</b> Payee address; City; State; Zip Code 156 University Ave  Palo Alto, CA 94301-1688
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/05/2023	Payee name Facebook Inc.
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Amount (\$) \$72.39	Payee address; City; State; Zip Code 156 University Ave  Palo Alto, CA 94301-1688
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2023	Payee name Facebook Inc.
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 156 University Ave  Palo Alto, CA 94301-1688
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/46 Rpt: 60/100	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/05/2023	<b>5</b> Payee name Facebook Inc.	
<b>6</b> Amount (\$) \$45.00	<b>7</b> Payee address; City; State; Zip Code 156 University Ave  Palo Alto, CA 94301-1688	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2023	Payee name Facebook Inc.	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 156 University Ave  Palo Alto, CA 94301-1688	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name Facebook Inc.	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 156 University Ave  Palo Alto, CA 94301-1688	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/46 Rpt: 61/100	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/02/2023	<b>5</b> Payee name Facebook Inc.	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 156 University Ave  Palo Alto, CA 94301-1688	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2023	Payee name Facebook Inc.	
Amount (\$) \$2.61	Payee address; City; State; Zip Code 156 University Ave  Palo Alto, CA 94301-1688	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/27/2023	Payee name Gonzales, Laura	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 600 Westinghouse Rd  Georgetown, TX 78626-3911	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/46 Rpt: 62/100	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
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<b>4</b> Date 08/31/2023	<b>5</b> Payee name Gonzales, Laura
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 600 Westinghouse Rd  Georgetown, TX 78626-3911
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/29/2023	Payee name Gonzales, Laura
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 600 Westinghouse Rd  Georgetown, TX 78626-3911
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2023	Payee name Gonzales, Laura
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 600 Westinghouse Rd  Georgetown, TX 78626-3911
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/46 Rpt: 63/100	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/30/2023	<b>5</b> Payee name Gonzales, Laura	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 600 Westinghouse Rd  Georgetown, TX 78626-3911	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name Gonzales, Laura	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 600 Westinghouse Rd  Georgetown, TX 78626-3911	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2023	Payee name Greg Casar Campaign	
Amount (\$) \$245.00	Payee address; City; State; Zip Code PO Box 301923  Austin, TX 78703-0033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/01/2023	<b>5</b> Payee name Greg Casar Campaign	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code PO Box 301923  Austin, TX 78703-0033	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2023	Payee name Gsuite	
Amount (\$) \$115.13	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043-1351	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2023	Payee name Gsuite	
Amount (\$) \$115.13	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043-1351	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/05/2023	<b>5</b> Payee name Gsuite	
<b>6</b> Amount (\$) \$76.13	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043-1351	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email service
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/03/2023	Payee name Gsuite	
Amount (\$) \$57.56	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043-1351	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email service
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/02/2023	Payee name Gsuite	
Amount (\$) \$57.56	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043-1351	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email service
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/03/2023	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$37.31	<b>7</b> Payee address; City; State; Zip Code 525 20th St # CA94107 San Francisco, CA 94107-4345	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll software fees
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/06/2023	Payee name Gusto	
Amount (\$) \$62.89	Payee address; City; State; Zip Code 525 20th St # CA94107 San Francisco, CA 94107-4345	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll software fees
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	
Date 09/06/2023	Payee name Gusto	
Amount (\$) \$62.89	Payee address; City; State; Zip Code 525 20th St # CA94107 San Francisco, CA 94107-4345	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll software fees
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
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<b>4</b> Date 08/04/2023	<b>5</b> Payee name Gusto
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<b>6</b> Amount (\$) \$37.31	<b>7</b> Payee address; City; State; Zip Code 525 20th St # CA94107 San Francisco, CA 94107-4345
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll software fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/02/2023	Payee name Gusto
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Amount (\$) \$37.31	Payee address; City; State; Zip Code 525 20th St # CA94107 San Francisco, CA 94107-4345
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll software fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/31/2023	Payee name HEB
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Amount (\$) \$133.77	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 08/06/2023	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$100.30	<b>7</b> Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2023	Payee name HEB	
Amount (\$) \$121.62	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2023	Payee name HEB	
Amount (\$) \$180.42	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/11/2023	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$79.14	<b>7</b> Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Office
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2023	Payee name HEB	
Amount (\$) \$13.22	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2023	Payee name HEB	
Amount (\$) \$98.43	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/05/2023	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$48.20	<b>7</b> Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2023	Payee name HEB	
Amount (\$) \$123.97	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2023	Payee name HEB	
Amount (\$) \$70.90	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/22/2023	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$99.97	<b>7</b> Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2023	Payee name HEB	
Amount (\$) \$49.39	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2023	Payee name HEB	
Amount (\$) \$109.63	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/31/2023	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$115.59	<b>7</b> Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2023	Payee name HEB	
Amount (\$) \$75.23	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2023	Payee name HEB	
Amount (\$) \$60.28	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 08/28/2023	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$4.70	<b>7</b> Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/17/2023	Payee name HEB	
Amount (\$) \$70.90	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office for session
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/17/2023	Payee name HEB	
Amount (\$) \$121.13	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for staff event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 20/46 Rpt:	<b>2</b>	FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00084783
<b>4</b>	Date 10/30/2023	<b>5</b>	Payee name HEB		
<b>6</b>	Amount (\$) \$79.87	<b>7</b>	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for staff event		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 11/07/2023		Payee name HEB		
	Amount (\$) \$181.69		Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for staff event		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 08/16/2023		Payee name HEB		
	Amount (\$) \$27.88		Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for the Office		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/27/2023	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$49.39	<b>7</b> Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2023	Payee name HEB	
Amount (\$) \$224.19	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2023	Payee name HEB	
Amount (\$) \$7.58	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/17/2023	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$34.87	<b>7</b> Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name HEB	
Amount (\$) \$86.85	Payee address; City; State; Zip Code 14028 N Hwy  Austin, TX 78717	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff gift
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2023	Payee name Hardage, Olivia	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 5811 Timber Trl  Austin, TX 78731-4223	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/29/2023	<b>5</b> Payee name Hardage, Olivia	
<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code 5811 Timber Trl  Austin, TX 78731-4223	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2023	Payee name Hardage, Olivia	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 5811 Timber Trl  Austin, TX 78731-4223	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name Hardage, Olivia	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 5811 Timber Trl  Austin, TX 78731-4223	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 12/29/2023	<b>5</b> Payee name Hardage, Olivia	
<b>6</b> Amount (\$) \$1,500.00	<b>7</b> Payee address; City; State; Zip Code 5811 Timber Trl  Austin, TX 78731-4223	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/27/2023	Payee name Hardage, Olivia	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 5811 Timber Trl  Austin, TX 78731-4223	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2023	Payee name Hobby Lobby	
Amount (\$) \$210.06	Payee address; City; State; Zip Code 1501 E Whitestone Blvd Bldg D Cedar Park, TX 78613-7728	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 07/18/2023	<b>5</b> Payee name Intuit	
<b>6</b> Amount (\$) \$41.04	<b>7</b> Payee address; City; State; Zip Code 2700 Coast Ave  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense accounting software
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2023	Payee name Intuit	
Amount (\$) \$60.90	Payee address; City; State; Zip Code 2700 Coast Ave  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense accounting software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2023	Payee name Intuit	
Amount (\$) \$55.96	Payee address; City; State; Zip Code 2700 Coast Ave  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense accounting software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/18/2023	<b>5</b> Payee name Intuit	
<b>6</b> Amount (\$) \$55.96	<b>7</b> Payee address; City; State; Zip Code 2700 Coast Ave  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense accounting software
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/19/2023	Payee name Intuit	
Amount (\$) \$55.96	Payee address; City; State; Zip Code 2700 Coast Ave  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense accounting software
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/18/2023	Payee name Intuit	
Amount (\$) \$55.96	Payee address; City; State; Zip Code 2700 Coast Ave  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense accounting software
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/01/2023	<b>5</b> Payee name Legislative Solutions	
<b>6</b> Amount (\$) \$350.00	<b>7</b> Payee address; City; State; Zip Code PO Box 5643  Austin, TX 78763-5643	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email distribution for event
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/17/2023	Payee name NGP VAN	
Amount (\$) \$341.12	Payee address; City; State; Zip Code 1105 15th St NW Ste 500 Washington, DC 20005-5003	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/04/2023	Payee name NGP VAN	
Amount (\$) \$341.12	Payee address; City; State; Zip Code 1105 15th St NW Ste 500 Washington, DC 20005-5003	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/13/2023	<b>5</b> Payee name NGP VAN	
<b>6</b> Amount (\$) \$341.12	<b>7</b> Payee address; City; State; Zip Code 1105 15th St NW Ste 500 Washington, DC 20005-5003	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2023	Payee name NGP VAN	
Amount (\$) \$341.12	Payee address; City; State; Zip Code 1105 15th St NW Ste 500 Washington, DC 20005-5003	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2023	Payee name NGP VAN	
Amount (\$) \$341.12	Payee address; City; State; Zip Code 1105 15th St NW Ste 500 Washington, DC 20005-5003	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense database software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
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<b>4</b> Date 10/02/2023	<b>5</b> Payee name Paragon Solutions
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<b>6</b> Amount (\$) \$495.01	<b>7</b> Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/02/2023	Payee name Paragon Solutions
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Amount (\$) \$2,128.98	Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online credit card contribution fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/04/2023	Payee name Paragon Solutions
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Amount (\$) \$1,203.43	Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online credit card contribution fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 07/03/2023	<b>5</b> Payee name Paragon Solutions	
<b>6</b> Amount (\$) \$68.24	<b>7</b> Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online credit card contribution fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Paragon Solutions	
Amount (\$) \$45.16	Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online credit card contribution fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2023	Payee name Paragon Solutions	
Amount (\$) \$31.10	Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online credit card contribution fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 07/27/2023	<b>5</b> Payee name Roberts, Andromeda	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 121 Wind Flower Ln  Liberty Hill, TX 78642-4770	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2023	Payee name Roberts, Andromeda	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 121 Wind Flower Ln  Liberty Hill, TX 78642-4770	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2023	Payee name Roberts, Andromeda	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 121 Wind Flower Ln  Liberty Hill, TX 78642-4770	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
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<b>4</b> Date 10/31/2023	<b>5</b> Payee name Roberts, Andromeda
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 121 Wind Flower Ln  Liberty Hill, TX 78642-4770
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/30/2023	Payee name Roberts, Andromeda
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 121 Wind Flower Ln  Liberty Hill, TX 78642-4770
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/11/2023	Payee name Roland Gutierrez for Texas
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 104 Babcock Rd Ste 107 San Antonio, TX 78201-3815
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 12/06/2023	<b>5</b> Payee name Ruta Maya	
<b>6</b> Amount (\$) \$296.47	<b>7</b> Payee address; City; State; Zip Code 3600 Presidential Blvd  Austin, TX 78719-2363	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/29/2023	Payee name Senate Hispanic Caucus	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711-2068	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/01/2023	Payee name Simpson, Isabel	
Amount (\$) \$500.00	Payee address; City; State; Zip Code Requested  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graphic design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 34/46 Rpt:	<b>2</b>	FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00084783
<b>4</b>	Date 08/31/2023	<b>5</b>	Payee name Susan Harry Consulting		
<b>6</b>	Amount (\$) \$3,000.00	<b>7</b>	Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraisign & compliance consulting		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/04/2023		Payee name Susan Harry Consulting		
	Amount (\$) \$3,000.00		Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraisign & compliance consulting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/31/2023		Payee name Susan Harry Consulting		
	Amount (\$) \$3,000.00		Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraisign & compliance consulting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 35/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/30/2023	<b>5</b> Payee name Susan Harry Consulting	
<b>6</b> Amount (\$) \$3,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraisign & compliance consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name Susan Harry Consulting	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraisign & compliance consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2023	Payee name Susan Harry Consulting	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraisign & compliance consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 36/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/27/2023	<b>5</b> Payee name Texas Freedom Network	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 608 W 22nd St  Austin, TX 78705-5116	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/18/2023	Payee name Texas Freedom Network	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 608 W 22nd St  Austin, TX 78705-5116	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/29/2023	Payee name Texas Observer	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 6421  Austin, TX 78762-6421	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 37/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 10/06/2023	<b>5</b> Payee name Texas Senate	
<b>6</b> Amount (\$) \$30.55	<b>7</b> Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711-2068	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense flag
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/02/2023	Payee name Texas Senate	
Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711-2068	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense flags
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/30/2023	Payee name Texas Senate	
Amount (\$) \$22.55	Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711-2068	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense flags
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 38/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 09/01/2023	<b>5</b> Payee name Texas State Bar	
<b>6</b> Amount (\$) \$420.00	<b>7</b> Payee address; City; State; Zip Code 1414 Colorado Street  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2023	Payee name Torchy's Tacos	
Amount (\$) \$199.10	Payee address; City; State; Zip Code 110 San Antonio St Ste 120 Austin, TX 78701-4755	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2023	Payee name Torchy's Tacos	
Amount (\$) \$21.81	Payee address; City; State; Zip Code 110 San Antonio St Ste 120 Austin, TX 78701-4755	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 39/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
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<b>4</b> Date 11/17/2023	<b>5</b> Payee name Travis County Democratic Party
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<b>6</b> Amount (\$) \$10,000.00	<b>7</b> Payee address; City; State; Zip Code 1311 E 6th St Ste B Austin, TX 78702-3368
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/11/2023	Payee name Travis County Democratic Party
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Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 1311 E 6th St Ste B Austin, TX 78702-3368
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/02/2023	Payee name Various Hats
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 9600 Escarpment Blvd Ste 745 Austin, TX 78749-1983
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 40/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 08/02/2023	<b>5</b> Payee name Various Hats	
<b>6</b> Amount (\$) \$5,000.00	<b>7</b> Payee address; City; State; Zip Code 9600 Escarpment Blvd Ste 745 Austin, TX 78749-1983	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2023	Payee name Various Hats	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 9600 Escarpment Blvd Ste 745 Austin, TX 78749-1983	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2023	Payee name Various Hats	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 9600 Escarpment Blvd Ste 745 Austin, TX 78749-1983	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 41/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/01/2023	<b>5</b> Payee name Various Hats	
<b>6</b> Amount (\$) \$5,000.00	<b>7</b> Payee address; City; State; Zip Code 9600 Escarpment Blvd Ste 745 Austin, TX 78749-1983	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2023	Payee name Walmart	
Amount (\$) \$252.38	Payee address; City; State; Zip Code 2801 E Whitestone Blvd  Cedar Park, TX 78613-1200	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2023	Payee name Walmart	
Amount (\$) \$38.62	Payee address; City; State; Zip Code 2801 E Whitestone Blvd  Cedar Park, TX 78613-1200	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for staff event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 42/46 Rpt:	<b>2</b>	FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00084783
<b>4</b>	Date 12/01/2023	<b>5</b>	Payee name Worley Printing Co. Inc.		
<b>6</b>	Amount (\$) \$211.09	<b>7</b>	Payee address; City; State; Zip Code 3217 N Interstate 35  Austin, TX 78722-2203		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signage at fundraising event		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/10/2023		Payee name Zoom		
	Amount (\$) \$17.05		Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/10/2023		Payee name Zoom		
	Amount (\$) \$17.05		Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 43/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 08/09/2023	<b>5</b> Payee name Zoom	
<b>6</b> Amount (\$) \$17.05	<b>7</b> Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/09/2023	Payee name Zoom	
Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/11/2023	Payee name Zoom	
Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 44/46 Rpt:	<b>2</b>	FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00084783
<b>4</b>	Date 09/11/2023	<b>5</b>	Payee name Zoom		
<b>6</b>	Amount (\$) \$17.05	<b>7</b>	Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 10/10/2023		Payee name Zoom		
	Amount (\$) \$17.05		Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 10/10/2023		Payee name Zoom		
	Amount (\$) \$17.05		Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 45/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783
<b>4</b> Date 11/09/2023	<b>5</b> Payee name Zoom	
<b>6</b> Amount (\$) \$17.05	<b>7</b> Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/09/2023	Payee name Zoom	
Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/11/2023	Payee name Zoom	
Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 46/46 Rpt:	<b>2</b> FILER NAME Eckhardt, Sarah (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084783	
<b>4</b> Date 12/11/2023	<b>5</b> Payee name Zoom		
<b>6</b> Amount (\$) \$17.05	<b>7</b> Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense virtual meeting software	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held