## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	nplete this form.	1 Filer ID (Ethics Commi	ssion Filers)	2 Total pages	filed: 100
			00084783			100
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Sarah			Date Received	
						CALLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
		Eckhardt				
4 CANDIDATE /	ADDRESS / PO BOX; A		-V·	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER	P.O. Box 301586		.,	ZII OODE		
MAILING	F.O. BOX 301360				Receipt #	Amount
ADDRESS						
Change of Address	Austin, TX 78703				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>I</u>	
TREASURER		Carol				
NAME		Calor				
	NICKNAME	LAST		SUFFIX		
		Hatfield				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER ADDRESS	3404 Northwood Circle					
ADDRE33						
(Residence or Business)	Austin, TX 78703					
	Austin, TX 70705					
7 CAMPAIGN	AREA CODE PH	IONE NUMBER	EXTENSION			
TREASURER	(512) 459-5841					
PHONE						
8 REPORT						
TYPE	X January 15	30th day before	e election	Runoff	15th day after o	campaign treasurer
						fficeholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (A	ttach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Ye	ar		Month Day	Year	
COVERED	07/01/2023	TH	HROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Ye	ar XP	Primary	Runoff	Other	
	03/05/2024		Seneral	 Special		
			beneral	Special		
				1		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Senator District 1	.4		State Senator Di	strict 14	
	1			1		
		<u> </u>	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	Ve	rsion V3.5.1.0bfcfb67

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2 2 of 100

13 C / OH NAME	Eckhardt, Sarah (The	Honorable)		14 Filer ID 00084783	(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may	epted or political expenditu have been made without t ed to report this information	the candidate's or office	eholder's kno	wledge or	
Additional Pages	COMMITTEE TYPE						
	GENERAL						
		COMMITTEE ADDRESS	6				
SPECIFIC							
		COMMITTEE CAMPAIG	IN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS       1.       TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)					\$	0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR G	GUARANTEES OF LOANS	8)	\$	126,803.50	
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPEN	DITURES		\$	2,810.18	
	4. TOTAL POLITIC	AL EXPENDITURES			\$	104,363.03	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		AINTAINED AS OF THE L	AST DAY OF THE	\$	96,857.11	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		JTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT	-				-		
		true a	ar, or affirm, under penalty and correct and includes al r Title 15, Election Code.				
			The Hono	orable Sarah Eckhar	dt		
			Signature of	Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL ABO	OVE					
Sworn to and subs	cribed before me, by the s	aid		, this the		_ day	
of	, 20, to ce	ertify which, witness my ha	and and seal of office.				
Signature of offic	cer administering	Printed name of offi	icer administering	Title of office	r administeri	ng oath	
Forms provided by Te	xas Ethics Commission	www.ethic	s.state.tx.us		Version V	3.5.1.0bfcfb67	

### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 100 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Eckhardt, Sarah (The Honorable) 00084783 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 126,803.50 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 104,363.03 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/51 Rpt: 4/100 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Eckhardt, Sarah (The Honorable) 00084783 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/02/2023 Abazari, Ali \$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 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/08/2023 Albert, David \$250.00 Contributor address; City; State; Zip Code Austin, TX 78741-3513 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/28/2023 Albright, Alexandra \$258.32 Contributor address; City; State; Zip Code Austin, TX 78703-1021 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2023 \$206.70 Aldredge, Tenley Contributor address; City; State; Zip Code Austin, TX 78704-3405 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 11/16/2023 Allen Boone Humphries Robinson LLP \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/51 Rpt: 5/100 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Eckhardt, Sarah (The Honorable) 00084783 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/10/2023 Alsobrook, Renae \$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 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/07/2023 \$50.00 Amos, Steve Contributor address; City; State; Zip Code Austin, TX 78703-3934 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/01/2023 Apt, William \$500.00 Contributor address; City; State; Zip Code West Lake Hills, TX 78746-3327 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/05/2023 \$5,000.00 Archer, Christian Contributor address; City; State; Zip Code San Antonio, TX 78212-3409 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Self Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/16/2023 Ausley, Robbie J. \$258.32 Contributor address; City; State; Zip Code Austin, TX 78731-6143 Principal occupation / Job title (See Instructions) Employer (See Instructions)

				_		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/51 Rpt: 6/100	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		arah (The Honorable)		-	00084783	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/25/2023	Ayres, Robert				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		West Lake Hills, TX 78746-6429	]			
8			9 Employer (See Instructions)	;)		
	Land Stewar		Shield Ranch	_		
	Date	Full name of contributor X out-of-state PAC (ID#: C	) (00235739		Amount of Contribution (\$)	
	11/16/2023	BNSF RailPAC				\$2,500.00
		Contributor address; City; State; Zip Code				
<u> </u>		Fort Worth, TX 76161-0039				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)	ſ	Amount of Contribution (\$)	
	11/06/2023	BRYANT, SUZANNE				\$103.45
		Contributor address; City; State; Zip Code				
		A				
	Dringing oog	Austin, TX 78703-2404	Employer (Cap Instructions	Ļ		
	Рппсіраї осси	ipation / Job title (See Instructions)	Employer (See Instructions)	)		
╘				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	#00.0F
	09/25/2023	BRYANT, SUZANNE C				\$20.85
		Contributor address; City; State; Zip Code				
		Austin, TX 78703-2404				
-	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	T moipai ooca		Employer (eee meadeache,	)		
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	_	Amount of Contribution (\$)	
	Dale 09/25/2023	Full name of contributor out-of-state PAC (ID#: Bagwell, Inelle	)			\$103.45
	0312312023					Ψ±00. <del>4</del> 0
		Contributor address; City; State; Zip Code				
		Austin, TX 78723-5396				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	() 5)		
		, , , , , , , , , , , , , , , , , , ,		,		
┝			<u> </u>			

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

			-		
The Instruc	ction Guide explains how to complete this f	form.		otal pages Schedule A1: ch: 5/51 Rpt: 8/100	
2 FILER NAME			3 Fil	ler ID (Ethics Commission	n Filers)
Eckhardt, Sa	rah (The Honorable)			0084783	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	<b>7</b> Ar	mount of Contribution (\$)	
10/30/2023	Bray, Elizabeth				\$51.83
	6 Contributor address; City; State; Zip Code				
	Mart Laka Lilla TV 70746 5270				
Princinal occur	West Lake Hills, TX 78746-5378 pation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u>		
			») 		
Date	Full name of contributor out-of-state PAC (ID#:_	:)	Ar	mount of Contribution (\$)	
11/07/2023	Brockenbrough, Anne S.				\$258.32
	Contributor address; City; State; Zip Code				
	Manor, TX 78653-5205				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
i incipal occuj			)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Ar	mount of Contribution (\$)	
10/06/2023	Brooks, Suzee				\$250.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78703-0015				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
i incipal occu			,		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Ar	mount of Contribution (\$)	
11/16/2023	Bryan, Helen				\$500.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78746-2906				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 5)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Ar	mount of Contribution (\$)	
11/16/2023	Bryce, James				\$20.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78757-3129				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 5)		
			,		

SCHEDULE	A1
----------	----

			_		
The Instru	ction Guide explains how to complete this f	orm		Total pages Schedule A1:	
				Sch: 6/51 Rpt: 9/100	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
Eckhardt, Sa	arah (The Honorable)			00084783	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
11/07/2023	Burton, Brandi Clark				\$100.00
	6 Contributor address; City; State; Zip Code				
	Austin, TX 78756-3016				
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	is)		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
09/25/2023	Burton, Susan P.				\$20.85
	Contributor address; City; State; Zip Code				
	Dripping Springs, TX 78620-4342				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
10/11/2023	Cannon, Tina				\$50.00
	Austin, TX 78704-2287				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
11/01/2023	Carpenter, Jim				\$2,500.00
	Contributor address; City; State; Zip Code		··		
	Austin, TX 78738-5351				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	is)		
Investor		Carpenter & Associates	s Inc		
Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
10/25/2023	Carson, Bill				\$516.45
	Contributor address; City; State; Zip Code				
	Austin, TX 78735-1433				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	is)		
		<u></u>			

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

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

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

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

l				
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/51 Rpt: 14/100	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	arah (The Honorable)		00084783	r lici 3j
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
11/17/2023		ļ	٤	\$2,581.45
	6 Contributor address; City; State; Zip Code			
		ļ		
		ļ		
	West Lake Hills, TX 78746-3601			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	.)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/27/2023	Crook, Kelly			\$258.32
	Continuation address, City, State, Zip Code	ļ		ļ
	Austin, TX 78757-1630	ļ		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>م</u>	
Plincipai occe			)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	:=
10/24/2023				\$51.83
	Contributor address; City; State; Zip Code			
		ļ		
		ļ		
	Austin, TX 78704-6226			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	,)	
		1		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/07/2023	Cummins, Clemmie			\$103.45
	Contributor address; City; State; Zip Code			
		ļ		
		ļ		
	Austin, TX 78703-4816	ļ		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
		1		
Date	Full name of contributor Out-of-state PAC (ID#:_	,	Amount of Contribution (\$)	
10/11/2023	Currens, Leslie			\$103.45
±0, ==, = = = =		,ļ		<b>#100</b>
	Contributor address; City; State; Zip Code	ļ		
		ļ		
	Austin, TX 78731-1212	ļ		
Drippingl occu				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
		<u> </u>		
•				

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

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

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

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

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 16/51 Rpt: 19/100	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		arah (The Honorable)			00084783	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/15/2023	GUTIERREZ, MARCOS				\$51.83
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78746-1975				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/30/2023	Galindo, Cid				\$103.45
		Contributor address; City; State; Zip Code				
	Dringingloppy	Austin, TX 78762-6008				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
_			<u> </u>	1		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<u>ቀ100 00</u>
	10/24/2023	Gerson, Lora Ann				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78731-5634				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)	I;)		
	-					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/10/2023	Ghilarducci, Ali				\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78751-1310				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	100.04
	10/06/2023	Gibbons, Heidi E.				\$26.01
		Contributor address; City; State; Zip Code				
		Austin, TX 78703-4517				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	[;)		
		,		,		
1						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/51 Rpt: 20/100 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Eckhardt, Sarah (The Honorable) 00084783 5 Full name of contributor Amount of Contribution (\$) 4 Date out-of-state PAC (ID#: 7 09/25/2023 Gibbons, Heidi E. 6 Contributor address; City; State; Zip Code Austin, TX 78703-4517 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/08/2023 Gladish, Kendal and Ken Contributor address; City; State; Zip Code Austin, TX 78759-8641 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: ) 10/07/2023 Glast, Rachel . . . . . . . . . . . . ..... Contributor address; City; State; Zip Code Austin, TX 78759-7541

Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/19/2023	Gomez, Eric			\$516.45
	Contributor address; City; State; Zip Code			
	Dripping Springs, TX 78620-2145			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/25/2023	Goodfriend, Sarah			\$20.85
	Contributor address; City; State; Zip Code			
	Austin, TX 78703-2404			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

\$26.01

\$516.45

\$250.00

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

				_		
The Instru	ction Guide explains how to o	complete this fc	orm.	1	Total pages Schedule A1: Sch: 19/51 Rpt: 22/100	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
Eckhardt, Sa	arah (The Honorable)				00084783	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
09/26/2023	HOLLAND JR, Walter					\$36.34
	6 Contributor address; City; State; Z	Zip Code				
	Austin, TX 78732-1226	r				
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/08/2023	Haley, Anthony					\$1,032.70
	Contributor address; City; State; Z					
	Austin, TX 78701-2985	r				
-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Consultant			HMWK LLC	-		
Date		out-of-state PAC (ID#:	)		Amount of Contribution (\$)	*****
11/07/2023	Hardage, Philip					\$103.45
	Contributor address; City; State; Z	Zip Code				
	Elgin, TX 78621-5745					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	I;)		
	·					
Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/08/2023	Hardeman, Bryan					\$2,000.00
	Contributor address; City; State; Z	Zip Code				
	Austin, TX 78752-3602					
Principal occu	pation / Job title (See Instructions)	r	Employer (See Instructions	 ;)		
Investor			Self Employed	')		
Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
11/01/2023	Hartgrove, Richard C		/			\$5,000.00
	Contributor address; City; State; Z	Zip Code				• •
	Austin, TX 78746-2402					
	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Attorney (Re	:t)		AT&T ( ret)			

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/51 Rpt: 23/100	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		arah (The Honorable)				00084783	511111013)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/05/2023	Harvey, Jay					\$1,000.00
		6 Contributor address; City; Sta	te; Zip Code		1		
		Austin, TN 78746			Ĺ		
8	Attorney	pation / Job title (See Instructions)		9 Employer (See Instructions Winckler, Harvey & McC		nell, LLP	
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/04/2023	Haverlah, Sandra					\$1,032.70
		Contributor address; City; Sta			1		
		Austin, TX 78759-7533					
⊢	Principal occu	L pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Policy Const			Texas Policy and Advoc		r Group	
╞	-		-		1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 050.00
	11/07/2023						\$258.32
		Contributor address; City; Sta	te; Zip Code				
		Manchaca, TX 78652-2014					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
╞	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/16/2023	Haynes, Adam		······································			\$500.00
			te: 7in Code		1		
		Austin, TX 78757-1605					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	۱	Г	Amount of Contribution (\$)	
	11/16/2023	Hernandez, Jacob	OUI-OI-SIAIE FAC (ID#	)			\$20.00
	11/10/2023						Ψ20.00
		Contributor address; City; Sta	ite; Zip Code				
		Austin, TX 78701					
-	Principal occur	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	i moipai occu				-)		

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

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

-				
The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 23/51 Rpt: 26/100	
2 FILER NAME	2 FILER NAME			on Filers)
Eckhardt, Sa	arah (The Honorable)		00084783	
4 Date	te <b>5</b> Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
11/16/2023	Ironworkers State COPE			\$5,000.00
	6 Contributor address; City; State; Zip Code			
	Grapevine, TX 76051-3395			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/26/2023	JOHNSON, EDWIN	,		\$20.85
				·
	Austin, TX 78751-3205			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/01/2023	Jabour, David			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731-3654			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Owner		Twin Liquores		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/17/2023	Jackson, Dee and Robert		I	\$103.45
	Contributor address; City; State; Zip Code			
Drineinal again	Austin, TX 78746-4640			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/06/2023	Jackson Jr., Kevin M.			\$51.83
	Contributor address; City; State; Zip Code			
	Austin, TX 78748-6415			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	)	

Eckhardt, Sarah (The Honorable)       00084783         I Date       5       Full name of contributor       out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         11/18/2023       Full name of contributor address; City, State; Zip Code       7       Amount of Contribution (\$)       \$103.4         6       Contributor address; City, State; Zip Code       7       Amount of Contribution (\$)       \$103.4         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         S10/10/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Co	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/51 Rpt: 27/100	
Date       5       Full name of contributor       out-of-state PAC (DB#	2 FILER NAME	FILER NAME			Filer ID (Ethics Commission	n Filers)
11/18/2023       Kallerman, Dick       \$103.41         6       Contributor address; City; State; Zip Code       Austin, TX 78704-3802         1       Principal occupation / Job tite (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#	Eckhardt, Sa	.rah (The Honorable)			00084783	
6       Contributor address; City; State: Zip Code         Austin, TX 78704-3802       9         1       Principal occupation / Job title (See Instructions)       9         Date       Full name of contributor       out-of-state PAC (Der)         Amount of Contribution (\$)       Kelley, Maritza       \$50.00         Contributor address; City; State: Zip Code       Amount of Contribution (\$)         Austin, TX 78751-2216       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (Der	4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
Austin, TX 78704-3802         Principal occupation / Job title (See Instructions) <ul> <li>Employer (See Instructions)</li> <li>Amount of Contribution (S)</li> <li>Sto.00</li> </ul> Date 11/08/2023       Full name of contributor address; City, State; Zip Code Austin, TX 78751-2216              Amount of Contribution (S) Sto.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)              Amount of Contribution (S) Sto.00         Date 08/10/2023       Full name of contributor address; City; State; Zip Code Austin, TX 78764-8029              Amount of Contribution (S) Sto.30         Date 011/07/2023       Full name of contributor on out-of-state PAC (ID#) Austin, TX 78704              Amount of Contribution (S) Sto.33         Date 11/07/2023       Full name of contributor on out-of-state PAC (ID#) Austin, TX 78704              Amount of Contribution (S) Sto.33         Date 11/08/2023       Full name of contributor on out-of-state PAC (ID#) Austin, TX 78704              Amount of Contribution (S) Sto.33         Date 11/08/2023       Full name of contributor on out-of-state PAC (ID#) Austin, TX 78701-0021              Amount of Contribution (S) Sto.33	11/18/2023	Kallerman, Dick				\$103.45
Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Date 11/08/2023       Full name of contributor Kelley, Maritza       out-of-state PAC (ID#)         Amount of Contribution (\$)       S50.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78751-2216       Employer (See Instructions)         Date 08/10/2023       Full name of contributor kelly, Susan       out-of-state PAC (ID#)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Oate 08/10/2023       Full name of contributor kelly, Susan       out-of-state PAC (ID#)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date 08/10/2023       Full name of contributor Austin, TX 78746-8029       Employer (See Instructions)         Date 11/07/2023       Full name of contributor kleberg, Jay       out-of-state PAC (ID#)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78704       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date 11/08/2023       Full name of contributor / Austin, TX 78701-0021       Amount of Contribution (\$)	ľ	6 Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Date 11/08/2023       Full name of contributor Kelley, Maritza       out-of-state PAC (ID#)         Amount of Contribution (\$)       S50.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78751-2216       Employer (See Instructions)         Date 08/10/2023       Full name of contributor kelly, Susan       out-of-state PAC (ID#)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Oate 08/10/2023       Full name of contributor kelly, Susan       out-of-state PAC (ID#)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date 08/10/2023       Full name of contributor Austin, TX 78746-8029       Employer (See Instructions)         Date 11/07/2023       Full name of contributor kleberg, Jay       out-of-state PAC (ID#)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78704       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date 11/08/2023       Full name of contributor / Austin, TX 78701-0021       Amount of Contribution (\$)		1	ļ			
Date       Full name of contributor       out-of-state PAC (ID#		Austin, TX 78704-3802				
11/08/2023       Kelley, Maritza       \$\$0.01         Contributor address; City; State; Zip Code       Austin, TX 78751-2216       \$\$0.01         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/10/2023       Kelly, Susan       Contributor address; City; State; Zip Code       \$36.3         Oate       Austin, TX 78746-8029       Employer (See Instructions)       \$36.3         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/07/2023       Kleberg, Jay       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/07/2023       Kleberg, Jay       Employer (See Instructions)       \$258.3         Date       Full name of contributor       out-of-state PAC (ID#:	8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
11/08/2023       Kelley, Maritza       \$\$0.01         Contributor address; City; State; Zip Code       Austin, TX 78751-2216       \$\$0.01         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/10/2023       Kelly, Susan       Contributor address; City; State; Zip Code       \$36.3         Oate       Austin, TX 78746-8029       Employer (See Instructions)       \$36.3         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/07/2023       Kleberg, Jay       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/07/2023       Kleberg, Jay       Employer (See Instructions)       \$258.3         Date       Full name of contributor       out-of-state PAC (ID#:						
Contributor address; City, State; Zip Code         Austin, TX 78751-2216         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (D#)         Amount of Contribution (\$)       \$36.3         O8/10/2023       Kelly, Susan       Amount of Contribution (\$)         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Austin, TX 78746-8029       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (D#)         Austin, TX 78746-8029       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         11/07/2023       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         20ate       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         211/07/2023       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         211/08/2023       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         211/08/2023       Full name of contributor       out-of-state PAC (D#)	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Austin, TX 78751-2216         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78751-2216         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Amount of Contributior address; City; State; Zip Code         Austin, TX 78746-8029         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Full name of contributor	11/08/2023		ļ			\$50.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/10/2023       Kelly, Susan       Contributor address; City; State; Zip Code       \$36.3         Date       Austin, TX 78746-8029       Employer (See Instructions)       \$36.3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$36.3         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/07/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/07/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$258.3         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/08/2023       Kocurek, Kelly       contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701-0021       Austin, TX 78701-0021       Amount of Contribution (\$) <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td>				1		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/10/2023       Kelly, Susan       Contributor address; City; State; Zip Code       \$36.3         Date       Austin, TX 78746-8029       Employer (See Instructions)       \$36.3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$36.3         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/07/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/07/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$258.3         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/08/2023       Kocurek, Kelly       contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701-0021       Austin, TX 78701-0021       Amount of Contribution (\$) <td></td> <td>1</td> <td>ļ</td> <td></td> <td></td> <td></td>		1	ļ			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/10/2023       Kelly, Susan       Contributor address; City; State; Zip Code       \$36.3         Date       Austin, TX 78746-8029       Employer (See Instructions)       \$36.3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$36.3         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/07/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/07/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$258.3         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/08/2023       Kocurek, Kelly       contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701-0021       Austin, TX 78701-0021       Amount of Contribution (\$) <td></td> <td>1</td> <td> </td> <td></td> <td></td> <td></td>		1				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/10/2023       Kelly, Susan       \$36.3         Contributor address; City, State; Zip Code       Austin, TX 78746-8029         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Kleberg, Jay         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78704       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:						
08/10/2023       Kelly, Susan       \$36.3         Contributor address; City; State; Zip Code       Austin, TX 78746-8029         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/07/2023       Kleberg, Jay       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/08/2023       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701-0021       Amount of Contribution (\$)	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
08/10/2023       Kelly, Susan       \$36.3         Contributor address; City; State; Zip Code       Austin, TX 78746-8029         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/07/2023       Kleberg, Jay       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/08/2023       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701-0021       Amount of Contribution (\$)			<u> </u>			
Contributor address; City; State; Zip Code         Austin, TX 78746-8029         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/07/2023       Kleberg, Jay       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78704       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Adustin, TX 78704       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/08/2023       Kocurek, Kelly       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701-0021       Lot			)	T	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Austin, TX 78746-8029         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         11/07/2023         Kleberg, Jay         Contributor address; City; State; Zip Code         Austin, TX 78704         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Austin, TX 78704         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Date         11/08/2023         Full name of contributor         Out-of-state PAC (ID#:	08/10/2023					\$36.34
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/07/2023       Kleberg, Jay       \$258.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78704       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78704       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         Akourek, Kelly       S258.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701-0021       Austin, TX 78701-0021				1		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/07/2023       Kleberg, Jay       \$258.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78704       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78704       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         Akourek, Kelly       S258.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701-0021       Austin, TX 78701-0021		1	ļ			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/07/2023       Kleberg, Jay       \$258.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78704       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78704       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         Akourek, Kelly       S258.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701-0021       Austin, TX 78701-0021		Augtin TV 70746 0020	ļ			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/07/2023       Kleberg, Jay       \$258.33         Contributor address; City; State; Zip Code       Austin, TX 78704         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor (\$)       Kocurek, Kelly       \$258.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701-0021       Amount of Contribution (\$)	Dringingl occur		Turning (Soo Instructions	<u> </u>		
11/07/2023       Kleberg, Jay       \$258.33         Contributor address; City; State; Zip Code       Austin, TX 78704         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/08/2023       Kocurek, Kelly       \$258.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701-0021       Austin, TX 78701-0021	Pillicipai occup			5)		
11/07/2023       Kleberg, Jay       \$258.33         Contributor address; City; State; Zip Code       Austin, TX 78704         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/08/2023       Kocurek, Kelly       \$258.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701-0021       Austin, TX 78701-0021	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code          Austin, TX 78704         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Full name of contributor         11/08/2023         Kocurek, Kelly         Contributor address; City; State; Zip Code         Austin, TX 78701-0021			/			\$258.32
Austin, TX 78704         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)         11/08/2023       Kocurek, Kelly         Contributor address; City; State; Zip Code         Austin, TX 78701-0021	11/01/2022			-		$\Psi = \bigcup_{i=1}^{n}$
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/08/2023       Kocurek, Kelly       \$258.33         Contributor address; City; State; Zip Code       Austin, TX 78701-0021		CUITERDULUT address, City, State, Zip Couc	ļ			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/08/2023       Kocurek, Kelly       \$258.33         Contributor address; City; State; Zip Code       Austin, TX 78701-0021		1	ļ			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/08/2023       Kocurek, Kelly       \$258.33         Contributor address; City; State; Zip Code       Austin, TX 78701-0021		Austin, TX 78704	ļ			
11/08/2023 Kocurek, Kelly \$258.33 Contributor address; City; State; Zip Code Austin, TX 78701-0021	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)		
11/08/2023 Kocurek, Kelly \$258.33 Contributor address; City; State; Zip Code Austin, TX 78701-0021						
11/08/2023 Kocurek, Kelly \$258.33 Contributor address; City; State; Zip Code Austin, TX 78701-0021	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Austin, TX 78701-0021	11/08/2023					\$258.32
				-		
		1				
		1				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Austin, TX 78701-0021				
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)		

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 25/51 Rpt: 28/100
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
Eckhardt, Sa	arah (The Honorable)		00084783
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/07/2023	Krogman, Travis		\$50.00
	6 Contributor address; City; State; Zip Code		
	Austin TV 70720 6200		
8 Principal occu	Austin, TX 78738-6200 pation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
			") 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/01/2023	Kumar, Sam		\$500.00
	Contributor address; City; State; Zip Code		1
	West Lake Hills, TX 78746-3738		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
		<u> </u>	<i>'</i>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/08/2023	Kunik, daryl		\$1,000.00
	Contributor address; City; State; Zip Code		
	Austin TV 70702 4024		
Principal occu	Austin, TX 78703-4824 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
real estate		topo	<i>)</i>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/07/2023	Langmore, John H.	/	\$100.00
11/0.,2022	Contributor address; City; State; Zip Code		
	Austin, TX 78703-1902		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3) 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/10/2023	Lansdell Strong, Wade		\$51.83
	Contributor address; City; State; Zip Code		
	Austin, TX 78717-5392		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)

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

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

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

					—		
	The Instru	ction Guide explains how to co	mplete this fo	ırm.	1	Total pages Schedule A1: Sch: 29/51 Rpt: 32/100	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		arah (The Honorable)				00084783	·
4			of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/06/2023	Long, Walter		1			\$516.45
	1	6 Contributor address; City; State; Zip		,			
		1		1			
		Austin, TX 78704-5114					
8	Principal occu	pation / Job title (See Instructions)	Ę	9 Employer (See Instructions)	;)		
	Date	Full name of contributor	of-state PAC (ID#:	,	Γ	Amount of Contribution (\$)	
	09/25/2023	Lorenz, Perry Howard	) otalo : / c (	,		,	\$2,581.45
	00,20,20	Contributor address; City; State; Zip	Code	J	1		<b>4-</b> , <b>6-</b> -
			Code	1			
		1		1			
		Austin, TX 78702-3368					
	Principal occl	pation / Job title (See Instructions)		Employer (See Instructions	لــــــــــــــــــــــــــــــــــــ		
	Real estate			Selc	9		
_		Full some of contributor			_	Amount of Contribution (\$)	
	Date		of-state PAC (ID#:	)		Amount of Contribution (\$)	<u>ቀ</u> ላ በበብ በበ
	11/08/2023	Lowrimore, Jane					\$4,000.00
		Contributor address; City; State; Zip	Code	1			
		1		1			
		Austin, TX 78731-6008		1			
	Dringingl occu	Ipation / Job title (See Instructions)		Employer (Soo Instructions			
	retired			Employer (See Instructions)	9		
╘		<del></del>			—		
	Date		of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/22/2023	Lowry, Sharon					\$5.36
		Contributor address; City; State; Zip	Code				
				1			
		Austin, TX 78745-2084			L		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
	Date		of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/12/2023	Lunning, Everett		1			\$51.83
	1	Contributor address; City; State; Zip Code					
		1					
		1					
		Austin, TX 78753-3732					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
i -							

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

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

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

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

### SCHEDULE A1

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 34/51 Rpt: 37/100	
2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)	
Eckhardt, Sa	arah (The Honorable)		00084783	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/19/2023	Milloy, Ross			\$1,000.00
	6 Contributor address; City; State; Zip Code			
Dringingloccu	San Marcos, TX 78667 upation / Job title (See Instructions)	9 Employer (See Instructions		
President		Austin-San Antonio Corr		
Date 11/08/2023	Full name of contributor out-of-state PAC (ID#: Mistler, Julia	)	Amount of Contribution (\$)	\$50.00
11/00/2023				Φ00.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78703-2320			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/25/2023	Mitchell, Blake			\$26.01
	Contributor address; City; State; Zip Code			
Dringingl oogu	Austin, TX 78704-4000	Employer (See Instructions		
ΡΠιτιμαί στου	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/25/2023	Moore, Margaret			\$1,032.70
	Contributor address; City; State; Zip Code		1	
	West Lake Hills, TX 78746-4532			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	2)	
Attorney		Self Employed Margaret		
Date	Full name of contributor X out-of-state PAC (ID#:		Amount of Contribution (\$)	
11/16/2023	NRG Energy PAC			\$3,000.00
11,10,000	Contributor address; City; State; Zip Code		ψ0,000.01	
	Princeton, NJ 08540-6023			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	

SCHEDULE	A1
----------	----

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 35/51 Rpt: 38/100	
2	FILER NAME		5	Filer ID (Ethics Commission	~ Filoro)	
		arah (The Honorable)	3	00084783	i Filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/24/2023	Neavel, Nancy T.				\$100.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78703-1159				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/15/2023	Nichols, Carolyn Anita				\$50.00
		Contributor address; City; State; Zip Code				
		Lakeway, TX 78738-6092				
I	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
				-		
	Date	—	)		Amount of Contribution (\$)	
-	11/07/2023	Novy, Brian				\$258.32
		Contributor address; City; State; Zip Code				
		Austin, TX 78731-1426				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> :)		
				,		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/08/2023	Noxon, Patricia				\$206.70
		Contributor address; City; State; Zip Code				
		Austin, TX 78755-0625				
I	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
			<u> </u>	1		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀ100 በበ
-	11/01/2023					\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78721-1213				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
		· · · · · ·	· - ·			

### SCHEDULE A1

Eckhardt, Sarah (The Honorable) 00084783					
Eckhardt, Sarak (The Honorable)         00084783           Date         5         Full name of contributor indices; City; State; Zip Code         7           Date         Dalas, TX 75202-1234         7         Amount of Contribution (\$)         \$2,000.00           Date         Dalas, TX 75202-1234         7         Amount of Contribution (\$)         \$2,000.00           Date         Date         Full name of contributor indices; City; State; Zip Code         Amount of Contribution (\$)         \$1,000.00           Date         Full name of contributor indices; City; State; Zip Code         Amount of Contribution (\$)         \$1,000.00           Contributor address; City; State; Zip Code         Amount of Contribution (\$)         \$1,000.00           Principal occupation / Job title (See Instructions)         Employer (See Instructions)         \$1,000.00           External Affairs         LCRA         Amount of Contribution (\$)         \$20.85           Onloscupation / Job title (See Instructions)         Employer (See Instructions)         \$20.85           Inflip Principal occupation / Job title (See Instructions)         Employer (See Instructions)         \$20.85           Date         Full name of contributor in out-of-state PAC (De:	The Instru	tion Guide explains how to complete this	o form.		
Eckhardt, Sarah (The Honorable)         00084783           Date         5         Full name of contributor         out-of-state PAC (DE         7         Amount of Contribution (S)         \$2,000.00           Date         0 CORT exass PAC         6         Contributor address: City, State; Zip Code         7         Amount of Contribution (S)         \$2,000.00           Date         Date         Full name of contributor         out-of-state PAC (DE	2 FILER NAME			3 Filer ID (Ethics Commissi	on Filers)
12/15/2023         ONCOR Texas PAC         \$2,000.00           6         Contributor address; City; State; Zip Code         \$2,000.00           Principal occupation / Job title (See Instructions)         9         Employer (See Instructions)           Date         Full name of contributor         out-of-state PAC (Det         Amount of Contribution (S)           Date         Austin, TX 78756-1808         Employer (See Instructions)         \$1.000.00           External Affairs         Contributor address; City; State; Zip Code         Amount of Contribution (S)         \$1.000.00           External Affairs         Full name of contributor         out-of-state PAC (Det         Amount of Contribution (S)         \$1.000.00           External Affairs         Full name of contributor         out-of-state PAC (Det         Amount of Contribution (S)         \$20.85           Date         Full name of contributor         out-of-state PAC (Det         Amount of Contribution (S)         \$20.85           Date         Full name of contributor         out-of-state PAC (Det         Amount of Contribution (S)         \$20.85           Date         Full name of contributor         out-of-state PAC (Det         Amount of Contribution (S)         \$20.85           Date         Full name of contributor         out-of-state PAC (IDE:         Amount of Contribution (S)         \$20.85	Eckhardt, Sa	rah (The Honorable)			-
12/15/2023         ONCOR Texas PAC         \$2,000.00           6         Contributor address: City, State: Zip Code         \$2,000.00           Principal occupation / Job title (See instructions)         9         Employer (See instructions)           Date 11/08/2023         Full name of contributor         out-of-state PAC (De:	1 Date	<b>5</b> Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
i       Contributor address; City; State; Zip Code         Principal occupation / Job Itile (See Instructions)       i       Employer (See Instructions)         Date 11/08/2023       Full name of contributor       out-of-state PAC (DP/	12/15/2023	ONCOR Texas PAC			\$2,000.00
Principal occupation / Job title (See Instructions)					
Principal occupation / Job title (See Instructions)					
Principal occupation / Job title (See Instructions)					
Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         11/08/2023       Oney, Tom       \$1,000.00         Contributor address; City; State: Zip Code       Austin, TX 78756-1808       \$1,000.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Contribution (\$)         External Affairs       Owen, Carolyn       Amount of Contribution (\$)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         10/15/2023       Owen, Carolyn       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#;					
11/08/2023       Oney, Tom       \$1,000.00         Contributor address; City, State; Zip Code       Austin, TX 78756-1808         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         External Affairs       LCRA         Date       Owen, Carolyn         10/15/2023       Owen, Carolyn         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#	3 Principal occu	Dation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Contributor address; City; State; Zip Code         Austin, TX 78756-1808         Principal occupation / Job title (See Instructions)         External Affairs         Date         Full name of contributor         10/15/2023         Owen, Carolyn         Contributor address; City; State; Zip Code         Austin, TX 78703-3416         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Date         Full name of contributor         out-of-state PAC (ID#:         Austin, TX 78703-3416         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78703-3416         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         State; Zip Code         Austin, TX 78703-3416         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Date       Full name of contributor         Owen, Carolyn       Amount of Contribution (\$)         Or/15/2023 <t< td=""><td>Date</td><td>Full name of contributor out-of-state PAC (ID#</td><td>#:)</td><td>Amount of Contribution (\$)</td><td></td></t<>	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Austin, TX 78756-1808         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         External Affairs       CRA         Date       Full name of contributor out-of-state PAC (ID#)       Amount of Contribution (\$)         10/15/2023       Owen, Carolyn	11/08/2023	Oney, Tom			\$1,000.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         External Affairs       LCRA         Date       Full name of contributor       out-of-state PAC (ID#)         10/15/2023       Owen, Carolyn       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78703-3416       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         Adustin, TX 78703-3416       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         Austin, TX 78703-3416       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         Austin, TX 78703-3416       Employer (See Instructions)       \$20.85         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/15/2023       Owen, Carolyn       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/15/2024       Full name of contributor       out-of-		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         External Affairs       LCRA         Date       Full name of contributor       out-of-state PAC (ID#)         10/15/2023       Owen, Carolyn       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78703-3416       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         Adustin, TX 78703-3416       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         Austin, TX 78703-3416       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         Austin, TX 78703-3416       Employer (See Instructions)       \$20.85         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/15/2023       Owen, Carolyn       out-of-state PAC (ID#)       Amount of Contribution (\$)         07/15/2024       Full name of contributor       out-of-					
Principal occupation / Job title (See Instructions) External Affairs       Employer (See Instructions) LCRA         Date 10/15/2023       Full name of contributor		Au-the TV 20250 1000			
External Affairs       LCRA         Date 10/15/2023       Full name of contributor out-of-state PAC (ID#:) Owen, Carolyn       Amount of Contribution (\$) \$20.85         Austin, TX 78703-3416       Employer (See Instructions)       \$20.85         Date Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$) \$20.85         Date 11/15/2023       Full name of contributor out-of-state PAC (ID#:) Owen, Carolyn       Amount of Contribution (\$) \$20.85         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20.85         Out-of-state PAC (ID#:)       Amount of Contribution (\$) \$20.85       \$20.85         Oruriputor address; City; State; Zip Code       Amount of Contribution (\$) \$20.85       \$20.85         Date 07/15/2023       Full name of contributor out-of-state PAC (ID#:			Employer (See Instructions)	<u> </u>	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/15/2023       Owen, Carolyn       \$20.85         Contributor address; City; State; Zip Code       Austin, TX 78703-3416       \$20.85         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/15/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/15/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20.85         Date       Austin, TX 78703-3416       Amount of Contribution (\$)       \$20.85         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20.85         Or/15/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20.85         O7/15/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20.85         Or/15/2023       Full name of contributor				)	
10/15/2023       Owen, Carolyn       \$20.85         Contributor address; City; State; Zip Code       Austin, TX 78703-3416         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/15/2023       Owen, Carolyn       Amount of Contribution (\$)         20.85       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         20.85       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         20.85       Employer (See Instructions)       \$20.85         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20.85         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/15/2023       Owen, Carolyn       entorestate PAC (ID#:)       Amount of Contribution (\$)         07/15/2023       Owen, Carolyn       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/15/2023       Owen, Carolyn       out-of-state; Zip Code       Amount of Contribution (\$)         Austin, TX 78703-3416       Interview of Contributor       s20.85				Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Austin, TX 78703-3416         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/15/2023       Owen, Carolyn       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78703-3416       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78703-3416       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Or/15/2023       Owen, Carolyn       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Or/15/2023       Owen, Carolyn       Amount of Contribution (\$)         07/15/2024       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78703-3416       Amount of Contribution (\$)			<sup>#</sup> :)	Amount of Contribution (Φ)	<u> </u> ቁንበ 85
Austin, TX 78703-3416       Employer (See Instructions)         Principal occuration / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/15/2023       Owen, Carolyn       Amount of Contribution (\$)         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Austin, TX 78703-3416       Employer (See Instructions)         Date       Full name of contributor         Date       Full name of contributor         Principal occuration / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor         Owen, Carolyn	10/10/2020				Φ20.05
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/15/2023       Owen, Carolyn       \$20.85         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78703-3416       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78703-3416       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/15/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/15/2023       Owen, Carolyn       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/15/2023       Owen, Carolyn       s20.85         Contributor address; City; State; Zip Code       Austin, TX 78703-3416       Amount of Contribution (\$)		Continuation address, Gity, State, Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         11/15/2023       Owen, Carolyn       \$20.85         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78703-3416       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Austin, TX 78703-3416       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/15/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/15/2023       Owen, Carolyn       s20.85       \$20.85         Contributor address; City; State; Zip Code       Austin, TX 78703-3416       Amount of Contribution (\$)					
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/15/2023       Owen, Carolyn       \$20.85         Contributor address; City; State; Zip Code       Austin, TX 78703-3416         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Oxen, Carolyn       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Oate       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Oxen, Carolyn       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20.85         Contributor address; City; State; Zip Code       Austin, TX 78703-3416       Amount of Contribution (\$)		Austin, TX 78703-3416			
11/15/2023       Owen, Carolyn       \$20.85         Contributor address; City; State; Zip Code       Austin, TX 78703-3416         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         07/15/2023       Owen, Carolyn       Amount of Contribution (\$)         \$20.85       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78703-3416       Lot of the contributor (\$)       \$20.85	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
11/15/2023       Owen, Carolyn       \$20.85         Contributor address; City; State; Zip Code       Austin, TX 78703-3416         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         07/15/2023       Owen, Carolyn       Amount of Contribution (\$)         \$20.85       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78703-3416       Lot of the contributor (\$)       \$20.85					
Contributor address; City; State; Zip Code Austin, TX 78703-3416 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 07/15/2023 Owen, Carolyn \$20.85 Contributor address; City; State; Zip Code \$	Date	Full name of contributor 🛛 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
Austin, TX 78703-3416       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         07/15/2023       Owen, Carolyn         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78703-3416       Luce Luce Luce Luce Luce Luce Luce Luce	11/15/2023	Owen, Carolyn			\$20.85
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         07/15/2023       Owen, Carolyn         Contributor address; City; State; Zip Code       4mount of Contribution (\$)         Austin, TX 78703-3416       Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributorout-of-state PAC (ID#:)       Amount of Contribution (\$)         07/15/2023       Owen, Carolyn       \$20.85         Contributor address; City; State; Zip Code       Austin, TX 78703-3416       Later Contribution (\$)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         07/15/2023       Owen, Carolyn         Contributor address; City; State; Zip Code       4mount of Contribution (\$)         Austin, TX 78703-3416       Employer (See Instructions)		Austin TX 78703-3416			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/15/2023       Owen, Carolyn       \$20.85         Contributor address; City; State; Zip Code       Austin, TX 78703-3416	Principal occu		Employer (See Instructions)		
07/15/2023 Owen, Carolyn \$20.85 Contributor address; City; State; Zip Code Austin, TX 78703-3416	1 1110000000000000000000000000000000000			)	
07/15/2023 Owen, Carolyn \$20.85 Contributor address; City; State; Zip Code Austin, TX 78703-3416	Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Austin, TX 78703-3416			τ/		\$20.85
Austin, TX 78703-3416		-			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Austin, TX 78703-3416			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	

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

### SCHEDULE A1

				=		
The Instruc	ction Guide explains how to comp	plete this for	m.	1	Total pages Schedule A1: Sch: 38/51 Rpt: 41/100	_
2 FILER NAME		3	Filer ID (Ethics Commissio	on Filers)		
Eckhardt, Sa	arah (The Honorable)		00084783			
4 Date	5 Full name of contributor out-of-sta	state PAC (ID#:	)	7	Amount of Contribution (\$)	
09/28/2023	Patrick, Mary					\$51.83
	6 Contributor address; City; State; Zip Cod					
	Austin, TX 78703-0057					
8 Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)	)		
Date	Full name of contributor out-of-sta	state PAC (ID#:	)		Amount of Contribution (\$)	
10/15/2023	Patt, Debra					\$1,000.00
	Contributor address; City; State; Zip Cod	ode				
	1					
	1					
	Austin, TX 78703-1057					
	pation / Job title (See Instructions)		Employer (See Instructions)	)		
physician			Texas Oncology			
Date	Full name of contributor out-of-sta	tate PAC (ID#:	)	$\square$	Amount of Contribution (\$)	
09/25/2023	Pfeiffer, Peter					\$103.45
	Contributor address; City; State; Zip Cod					
	1					
	·					
Drive in all a says	Austin, TX 78703-1032			Ĺ		
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
Date	Full name of contributor 🗌 out-of-sta	state PAC (ID#:	)		Amount of Contribution (\$)	
09/25/2023	Pogue, Alan					\$20.85
	Contributor address; City; State; Zip Cod	de				
	1					
	Austin, TX 78703-3935					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
Date	Full name of contributor out-of-sta	state PAC (ID#:	)		Amount of Contribution (\$)	
09/25/2023	Potter, Joseph					\$36.34
Contributor address; City; State; Zip Code						
	1					
	Austin, TX 78703-3935					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		

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

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

### SCHEDULE A1

The Instrue	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 41/51 Rpt: 44/100	
2 FILER NAME		3 Filer ID (Ethics Commission	ו Filers)	
	arah (The Honorable)	00084783		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/11/2023	SHAW, MARGARET			\$50.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78703-3935			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/08/2023	Sarosdy, Randall			\$100.00
	Contributor address; City; State; Zip Code			
Duin singly again	Austin, TX 78731-3656		、	
Principai occu	ipation / Job title (See Instructions)	Employer (See Instructions	.)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/11/2023	Schwartz, Cynthia			\$500.00
	Contributor address; City; State; Zip Code			
	1			
D in simple and	Austin, TX 78731-4866		、	
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	.)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/08/2023	Scott, Jeanette			\$100.00
	Contributor address; City; State; Zip Code			
Duin singly again	West Lake Hills, TX 78746-4424		、	
Principai occu	ipation / Job title (See Instructions)	Employer (See Instructions	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/06/2023	Sembera, Don			\$50.00
	Contributor address; City; State; Zip Code			
	West Lake Hills, TX 78746-4424			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	

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

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

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

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

### SCHEDULE A1

The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 46/51 Rpt: 49/100	
2 FILER NAME Eckhardt, Sa	arah (The Honorable)	3	Filer ID (Ethics Commissic 00084783	on Filers)		
4 Date	5 Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
4 Date 11/01/2023	Texas Nurse Practitioners		/	ľ		\$1,000.00
	6 Contributor address; City; St			•		Ψ1,000.01
	Austin, TX 78735-6701					
8 Principal occu	pation / Job title (See Instructions	;)	9 Employer (See Instructions	s)		
Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
10/10/2023	Texas Trial Lawyers Asso					\$5,000.00
	Contributor address; City; St					
	Austin, TX 78701-1814					
Principal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	;)		
Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
11/16/2023	Texas Working Families F	PAC				\$1,500.00
	Contributor address; City; St					
- • • • • • •	Metairie, LA 70003-5232			<u> </u>		
Principai occu	pation / Job title (See Instructions	,)	Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
11/08/2023	Thomas, Kathleen					\$100.00
l	Contributor address; City; St	ate; Zip Code				
	Austin, TX 78737-9119					
Principal occu	pation / Job title (See Instructions	,)	Employer (See Instructions	3)		
Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
11/17/2023	Thomas, Margot K.					\$35.00
	Contributor address; City; St					
	Austin, TX 78751-4624					
Principal occu	ipation / Job title (See Instructions	<i>s</i> )	Employer (See Instructions	5)		
		1				

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

### SCHEDULE A1

=					—		
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 48/51 Rpt: 51/100	
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)		
		arah (The Honorable)		00084783			
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/25/2023	Vasquez, Melba	—				\$20.85
		6 Contributor address; City; S	state; Zip Code				
_	<u> </u>	Austin, TX 78746-7988		1	Ĺ		
8	Principal occu	upation / Job title (See Instructions	3)	9 Employer (See Instructions	;)		
	Date	Full name of contributor	X out-of-state PAC (ID#:	C00226548 )	Γ	Amount of Contribution (\$)	
	11/16/2023	Vistra Employee PAC of V	Vistra Corp				\$1,000.00
		Contributor address; City; S	tate; Zip Code		1		
		Irving, TX 75039-2479					
—	Principal occu	upation / Job title (See Instructions	····	Employer (See Instructions	<u> </u>		
	Рипора осса	pallon / Job lille (Jee manuellone	5)		り		
—	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/07/2023	Vogel, Carolyn					\$51.83
		Contributor address; City; S	state; Zip Code		ł		
		Dripping Springs, TX 786		<u> </u>	Ĺ		
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions	;)		
—	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/08/2023	Voss, Tanya	—				\$100.00
		Contributor address; City; S	tate; Zip Code				
	Dringing oog	Austin, TX 78757-3428		Employer (Cool Instructions			
	Principal occu	upation / Job title (See Instructions	5)	Employer (See Instructions	5)		
—	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/01/2023	Vote PAC	<b>—</b>				\$1,000.00
	Contributor address; City; State; Zip Code						
		Austin, TX 78731-3064					
	Principal occu	upation / Job title (See Instructions		Employer (See Instructions	<u> </u> ເ)		
	T Intoipar ooca	pation / oob the (ooo monuclear	3)		<i>'</i>		
—			!	<u> </u>			

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

### SCHEDULE A1

	The Instru	ction Guide explains hov	<i>N</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 50/51 Rpt: 53/100	
2	FILER NAME		3	Filer ID (Ethics Commissi	on Filers)		
_		arah (The Honorable)		00084783			
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		) 7	Amount of Contribution (\$)	
	10/04/2023	Warren, Tommy G.					\$1,032.70
		6 Contributor address; City; S	State; Zip Code				
		Spring, TX 77387-9269					
8		upation / Job title (See Instruction	s)	9 Employer (See In			
	President			Spiderwood Stu	udios LLC		
	Date	Full name of contributor	out-of-state PAC (ID#:_		)	Amount of Contribution (\$)	
	11/01/2023	Wheat, Brian					\$50.00
		Contributor address; City; S					
		Austin, TX 78721-1216					
	Principal occu	upation / Job title (See Instruction	s)	Employer (See In	structions)		
				l			
	Date	Full name of contributor	out-of-state PAC (ID#:		)	Amount of Contribution (\$)	
	11/07/2023	Wiley, Liz					\$50.00
		Contributor address; City; S					
			0400				
	D.1. starst and	Buena Vista, CO 81211-9			·		
	Principal occu	upation / Job title (See Instruction:	5)	Employer (See In	istructions)		
-	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/27/2023	Wilkerson, Ray			/	Amount of Contribution (+)	\$1,032.70
	10/21/2022		State: Zin Code				\$1,00 <u>1</u>
		Contributor address, City, C	lale, Zip Coue				
		Austin, TX 78757-8052					
	Principal occu	upation / Job title (See Instruction	is)	Employer (See In	structions)		
	real estate		!	Ray Wilkerson	Со		
F	Date	Full name of contributor	out-of-state PAC (ID#:		)	Amount of Contribution (\$)	
	10/30/2023 Winkelman, Marc T.						\$250.00
	Contributor address; City; State; Zip Code						
		Austin, TX 78744-1414					
	Principal occu	upation / Job title (See Instruction	s)	Employer (See In	structions)		
				l			

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

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense       Legal Services     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)					
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 1/46 Rpt: 55/100	Eckhardt, Sarah (The Honorable)	00084783					
4	Date 12/04/2023	Payee name Amazon						
6	Amount (\$) \$150.00	Payee address;       City;       State;       Zip Code         410 Terry Ave N       Seattle, WA 98109-5210       Image: Comparison of the seattle seatches and the seatcheseatches and the seatches and the seatcheseatches and th						
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Ioliday party					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/14/2023	Amazon						
	Amount (\$) \$83.13	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210						
	PURPOSE OF EXPENDITURE	<ul> <li>a) Category (See Categories listed at the top of this schedule)</li> <li>b) Description</li> <li>c) Check if travel of the control of t</li></ul>	outside of Texas. Complete Schedule T. . TX, officeholder living expense S					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/26/2023	Amazon						
	Amount (\$) \$27.05	Payee address; City; State; Zip Code 410 Terry Ave N						
		Seattle, WA 98109-5210						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense S					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense	e Travel Out of District /Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 2/46 Rpt: 56/100	Eckhardt, Sarah (The Honorable)	00084783					
4	Date 12/08/2023	Payee name Amazon						
6	Amount (\$) \$10.76	Payee address; City; State; Zip Code #10 Terry Ave N Seattle, WA 98109-5210						
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/08/2023	Amazon						
	Amount (\$) \$35.05	Payee address; City; State; Zip Code I10 Terry Ave N Seattle, WA 98109-5210						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/24/2023	Austin AFL-CIO						
	Amount (\$) \$550.00	Payee address; City; State; Zip Code PO Box 87						
		Austin, TX 78767-0087						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Print advertisement					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial: Imittee Legal Services The Instruction G	s Expense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2		•		<u> </u>	3	Filer ID	(Ethics Commission Filers)
-	Sch: 3/46 Rpt: 57/100		Eckhardt, Sarah (The Hond	orable)				00084783	(
4	Date 11/05/2023		Payee name Broken Spoke						
6	Amount (\$) \$6,728.00		Payee address; City; 3201 S Lamar Blvd Austin, TX 78704-5805	State;	Zip Co	le			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at Event Expense	the top of this sch	edule)	Check if Austin	n, TX	ide of Texas. Compl , officeholder living e ental for even	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ıht		Office hel	d
	Date		Payee name						
	07/27/2023		Einhorn, Peter						
	Amount (\$) \$500.00		Payee address; City; 5903 Duncanville Pass	State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE	(a)	Austin, TX 78745-3052 Category <sub>(See Categories listed at</sub> Salaries/Wages/Contract L		edule)		n, TX	ide of Texas. Compl , officeholder living e ent	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office hel	d
	Date		Payee name						
	08/31/2023		Einhorn, Peter						
	Amount (\$) \$500.00		Payee address; City; 5903 Duncanville Pass	State;	Zip Coo	le			
			Austin, TX 78745-3052						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Salaries/Wages/Contract L		edule)		n, TX	ide of Texas. Compl , officeholder living e ent	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ıht		Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen mittee Legal Services The Instruction Guide e		Office Ove Polling Exp Printing Ex Salaries/W	rhead/Re bense pense ages/Col	eimbursement ental Expense ntract Labor <b>this form.</b>		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
-	Sch: 4/46 Rpt: 58/100		Eckhardt, Sarah (The Honorable	e)					00084783	
4	Date	5	Payee name							
	09/29/2023		Einhorn, Peter							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$500.00		5903 Duncanville Pass							
			Austin, TX 78745-3052							
8	PURPOSE		Category (See Categories listed at the top	-641-1	(a dula)	(b) De	escription			
Ĩ	OF		Salaries/Wages/Contract Labor		iedule)	(, D(		outsic	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Calance, Magee, Contract Labor				Check if Austin,	TX,	officeholder living	g expense
						Sa	alary supple	eme	ent	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	(	Office sou	ght			Office h	eld
	Date		Payee name							
	10/31/2023		Einhorn, Peter							
	Amount (\$)	-	Payee address; City;	State	; Zip Co	de				
	\$500.00		5903 Duncanville Pass	otato	, <u>_</u> .p ee					
	\$000.00									
			Austin, TX 78745-3052							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Salaries/Wages/Contract Labor	of this sch	iedule)		1	TX,	officeholder living	plete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	(	Dffice sou	ght			Office h	eld
	Date		Payee name							
	11/30/2023		Einhorn, Peter							
	Amount (\$)		Payee address; City;	State	; Zip Co					
	\$500.00		5903 Duncanville Pass	State	, zip co	ic .				
	\$300.00									
			Austin, TX 78745-3052							
	PURPOSE		Category (See Categories listed at the top		nedule)	(b) De	escription			
OF       Salaries/Wages/Contract Labor       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Salary supplement										
-	Complete ONLY if direct		andidate/Officeholder name	(	Office sou	ght			Office h	eld
	expenditure to benefit C/Oł					•			2	
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reim Fees Office Overhead/Renta Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contra The Instruction Guide explains how to complete this	al Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 5/46 Rpt: 59/100	Eckhardt, Sarah (The Honorable)	00084783							
4	Date 11/06/2023	Payee name Facebook Inc.								
6	Amount (\$) \$75.00	Payee address; City; State; Zip Code 156 University Ave Palo Alto, CA 94301-1688								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense digital advertising       Check if Austin, TX, officeholder living expense digital advertising										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/05/2023	Facebook Inc.								
	Amount (\$) \$72.39	Payee address; City; State; Zip Code 156 University Ave Palo Alto, CA 94301-1688								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Desc Advertising Expense	cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense al advertising							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/02/2023	Facebook Inc.								
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 156 University Ave								
		Palo Alto, CA 94301-1688								
	PURPOSE OF EXPENDITURE		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense al advertising							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Committee     Legal Services       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)							
1	Total pages Schedule F1:	PILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 6/46 Rpt: 60/100	Eckhardt, Sarah (The Honorable)	00084783							
4	Date 10/05/2023	Payee name Facebook Inc.								
6	Amount (\$) \$45.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>156 University Ave</li> <li>Palo Alto, CA 94301-1688</li> </ul>								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense digital advertising       Check if Austin, TX, officeholder living expense digital advertising										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/29/2023	Facebook Inc.								
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 156 University Ave Palo Alto, CA 94301-1688								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ising							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/02/2023	Facebook Inc.								
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 156 University Ave								
		Palo Alto, CA 94301-1688								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ising							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:			•		•	3	Filer ID	(Ethics Commission Filers)	
-	Sch: 7/46 Rpt: 61/100		Sarah (The Honora	able)				00084783		
4	Date	Payee nam								
	10/02/2023	Facebook Inc.								
6	Amount (\$) \$35.00	Payee address; City; State; Zip Code 156 University Ave Palo Alto, CA 94301-1688								
_	DUDDOOF					(1-)				
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense digital advertising										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	0	office sou	ht		Office h	eld	
	Date	Payee nam	е							
	11/06/2023	Facebook	Inc.							
	Amount (\$)	Payee addr	ess; City;	State;	Zip Co	le				
	\$2.61		CA 94301-1688							
	PURPOSE OF EXPENDITURE		See Categories listed at the g Expense	top of this sche	edule)		n, TX,	officeholder living	nplete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	0	office sou	ht		Office h	eld	
	Date	Payee nam	e							
	07/27/2023	Gonzales,	Laura							
	Amount (\$)	Payee addr	ess; City;	State;	Zip Co	le				
	\$1,000.00	600 Westi	nghouse Rd							
		Georgetow	vn, TX 78626-3911	L						
					n, TX,	officeholder living	nplete Schedule T. g expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	0	)ffice sou	ht		Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 8/46 Rpt: 62/100		Eckhardt, Sarah (The Honorable) 00084783							
4	Date 08/31/2023		Payee name Gonzales, Laura							
6	Amount (\$) \$1,000.00		600 Westinghouse Rd							
		<u> </u>	Georgetown, TX 78626-3911							
8	PURPOSE OF EXPENDITURE	OF Salaries/Wages/Contract Labor								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	fice soug	ht		Office held			
	Date		Payee name							
	09/29/2023		Gonzales, Laura							
	Amount (\$)		Payee address; City; State; 2	Zip Cod	e					
	\$1,000.00		600 Westinghouse Rd Georgetown, TX 78626-3911							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Salaries/Wages/Contract Labor	ule) (		, тх,	de of Texas. Complete Schedule T. , officeholder living expense ent			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	fice soug	ht		Office held			
	Date		Payee name							
	10/31/2023		Gonzales, Laura							
	Amount (\$)			Zip Cod	е					
	\$1,000.00		600 Westinghouse Rd Georgetown, TX 78626-3911							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Salaries/Wages/Contract Labor	ule) (		, тх,	de of Texas. Complete Schedule T. officeholder living expense ent			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	fice soug	ht		Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 9/46 Rpt: 63/100	Eckhardt, Sarah (The Honorable)	00084783					
4	Date 11/30/2023	5 Payee name Gonzales, Laura						
6	Amount (\$) \$1,000.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>600 Westinghouse Rd</li> <li>Georgetown, TX 78626-3911</li> </ul>						
8	PURPOSE OF EXPENDITURE	OF Salaries/W/ages/Contract Labor						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/29/2023	Gonzales, Laura						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	600 Westinghouse Rd Georgetown, TX 78626-3911						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>ment</b>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/26/2023	Greg Casar Campaign						
	Amount (\$) \$245.00	Payee address; City; State; Zip Code PO Box 301923						
		Austin, TX 78703-0033						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	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 mmittee Legal Services	Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           Gift/Awards/Memorials Expense         Printing Expense         T					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 10/46 Rpt:		Eckhardt, Sarah (The Honorable)					00084783			
4	Date	5	5 Payee name								
	11/01/2023		Greg Casar Campaign								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$35.00		PO Box 301923								
			Austin, TX 78703-0033								
8	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description					
	OF EXPENDITURE		Contributions/Donations Made By	,		Check if travel	outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITORE		Candidate/Officeholder/Political Co	mmittee			, TX,	, officeholder living	expense		
						Contribution					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ought			Office he	eld		
	Date		Payee name								
	11/02/2023		Gsuite								
_	Amount (\$)		Payee address; City; Si	tate; Zip (	Code						
	\$115.13		1600 Amphitheatre Pkwy	· •							
			Mountain View, CA 94043-1351								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of thi Office Overhead/Rental Expense	s schedule)	(b)			ide of Texas. Com , officeholder living			
						email service					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	bught			Office he	eld		
	Date		Payee name								
	12/04/2023		Gsuite								
-	Amount (\$)		Payee address; City; Si	tate; Zip (	Code						
	\$115.13		1600 Amphitheatre Pkwy	, <u></u>							
			Mountain View, CA 94043-1351								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description					
	EXPENDITURE		Office Overhead/Rental Expense				, TX,	ide of Texas. Com , officeholder living			
		Ľ	Condidata/Office halder no ma	Office				Office h	bld		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	bught			Office he	eiα		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
1	Sch: 11/46 Rpt:	Eckhardt, Sarah (The Honorable)	00084783							
4	Date 09/05/2023	5 Payee name Gsuite								
6	Amount (\$) \$76.13	<ul> <li>Payee address; City; State; Zip Code</li> <li>1600 Amphitheatre Pkwy</li> <li>Mountain View, CA 94043-1351</li> </ul>								
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense email Service     </li> </ul>										
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/03/2023	Gsuite								
	Amount (\$) \$57.56	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date 08/02/2023	Payee name Gsuite								
	Amount (\$) \$57.56	Payee address;City;State;ZipCode1600 Amphitheatre Pkwy								
		Mountain View, CA 94043-1351								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME 3	B Filer ID (Ethics Commission Filers)						
	Sch: 12/46 Rpt:	Eckhardt, Sarah (The Honorable)	00084783						
4	Date 10/03/2023	5 Payee name Gusto							
6	Amount (\$) \$37.31	7 Payee address; City; State; Zip Code 525 20th St # CA94107 San Francisco, CA 94107-4345							
8	PURPOSE OF EXPENDITURE	<b>Eees</b> Check if travel outside of Texas. Complete Schedule T.							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/06/2023	Gusto							
	Amount (\$) \$62.89	Payee address; City; State; Zip Code 525 20th St # CA94107 San Francisco, CA 94107-4345							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense e fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/06/2023	Gusto							
	Amount (\$) \$62.89	Payee address; City; State; Zip Code 525 20th St # CA94107 San Francisco, CA 94107-4345							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. "X, officeholder living expense e fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           y -         Gift/Awards/Memorials Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 13/46 Rpt:		Eckhardt, Sarah (The H	onorable)				00084783			
4	Date	5	Payee name								
	08/04/2023		Gusto								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$37.31		525 20th St								
			# CA94107								
			San Francisco, CA 94107-4345								
8	PURPOSE					<b>b)</b> Description					
-	OF		Fees	d at the top of this sche	edule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE							officeholder living expense			
	payroll software fees										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office soug	ht		Office held			
	Date		Payee name								
	11/02/2023		Gusto								
	Amount (\$)		Payee address; City;	State;	Zip Coo	le					
	\$37.31		525 20th St								
		# CA94107									
			San Francisco, CA 9410	07-4345							
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	edule)	<b>b)</b> Description					
	OF EXPENDITURE		Fees					de of Texas. Complete Schedule T.			
						payroll softwa		officeholder living expense			
						payron soltwa	are	lees			
	Complete ONLY if direct		andidate/Officeholder nam	e 0	Office soug	ht		Office held			
	expenditure to benefit C/Oł										
	Date		Payee name								
	07/31/2023		HEB								
	Amount (\$)		Payee address; City;	State:	Zip Coo	0					
	\$133.77		14028 N Hwy	State,	210 000						
	\$100.11		14020 11 11119								
			Austin, TX 78717								
	PURPOSE OF		Category (See Categories liste	•	edule)	b) Description					
	EXPENDITURE		Food/Beverage Expens	е				de of Texas. Complete Schedule T. , officeholder living expense			
						Food for offic					
						-					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder nam	e C	Office soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 14/46 Rpt:		Eckhardt, Sarah (The	Honorable)				00084783		
4	Date	5	Payee name							
	08/06/2023		HEB							
6	Amount (\$)	7	' Payee address; City; State; Zip Code							
	\$100.30		14028 N Hwy							
			Austin, TX 78717							
8	PURPOSE	(a)	Category (See Categories lis	sted at the ton of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Exper		cuuic)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE							, officeholder living expense		
						Food for offic	e			
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	me C	Office sou	jht		Office held		
	Date		Payee name							
	08/14/2023		HEB							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$121.62 14028 N Hwy									
			Austin, TX 78717							
	PURPOSE OF	(a)	Category (See Categories lis		edule)	(b) Description				
	EXPENDITURE		Food/Beverage Exper	ISE				ide of Texas. Complete Schedule T. , officeholder living expense		
						Food for offic		,		
	Complete ONLY if direct		Candidate/Officeholder na	me C	Office sou	Jht		Office held		
	expenditure to benefit C/OF	H								
	Date		Payee name							
	08/28/2023		HEB							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$180.42		14028 N Hwy							
			Austin, TX 78717							
	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Exper	ise				ide of Texas. Complete Schedule T.		
						Food for offic		, officeholder living expense		
	Complete ONLY if direct	Ļ	Candidate/Officeholder na	me O	Office sou	ıht		Office held		
	expenditure to benefit C/OF				2000 3000	jin				
-										

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 15/46 Rpt:		Eckhardt, Sarah (The Honora	ble)				00084783			
4	Date	5	Payee name								
	09/11/2023		HEB								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$79.14		14028 N Hwy								
			Austin, TX 78717								
8	PURPOSE	(a)	Category (See Categories listed at the t		a duda)	(b) Description					
-	OF	,	Food/Beverage Expense	op of this sch	iedule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·			Check if Austin	ı, ТХ,	, officeholder living expense			
						Food for Office	се				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office souç	ht		Office held			
	Date		Payee name								
	09/26/2023		HEB								
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le					
	\$13.22		14028 N Hwy								
			Austin, TX 78717								
	PURPOSE	(a)	Category (See Categories listed at the t	op of this sch	iedule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.			
	-					Food for offic		, officeholder living expense			
						Food for one	<i>.</i> с				
	Complete ONLY if direct		Candidate/Officeholder name		Office soug	ht		Office held			
	expenditure to benefit C/Oł										
-	Date	<u> </u>	Pavee name								
	09/27/2023		Payee name HEB								
				Stata	· 7in Co						
	Amount (\$) \$98.43		Payee address; City; 14028 N Hwy	State;	; Zip Coo						
	\$30.45		14020 N HWy								
			Austin, TX 78717								
	PURPOSE	(a)	Category (See Categories listed at the t	op of this sch	iedule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.			
						Food for Offic		, officeholder living expense			
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	ſ	Office soug	ht		Office held			
	expenditure to benefit C/OI					-					
-											

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense		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)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 16/46 Rpt:		Eckhardt, Sarah (The H	onorable)				00084783	
4	Date	5	Payee name						
	10/05/2023	HEB							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$48.20	14028 N Hwy							
		Austin, TX 78717							
8	PURPOSE	(a)		d at the tap of this calls	adula)	(b) Description			
-	OF Enod/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						ide of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Beverage Expense         Check if Austin, TX, officeholder living expense         Food for office						
						Food for offic	e		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder nam	ie C	Office sou	lht		Office held	
	Date		Payee name						
	10/05/2023 HEB								
	Amount (\$) Payee address; City; State; Zip Code								
	\$123.97 14028 N Hwy								
			Austin, TX 78717						
	PURPOSE OF	(a)	Category (See Categories liste		edule)	(b) Description			
EXPENDITURE			Food/Beverage Expens	e				ide of Texas. Complete Schedule T. , officeholder living expense	
						Food for offic			
	Complete ONLY if direct		Candidate/Officeholder nam	ie C	Dffice soug	lht		Office held	
expenditure to benefit C/OH									
Date Payee name									
	10/09/2023		HEB						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$70.90		14028 N Hwy						
			Austin, TX 78717						
	PURPOSE OF	(a)	Category (See Categories liste		edule)	(b) Description			
	EXPENDITURE		Food/Beverage Expens	e				ide of Texas. Complete Schedule T. , officeholder living expense	
						Food for offic			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder nam	ie C	)ffice sou	ht		Office held	
	-								

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense		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)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 17/46 Rpt:	Eckhardt, Sarah (The Honorable)						00084783		
4	Date 10/22/2023	5 Payee name HEB								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$99.97	14028 N Hwy Austin, TX 78717								
8	PURPOSE	(a)	Category (Case Categories listed at the tag	of this cohod		b) Description				
-	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Food for office								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office held		
	Date		Payee name							
	10/27/2023 HEB									
	Amount (\$) Payee address; City; State; Zip Code									
	\$49.39		14028 N Hwy Austin, TX 78717							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Food/Beverage Expense	of this sched	ule)		ı, ТХ,	de of Texas. Complete Schedule T. . officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office held		
Date Payee name										
	10/27/2023		HEB							
	Amount (\$)Payee address;City;State;Zip Code\$109.6314028 N Hwy									
			Austin, TX 78717							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Food/Beverage Expense	of this schedu	ule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense			yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor nplete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 18/46 Rpt:		Eckhardt, Sarah (The Ho	norable)				00084783		
4	Date	5 Payee name								
	10/31/2023	HEB								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$115.59	14028 N Hwy								
		Austin, TX 78717								
8	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description				
		Ľ	Food/Beverage Expense		euule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense     Food for office								
						Food for offic	e			
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	e C	Office sou	ht		Office held		
	Date		Payee name							
	11/09/2023 HEB									
	Amount (\$) Payee address; City; State; Zip Code									
	\$75.23 14028 N Hwy									
			Austin, TX 78717							
	PURPOSE OF	(a)	Category (See Categories listed		edule)	(b) Description				
EXPENDITURE			Food/Beverage Expense	!				ide of Texas. Complete Schedule T. , officeholder living expense		
					Food for offic					
	Complete ONLY if direct		Candidate/Officeholder name	C	Dffice soug	lht		Office held		
expenditure to benefit C/OH										
	Date		Payee name							
	12/06/2023		HEB							
	Amount (\$)		Payee address; City;	State:	Zip Co	le				
	\$60.28		14028 N Hwy	,						
			2							
			Austin, TX 78717							
	PURPOSE OF	(a)	Category (See Categories listed		edule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense	<u>!</u>				ide of Texas. Complete Schedule T. , officeholder living expense		
						Food for offic		, successing expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memorial mittee Legal Services The Instruction C	ls Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 19/46 Rpt:		Eckhardt, Sarah (The Hon	orable)				00084783		
4	Date	5	Payee name							
	08/28/2023		HEB							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$4.70		14028 N Hwy		-					
	Austin, TX 78717									
8	PURPOSE			······································		<b>b)</b> Description				
Ū	OF		Category (See Categories listed at Food/Beverage Expense	the top of this sche	edule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		oou bororagepo			Check if Austin	, TX,	officeholder living expense		
	Food for office									
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								Office held		
	Date	Ī	Payee name				-			
	10/17/2023 HEB									
Amount (\$) Payee address; City; State; Zip Code										
	\$70.90 14028 N Hwy									
			Austin, TX 78717							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Food/Beverage Expense	the top of this sche	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Or SeSSION		
	Complete <u>ONLY</u> if direct		andidate/Officeholder name	C	Office soug	ht		Office held		
	expenditure to benefit C/Oł			-	51100 0002	in the second seco		Unice field		
	Date	<del></del>								
	09/17/2023		Payee name HEB							
	Amount (\$)		Payee address; City;	State:	; Zip Coo					
	\$121.13		14028 N Hwy	Sidio,						
	Ψ121.10		14020 10 11009							
			Austin, TX 78717		i					
	PURPOSE OF		Category (See Categories listed at	the top of this sche	edule)	<b>b)</b> Description	tei			
	EXPENDITURE		Food/Beverage Expense				, TX,	ide of Texas. Complete Schedule T. , officeholder living expense /ent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Polling Printir Salari	Overh g Expe ig Exp es/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 20/46 Rpt:		Eckhardt, Sarah (The Honorable)					00084783		
4	Date	5	Payee name							
	10/30/2023		HEB							
6	Amount (\$)	7	Payee address; City; S	State; Zip	Cod	е				
	\$79.87		14028 N Hwy							
	Austin, TX 78717									
8	PURPOSE	(a)	Category (See Categories listed at the top of t	his schedule)	(	b) Description				
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.		
	-							, officeholder living expense		
Food for staff event										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Offices	soug	ht		Office held		
	Date		Payee name							
	11/07/2023 HEB									
	Amount (\$) Payee address; City; State; Zip Code									
	\$181.69 14028 N Hwy									
			Austin, TX 78717							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of t Food/Beverage Expense	his schedule)	(		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense /ent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office s	soug	ht		Office held		
	Date		Payee name							
	08/16/2023		HEB							
	Amount (\$)		Payee address; City; S	State; Zip	Cod	е				
	\$27.88		14028 N Hwy							
			Austin, TX 78717							
	PURPOSE	(a)	Category (See Categories listed at the top of t	his schedule)	(	b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense <b>iCC</b>		
	Complete ONLY if direct	L(	Candidate/Officeholder name	Office	soug	ht		Office held		
	expenditure to benefit C/OI				5					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayment/R erhead/Re pense xpense Vages/Co	eimbursement ental Expense ontract Labor		Travel in District Travel Out of Distri	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 21/46 Rpt:		Eckhardt, Sarah (The Honorable)					00084783			
4	Date	5	Payee name								
	10/27/2023		HEB								
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de						
	\$49.39		14028 N Hwy								
	Austin, TX 78717										
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b) De	escription					
	OF		Office Overhead/Rental Expense	incutic)			outsio	de of Texas. Compl	lete Schedule T.		
	EXPENDITURE					-		officeholder living e	expense		
office supplies											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office hel	d		
	Date		Payee name								
08/29/2023 HEB											
Amount (\$) Payee address; City; State; Zip Code											
	\$224.19 14028 N Hwy										
			Austin, TX 78717								
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	<b>(b)</b> De	escription					
	OF EXPENDITURE		Office Overhead/Rental Expense			4	vel outside of Texas. Complete Schedule T.				
						fice supplies		TX, officeholder living expense			
					01	nice supplies	5				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	abt			Office hel	d		
	expenditure to benefit C/OF			Office Sou	ynt			Once her	u		
		_									
	Date		Payee name								
	08/30/2023		HEB								
	Amount (\$)		Payee address; City; State	e; Zip Co	de						
	\$7.58		14028 N Hwy								
			Austin, TX 78717								
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	<b>(b)</b> De	escription					
	OF EXPENDITURE		Office Overhead/Rental Expense			4		de of Texas. Compl			
	EXPENDITORE							officeholder living e	expense		
					0	ffice Supplie	es				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office hel	d		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transportation Equipment           Food/Beverage Expense         Polling Expense         Travel in District           y -         Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District								
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 22/46 Rpt:		Eckhardt, Sarah (The H	onorable)				00084783		
4	Date	5	Payee name							
	09/17/2023		HEB							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le				
	\$34.87		14028 N Hwy							
			Austin, TX 78717							
8	PURPOSE	(a)	Category (See Categories liste	d at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Renta		,	Check if travel		ide of Texas. Complete Schedule T.		
								a, officeholder living expense		
Office Supplies										
9	Complete ONIL V if direct		Candidate/Officeholder nam	<u> </u>	Office sou	ubt		Office held		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF					, inc		Onice neid		
	Date		Payee name							
	11/30/2023 HEB									
	Amount (\$)Payee address;City;State;Zip Code									
	\$86.85 14028 N Hwy									
			Austin, TX 78717							
	PURPOSE OF	(a)	Category (See Categories liste		edule)	(b) Description				
	EXPENDITURE		Gift/Awards/Memorials	Expense				ide of Texas. Complete Schedule T. X, officeholder living expense		
						Staff gift				
	Complete ONLY if direct	(	andidate/Officeholder nam	e C	Office sou	Iht		Office held		
	expenditure to benefit C/OI	4								
	Date		Payee name							
	08/31/2023		Hardage, Olivia							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$2,500.00		5811 Timber Trl							
			Austin, TX 78731-4223							
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contra			Check if travel		ide of Texas. Complete Schedule T.		
								a, officeholder living expense		
						Campaign sa	udľ	у		
	Complete ONLY if direct	Ļ	Candidate/Officeholder nam	<u> </u>	Office sou	iht		Office held		
	expenditure to benefit C/OF				2000 SUU	p n.				
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Exper Fees Food/Bevera Gift/Awards/ nmittee Legal Servic	ise Ige Expense Memorials Expense	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 23/46 Rpt:		Eckhardt, Sarah (Th	e Honorable)				00084783	
4	Date 09/29/2023	5	Payee name Hardage, Olivia						
6	Amount (\$)	7		ty: Stato:	Zip Coo				
U	Amount (\$) 7 Payee address; City; State; Zip Code \$2,500.00 5811 Timber Trl Austin, TX 78731-4223								
_	DUDDOCE	<u> </u>							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories Salaries/Wages/Cor		edule)		n, TX,	de of Texas. Com officeholder living <b>y</b>	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder ı	name O	office soug	ht		Office he	eld
	Date		Payee name						
	10/31/2023		Hardage, Olivia						
Amount (\$) Payee address; City; State; Zip Code									
	\$2,500.00		5811 Timber Trl Austin, TX 78731-42	23					
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See Categories</sub> Salaries/Wages/Cor		edule)		n, TX,	de of Texas. Com officeholder living <b>y</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder ı	name O	Office soug	ht		Office he	eld
	Date		Payee name						
	11/30/2023		Hardage, Olivia						
	Amount (\$) \$2,500.00		Payee address; Ci 5811 Timber Trl	ty; State;	Zip Coo	le			
			Austin, TX 78731-42	23					
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See Categories</sub> Salaries/Wages/Cor		edule)		n, TX,	de of Texas. Com officeholder living <b>y</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder ı	name O	Office soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expla	Off Po Pri Sa	fice Overh Iling Expe nting Expe Iaries/Wag	ense jes/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 24/46 Rpt:		Eckhardt, Sarah (The Honorable)					00084783		
4	Date	5	Payee name							
	12/29/2023		Hardage, Olivia							
6	Amount (\$)	7	Payee address; City; S	state; Zi	ip Code	9				
	\$1,500.00		5811 Timber Trl							
	Austin, TX 78731-4223									
8	PURPOSE OF		Category (See Categories listed at the top of th	is schedule	e) (I	) Description				
	EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T. , officeholder living expense		
						Campaign sa				
	Campaign salary									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Offic	e sough	ıt		Office held		
	Date		Payee name							
	07/27/2023		Hardage, Olivia							
	Amount (\$)		Payee address; City; S	state; Zi	ip Code	9				
	\$500.00		5811 Timber Trl	,	•					
		<u> </u>	Austin, TX 78731-4223							
	PURPOSE OF		Category (See Categories listed at the top of th	is schedule	e) (I	Description	outoi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Salaries/Wages/Contract Labor					, officeholder living expense		
						Salary supple				
						, ii				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	e sough	it		Office held		
	Date		Payee name							
	08/19/2023		Hobby Lobby							
	Amount (\$)			state; Zi	in Code					
	\$210.06		1501 E Whitestone Blvd		ip Cour	-				
	Φ210.00									
			Bldg D							
	Cedar Park, TX 78613-7728									
	PURPOSE OF		Category (See Categories listed at the top of th	is schedule	e) (I	Description		it (True Constant Och i i T		
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						Office Suppli				
-	Complete ONLY if direct		andidate/Officeholder name	Offic	e sougł	nt		Office held		
	expenditure to benefit C/OI				9					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex mittee Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 25/46 Rpt:		Eckhardt, Sarah (The Honora	able)				00084783	
4	Date 07/18/2023		Payee name Intuit						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le			
	\$41.04 2700 Coast Ave Mountain View, CA 94043								
8	PURPOSE	(a)	Category (See Categories listed at the	ton of this och	a dula)	(b) Description			
	OF		Office Overhead/Rental Expe		iedule)	Check if travel	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense NAICE	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held	
	Date		Payee name						
	08/20/2023		Intuit						
Amount (\$) Payee address; City; State; Zip Code									
	\$60.90		2700 Coast Ave Mountain View, CA 94043		, <b>1</b>				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Office Overhead/Rental Expe		nedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Nare	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	Jht		Office held	
-	Date		Payee name						
	09/18/2023		Intuit						
	Amount (\$) \$55.96		Payee address; City; 2700 Coast Ave	State;	; Zip Co	le			
			Mountain View, CA 94043						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Office Overhead/Rental Expe		iedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense NATE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	ן Office sou	Jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	erhead kpense xpense Nages/	e 'Contract Labor		Travel in District Travel Out of District	oment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	Ethics Commission Filers)	
	Sch: 26/46 Rpt:		Eckhardt, Sarah (The Honorable)					00084783		
4	Date 10/18/2023	5	Payee name Intuit							
6	Amount (\$)	7		te; Zip Co	ohe					
0	\$55.96 Amountain View, CA 94043									
8	PURPOSE	(a)	Cotogon		(h)	Decoription				
0	OF	(a)	Category (See Categories listed at the top of this s Office Overhead/Rental Expense	schedule)			, TX,	de of Texas. Complete officeholder living exp / <b>ATE</b>		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	11/19/2023		Intuit							
Amount (\$) Payee address; City; State; Zip Code										
	\$55.96		2700 Coast Ave Mountain View, CA 94043							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Office Overhead/Rental Expense	chedule)			, TX,	de of Texas. Complete officeholder living exp / <b>&amp;re</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	12/18/2023		Intuit							
	Amount (\$)			te; Zip Co	ode					
	\$55.96		2700 Coast Ave							
			Mountain View, CA 94043							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	EXPENDITURE		Office Overhead/Rental Expense				, тх,	de of Texas. Complete officeholder living exp /AIC		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials Legal Services						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 27/46 Rpt:			arah (The Hone	orable)					00084783		
4	Date	5	Payee name									
	11/01/2023		Legislative									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode					
\$350.00 PO Box 5643												
			Austin, TX	78763-5643								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Event Expe			,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE									officeholder living	j expense	
								email distribu	itior	n for event		
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									eld			
	Date		Payee name									
	07/17/2023		NGP VAN									
_	Amount (\$) Payee address; City; State; Zip Code											
	\$341.12		1105 15th S	-		,						
	φ041.12											
			Ste 500									
			Washingtor	, DC 20005-50	03							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental Ex	pense					de of Texas. Com		
	-									officeholder living	j expense	
								database sof	lwa	ie		
	Complete ONLY if direct		Candidata/Offi	ceholder name		Office cou				Office he	bld	
	expenditure to benefit C/OI				(	Office sou	iyin			Once ne	5lu	
-	Date											
	08/04/2023		Payee name NGP VAN									
			-		<b></b>							
	Amount (\$)		Payee addre		State	; Zip Co	bde					
	\$341.12		1105 15th S	STNW								
			Ste 500									
			Washingtor	, DC 20005-50	03							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF			head/Rental Ex		,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				1			Check if Austin	, тх,	officeholder living	) expense	
								database sof	twa	re		
	Complete <u>ONLY</u> if direct		Candidate/Offi	ceholder name	(	Office sou	ight			Office he	eld	
	expenditure to benefit C/OI	Н										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhead pense kpens /ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 28/46 Rpt:		Eckhardt, Sarah (The Honorable)					00084783		
4	Date	5	Payee name							
	09/13/2023		NGP VAN							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de					
	\$341.12		1105 15th St NW							
			Ste 500							
			Washington, DC 20005-5003							
8	PURPOSE	<u> </u>	-		(h)	Description				
Ũ	OF	(,	Category (See Categories listed at the top of this so Office Overhead/Rental Expense	nedule)	()		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense		
						database sof	twa	re		
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name							
	11/17/2023		NGP VAN							
	Amount (\$) Payee address; City; State; Zip Code									
	\$341.12		1105 15th St NW							
			Ste 500							
			Washington, DC 20005-5003							
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	,		Check if travel	outsi	de of Texas. Complete Schedule T.		
	EXPENDITORE					Check if Austin, TX, officeholder living expense				
						database sof	twa	re		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght			Office held		
		-								
	Date		Payee name							
	12/04/2023		NGP VAN							
	Amount (\$)			e; Zip Co	de					
	\$341.12		1105 15th St NW							
			Ste 500							
			Washington, DC 20005-5003							
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.		
						database sof		officeholder living expense		
						ualabase 501	LVVd			
	Complete ONLY if direct	L	Candidate/Officeholder name	Office sou	aht			Office held		
	expenditure to benefit C/Oł				gin					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
1									
	Sch: 29/46 Rpt:	Eckhardt, Sarah (The Honorable) 00084783							
4	Date	5 Payee name							
	10/02/2023	Paragon Solutions							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
-	\$495.01	2141 E Broadway Rd							
	\$+50.01	-							
		Ste 202							
		Tempe, AZ 85282-1895							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		online contribution processing fees							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	11/02/2023	Paragon Solutions							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,128.98	2141 E Broadway Rd							
		Ste 202							
		Tempe, AZ 85282-1895							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Fees Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		online credit card contribution fees							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	4							
	Data								
	Date	Payee name							
	12/04/2023	Paragon Solutions							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,203.43	2141 E Broadway Rd							
		Ste 202							
		Tempe, AZ 85282-1895							
	BUBBOOF								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Fees       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense							
		online credit card contribution fees							
	Complete ONUM Faller								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	r								

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CATEGO Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Rep Office Ov Polling Ex Printing E Salaries/	oayme verhea xpens Expens Wages	ent/Reimbursement Id/Rental Expense e se s/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)
1	Sch: 30/46 Rpt:	2	Eckhardt, Sarah (The Honorable)					00084783	
Δ	Date	5	Payee name				I		
	07/03/2023	ľ	Paragon Solutions						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode				
	\$68.24		2141 E Broadway Rd						
			Ste 202						
			Tempe, AZ 85282-1895						
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE		Fees			Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE							officeholder living	
						online credit	car	d contributio	on fees
9     Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held       expenditure to benefit C/OH     Office name     Office sought     Office held									eld
	Date		Payee name						
	09/05/2023		Paragon Solutions						
_	Amount (\$)		Payee address; City; State	; Zip Co	ode				
	\$45.16		2141 E Broadway Rd	, <u> </u> ,					
	ψ40.10		•						
			Ste 202						
			Tempe, AZ 85282-1895						
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE		Fees			Check if travel	outsi	de of Texas. Com	plete Schedule T.
	LAFENDITORE							officeholder living	
						online credit	car	d contributio	on fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office he	eld
	experiatare to benefit C/OI								
	Date		Payee name						
	08/02/2023		Paragon Solutions						
	Amount (\$)		Payee address; City; State	; Zip Co	ode				
	\$31.10		2141 E Broadway Rd	, <u>Lip</u> 0.	ouo				
	ψ51.10		-						
			Ste 202						
			Tempe, AZ 85282-1895						
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	OF		Fees			Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							officeholder living	
					1	online credit	car	d contributio	on fees
					1				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office he	eld
	expenditure to benefit C/OI	Н							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen	ise	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 31/46 Rpt:		Eckhardt, Sarah (The Honorable	e)				00084783				
4	Date	5	Payee name									
	07/27/2023		Roberts, Andromeda									
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le						
	\$1,000.00		121 Wind Flower Ln									
		<u> </u>	Liberty Hill, TX 78642-4770									
8	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b) Description						
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T. officeholder living expense				
						Salary supple						
						, , , , , , , , , , , , , , , , , , , ,						
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	ht		Office held				
	Date		Payee name									
	08/31/2023		Roberts, Andromeda									
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le						
	\$1,000.00		121 Wind Flower Ln									
			Liberty Hill, TX 78642-4770									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Salaries/Wages/Contract Labor	of this sch	iedule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense ent				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	ht		Office held				
	Date		Payee name									
	09/29/2023		Roberts, Andromeda									
	Amount (\$)		Payee address; City;	State:	; Zip Coo	le						
	\$1,000.00		121 Wind Flower Ln	,	,							
	+=,000100											
			Liberty Hill, TX 78642-4770									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Salaries/Wages/Contract Labor		nedule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense ent				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transporta           Food/Beverage Expense         Polling Expense         Travel in D           / -         Gift/Awards/Memorials Expense         Printing Expense         Travel out						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME				3	Filer ID (Ethics Commission File	rs)			
	Sch: 32/46 Rpt:		Eckhardt, Sarah (The Honorab	le)				00084783				
4	Date	5 F	Payee name									
	10/31/2023	F	Roberts, Andromeda									
6	Amount (\$)	<b>7</b> F	Payee address; City;	State;	Zip Coo	le						
	\$1,000.00	1	21 Wind Flower Ln									
		L	iberty Hill, TX 78642-4770									
8	PURPOSE	(a) (	Category (See Categories listed at the top	p of this sche	edule)	<b>b)</b> Description						
	OF EXPENDITURE	5	Salaries/Wages/Contract Labo	r				ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						Salary supple	eme	ent				
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	0	office soug	ht		Office held				
	Date	F	Payee name									
	11/30/2023	F	Roberts, Andromeda									
	Amount (\$)	F	ayee address; City;	State;	Zip Co	le						
	\$1,000.00		21 Wind Flower Ln		·							
	+_,000.00	_										
		L	iberty Hill, TX 78642-4770									
	PURPOSE OF	(a) (	Category (See Categories listed at the top	p of this sche	edule)	<b>b)</b> Description						
	EXPENDITURE		Salaries/Wages/Contract Labo	r				ide of Texas. Complete Schedule T.				
						Salary supple		, officeholder living expense				
						Salary Suppl	enne					
	Operation ONITY if all a st		u di data (Offica la aldanu a succ			L-4						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Indidate/Officeholder name	0	office soug	nı		Office held				
	Date		Payee name									
	07/11/2023	F	Roland Gutierrez for Texas									
	Amount (\$)	F	Payee address; City;	State;	Zip Coo	le						
	\$1,000.00	1	.04 Babcock Rd									
		5	Ste 107									
		5	San Antonio, TX 78201-3815									
-	PURPOSE		Category (See Categories listed at the top	n of this coho	dule)	<b>b)</b> Description						
	OF		Contributions/Donations Made		euule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE	Candidate/Officeholder/Political Committee										
						Contribution						
	Complete ONLY if direct		ndidate/Officeholder name	0	office soug	ht		Office held				
	expenditure to benefit C/OI	H										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Ti           Food/Beverage Expense         Polling Expense         Ti           y -         Gift/Awards/Memorials Expense         Printing Expense         Ti					Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 33/46 Rpt:		Eckhardt, Sarah (The Honor	able)				00084783			
4	Date	5	Payee name								
	12/06/2023		Ruta Maya								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le					
	\$296.47		3600 Presidential Blvd								
			Austin, TX 78719-2363								
8	PURPOSE	<u> </u>	Category (See Categories listed at th	a tap of this cab	odulo)	(b) Description					
-	OF		Office Overhead/Rental Exp		edule)		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		·				ı, ТХ,	officeholder living	expense		
						gifts					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	lht		Office he	eld		
	Date		Payee name								
	08/29/2023		Senate Hispanic Caucus								
_	Amount (\$)		Payee address; City;	State:	Zip Co	le					
	\$1,000.00		PO Box 12068	otato,	, 20						
	\$1,000.00		0 000 12000								
			Austin, TX 78711-2068								
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Fees				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
						Dues	I, IA,	onicentituer living	expense		
						Ducc					
	Complete ONLY if direct		andidate/Officeholder name	C	Dffice soug	Iht		Office he	ld		
	expenditure to benefit C/OF										
-	Date		Payee name								
	12/01/2023		Simpson, Isabel								
	Amount (\$)		Payee address; City;	State:	; Zip Co	le					
	\$500.00		Requested	State,	, 20 00						
	\$000.00										
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Consulting Expense					de of Texas. Com			
								officeholder living	expense		
						graphic desiç	jn				
		Ĺ	andialata (0ff:    -					04	.1.4		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	Int		Office he	210		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	verhea xpens Expens Wage	se s/Contract Labor		Solicitation/Fundraising Expens Transportation Equipment & Re Travel in District Travel Out of District OTHER (enter a category not lis	lated Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Cor	nmission Filers)			
	Sch: 34/46 Rpt:		Eckhardt, Sarah (The Honorable)					00084783				
4	Date	5	Payee name				I					
	08/31/2023		Susan Harry Consulting									
6	Amount (\$)	7		te; Zip Co	nde							
ľ	\$3,000.00	ľ	PO Box 301074		Juc							
	40,000.00											
			Austin TX 79702 0019									
_			Austin, TX 78703-0018		<u>[a</u> ]							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description	outoi	de of Texas. Complete Schedule	т			
	EXPENDITURE		Consulting Expense					officeholder living expense	1.			
								ompliance consulting				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held				
	Date		Payee name									
	10/04/2023		Susan Harry Consulting									
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode							
	\$3,000.00		PO Box 301074									
			Austin, TX 78703-0018									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this e Consulting Expense	schedule)	(b)	Check if Austin	ı, TX,	de of Texas. Complete Schedule officeholder living expense Ompliance consulting	т.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held				
	Date	Γ	Payee name									
	10/31/2023		Susan Harry Consulting									
-	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode							
	\$3,000.00		PO Box 301074	,								
	,											
			Austin, TX 78703-0018		1							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description	outei	de of Texas. Complete Schedule	т			
	EXPENDITURE		Consulting Expense			Check if Austin	ı, ТХ,	officeholder living expense	1.			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held				
	expenditure to benefit C/OI	Н										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	erhea kpens xpens Nages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filer	rs)			
	Sch: 35/46 Rpt:		Eckhardt, Sarah (The Honorable)					00084783				
4	Date	5	Payee name				I					
	11/30/2023		Susan Harry Consulting									
6	Amount (\$)	7		e; Zip Co	nde							
ľ	\$3,000.00	ľ	PO Box 301074	.c, zip cc	Juc							
	40,000.00											
			Austin TX 79702 0019									
_			Austin, TX 78703-0018		<u>a</u> ,							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description	outoi	de of Texas. Complete Schedule T.				
	EXPENDITURE		Consulting Expense					officeholder living expense				
								ompliance consulting				
						Ū						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	l Ight			Office held				
	Date		Payee name									
	12/29/2023		Susan Harry Consulting									
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode							
	\$3,000.00		PO Box 301074									
			Austin, TX 78703-0018									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Consulting Expense	chedule)	(b)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense Ompliance consulting				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held				
	Date	Γ	Payee name									
	08/02/2023		Susan Harry Consulting									
	Amount (\$)	$\vdash$		e; Zip Co	ode				_			
	\$1,500.00		PO Box 301074	.0,p 00								
	<i><b>4</b>1,000,000</i>											
			Austin, TX 78703-0018									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description	outo:	de of Texas. Complete Schedule T.				
	EXPENDITURE		Consulting Expense			Check if Austin	, тх,	officeholder living expense				
	Complete ONLY if direct	L(	Candidate/Officeholder name	Office sou	ught			Office held				
	expenditure to benefit C/OI											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe mmittee Legal Services	Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 36/46 Rpt:		Eckhardt, Sarah (The Honorabl	le)				00084783				
4	Date	5	Payee name									
	09/27/2023		Texas Freedom Network									
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	е						
	\$500.00		608 W 22nd St									
			Austin, TX 78705-5116									
8	PURPOSE	(a)	Category (See Categories listed at the top	o of this sche	edule) (	b) Description						
	OF EXPENDITURE		Contributions/Donations Made	Ву				de of Texas. Com	•			
			Candidate/Officeholder/Politica	l Commi	ittee		, TX,	officeholder living	expense			
						Donation						
9	Complete ONLY if direct		Candidate/Officeholder name		)ffice soug	nt		Office he	ald			
Ű	expenditure to benefit C/OI			Ũ	Since Soug	it.						
	Date		Payee name									
	10/18/2023		Texas Freedom Network									
	Amount (\$)		Payee address; City;	State:	Zip Cod	e						
	\$100.00		608 W 22nd St	,		-						
	+200.00											
			Austin, TX 78705-5116									
	PURPOSE	(a)	Category (See Categories listed at the top	o of this sche	edule) (	b) Description						
	OF EXPENDITURE		Contributions/Donations Made	Ву				de of Texas. Com	•			
	EXFENDITORE		Candidate/Officeholder/Politica	l Commi	ittee		, TX,	officeholder living	expense			
						Donation						
								0111				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	office soug	nt		Office he	910			
╞	Date		Payee name									
	09/29/2023		Texas Observer									
	Amount (\$)		Payee address; City;	State;	Zip Cod	е						
	\$500.00		PO Box 6421									
			Austin, TX 78762-6421									
	PURPOSE	(a)	Category (See Categories listed at the top	o of this sche	edule) (	b) Description						
	OF EXPENDITURE		Contributions/Donations Made					de of Texas. Com				
			Candidate/Officeholder/Politica	l Commi	ittee			officeholder living	expense			
						Event sponse	JrSh	ιιþ				
	0 1 1 0 1 1 1 1											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	Office soug	nt		Office he	910			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	rhead/ pense pense (ages/C	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 37/46 Rpt:		Eckhardt, Sarah (The Honorable)					00084783				
4	Date	5	Payee name									
	10/06/2023		Texas Senate									
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de							
	\$30.55		PO Box 12068									
			Austin, TX 78711-2068									
8	PURPOSE											
0	OF	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	iedule)	י (ש) ו ן	Description Check if travel of	outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE		onice overnead/rental Expense		Č	Check if Austin,	, тх,	officeholder living expense				
					f	flag						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name (	Office sou	ght			Office held				
	Date		Payee name									
	10/02/2023		Texas Senate									
	Amount (\$)		Payee address; City; State	; Zip Co	de							
	\$200.00		PO Box 12068									
			Austin, TX 78711-2068									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule)	(b) [ ]			de of Texas. Complete Schedule T.				
					ſ	flags	, IX,	officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name (	Office sou	ght			Office held				
	Date		Payee name									
	11/30/2023		Texas Senate									
	Amount (\$)		Payee address; City; State	; Zip Co	de							
	\$22.55		PO Box 12068									
			Austin, TX 78711-2068									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) [	Description						
	EXPENDITURE		Office Overhead/Rental Expense		L [ f			de of Texas. Complete Schedule T. officeholder living expense				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office held				
	expenditure to benefit C/OI	1										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Transpor Food/Beverage Expense Polling Expense Travel in y - Gift/Awards/Memorials Expense Printing Expense Travel O						raising Expense quipment & Related Expense strict category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 38/46 Rpt:		Eckhardt, Sarah (The Honora	able)				00084783				
4	Date	5	Payee name									
	09/01/2023		Texas State Bar									
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le						
-	\$420.00		1414 Colorado Street	· ·								
			Austin, TX 78701									
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Fees	10p	occart,	Check if travel		ide of Texas. Com	•			
	EAFENDITORE						, тх	, officeholder living	expense			
						Dues						
Ļ						-						
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												
	Date	Γ	Payee name									
	12/13/2023		Torchy's Tacos									
	Amount (\$)	┼─	Payee address; City;	State;	; Zip Coo	le						
	\$199.10		110 San Antonio St									
			Ste 120									
			Austin, TX 78701-4755									
	PURPOSE	-	Category (See Categories listed at the	tan of this solu	- dula)	(b) Description						
	OF		Food/Beverage Expense	top of this sure	edule)		outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE		,					, officeholder living	expense			
						food for office	e					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	Office soug	Jht		Office he	eld			
		··· ——										
	Date		Payee name									
L	12/13/2023		Torchy's Tacos									
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le						
	\$21.81		110 San Antonio St									
			Ste 120									
			Austin, TX 78701-4755									
	PURPOSE	(a)	Category (See Categories listed at the	top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense		, i			ide of Texas. Com	•			
	EXPENDITORE							, officeholder living	expense			
	meeting expense											
						-						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	U	Office soug	jht		Office he	eld			
		·										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 39/46 Rpt:		Eckhardt, Sarah (The Honorable)				00084783				
4	Date	5	Payee name								
	11/17/2023		Travis County Democratic Party								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
	\$10,000.00		1311 E 6th St								
			Ste B								
			Austin, TX 78702-3368								
•	DUDDOCE	<u> </u>		r							
8	PURPOSE OF		Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee			, officeholder living expense				
					Event sponse						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	Iffice sou	ht		Office held				
	Date		Payee name								
	11/11/2023		Travis County Democratic Party								
_	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$1,250.00		1311 E 6th St								
	φ <u>1</u> ,200.00		Ste B								
			Austin, TX 78702-3368								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fees	edule)			ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	Iffice sou	ht		Office held				
	Date		Payee name								
	08/02/2023		Various Hats								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$5,000.00		9600 Escarpment Blvd	1							
			Ste 745								
			Austin, TX 78749-1983								
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description	outoi	ide of Toylog, Complete Cohedule T				
	EXPENDITURE		Consulting Expense			n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense g				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office soug	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	aymei erhead kpense xpens Xpens Wages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 40/46 Rpt:		Eckhardt, Sarah (The Honorable)					00084783				
4	Date	5	Payee name									
	08/02/2023		Various Hats									
6	Amount (\$)	7	Payee address; City; Stat	te; Zip Co	de							
	\$5,000.00		9600 Escarpment Blvd									
			Ste 745									
			Austin, TX 78749-1983									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital consulting											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held				
	Date		Payee name									
	08/15/2023		Various Hats									
	Amount (\$)		Payee address; City; Stat	te; Zip Co	de							
	\$5,000.00		9600 Escarpment Blvd									
			Ste 745									
			Austin, TX 78749-1983									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Consulting Expense	chedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held				
	Date	Γ	Payee name									
	11/01/2023		Various Hats									
	Amount (\$) \$5,000.00		Payee address; City; Stat 9600 Escarpment Blvd Ste 745 Austin, TX 78749-1983	te; Zip Co	de							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Consulting Expense	chedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Exp Gift/Awards/Memor nmittee Legal Services	ense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)				
	Sch: 41/46 Rpt:		Eckhardt, Sarah (The Ho	norable)				00084783					
4	Date	5	Payee name										
	11/01/2023		Various Hats										
6	Amount (\$)	7	Payee address; City;	State	; Zip Coo	le							
	\$5,000.00		9600 Escarpment Blvd										
			Ste 745										
			Austin, TX 78749-1983										
8	PURPOSE	(a)	Category (See Categories listed	at the ten of this sch	odulo)	<b>b)</b> Description							
-	OF		Consulting Expense	at the top of this son	ieuuie)		outsi	ide of Texas. Com	plete Schedule T.				
	EXPENDITURE	, officeholder living	g expense										
Digital consulting													
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	ht		Office he	eld				
	Date		Payee name										
	11/14/2023		Walmart										
	Amount (\$)		Payee address; City;	State	; Zip Coo	le							
	\$252.38		2801 E Whitestone Blvd										
			Cedar Park, TX 78613-12	200									
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	nedule)	<b>b)</b> Description							
	OF EXPENDITURE		Office Overhead/Rental E					ide of Texas. Com					
								, officeholder living	j expense				
						Office Suppli	es						
	Complete ONLY if direct		Candidate/Officeholder name		Office souc	ht		Office he	ald				
	expenditure to benefit C/OI			(	Jilice Sout	in a state of the		Onice ne	eiu				
	Data	_											
	Date 11/06/2023		Payee name Walmart										
				Ctoto									
	Amount (\$) \$38.62		Payee address; City; 2801 E Whitestone Blvd	Siale	; Zip Coo	IC							
	φ30.02												
			Cedar Park, TX 78613-12	200									
	PURPOSE OF	(a)	Category (See Categories listed		nedule)	<b>b)</b> Description							
	EXPENDITURE		Office Overhead/Rental E	Expense				ide of Texas. Com					
						Supplies for s		, officeholder living ff event	j expense				
							Jul						
-	Complete ONLY if direct		Candidate/Officeholder name	(	Office soug	ht		Office he	eld				
	expenditure to benefit C/OI	Н											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense         Polling Expense         Travel in District           / -         Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District						quipment & Related Expense trict			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 42/46 Rpt:		Eckhardt, Sarah	(The Honorable	e)				00084783			
4	Date	5	Payee name									
	12/01/2023		Worley Printing (	Co. Inc.								
6	Amount (\$)	7	Payee address;	City;	State; Zip	Code						
	\$211.09		3217 N Interstate	e 35								
			Austin, TX 78722	2-2203								
8	PURPOSE	(a)	Category (See Cate	pories listed at the top o	of this schedule)	(b	Description					
	OF		Printing Expense		,			outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		<b>-</b> .				Check if Austin	, TX,	officeholder living	expense		
							signage at fu	ndr	aising event			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officehol	der name	Office	sought	I		Office he	ld		
	Date		Payee name									
	07/10/2023		Zoom									
	Amount (\$)	-	Payee address;	City;	State; Zip	Codo						
	.,			-	διαιέ, Ζιμ							
	\$17.05	55 Almaden Blvd										
			FI 6									
			San Jose, CA 95	113-1608								
	PURPOSE	(a)	Category (See Cate	nories listed at the top o	of this schodule)	(b	Description					
	OF	Ľ	Office Overhead				·	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE						Check if Austin	, тх,	officeholder living	expense		
							virtual meetir	ng s	oftware			
	Complete ONLY if direct	<u> </u>	Candidate/Officehol	der name	Office	sought			Office he	ld		
	expenditure to benefit C/OI	Н				5						
_		-										
	Date		Payee name									
	07/10/2023		Zoom									
	Amount (\$)		Payee address;	City;	State; Zip	Code						
	\$17.05		55 Almaden Blvc	I								
			FI 6									
				112 1600								
San Jose, CA 95113-1608												
PURPOSE     (a) Category     (See Categories listed at the top of this schedule)     (b) Description       OF     OF     OF     OF     OF												
	EXPENDITURE		Office Overhead	Rental Expense	e				de of Texas. Com			
	-								officeholder living	expense		
							virtual meetir	iy s	onware			
	Complete ONLY if direct		Candidate/Officehol	der name	Office	sought	:	_	Office he	ld		
	expenditure to benefit C/OI	Н										

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E			Overhe Expen g Exper s/Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 43/46 Rpt:		Eckhardt, Sarah (The Honorable)					00084783	
4	Date	5	Payee name				•		
	08/09/2023		Zoom						
6	Amount (\$)	7	Payee address; City;	State; Zip (	Code				
	\$17.05		55 Almaden Blvd						
			FI 6						
		San Jose, CA 95113-1608							
8	PURPOSE					1 Decembra			
δ	OF	(a)	Category (See Categories listed at the top of t	his schedule)		Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living expense	
						virtual meetir	ng s	oftware	
							-		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ought	t 		Office held	
	Date	Γ	Payee name						
	08/09/2023		Zoom						
	Amount (\$)	┢	Payee address; City; S	State; Zip (	Code				
\$17.05 55 Almaden Blvd									
			FI 6						
			San Jose, CA 95113-1608						
	PURPOSE	(3)			(h	Description			
	OF	[(a)	Category (See Categories listed at the top of t Office Overhead/Rental Expense	his schedule)		Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Unice Overneau/Remai Expense			officeholder living expense			
virtual meeting software						oftware			
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office s	ought	t		Office held	
expenditure to benefit C/OH									
	Date	Γ	Payee name						
	09/11/2023		Zoom						
	Amount (\$)	┢	Payee address; City;	State; Zip (	Code				
	\$17.05		55 Almaden Blvd	· •					
FI 6									
		$\vdash$	San Jose, CA 95113-1608			-			
	PURPOSE OF	(a)	Category (See Categories listed at the top of t	his schedule)	(b	Description	outoi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living expense	
						virtual meetir			
							0		
	Complete ONLY if direct		Candidate/Officeholder name	Office s	ouahi	t		Office held	
	expenditure to benefit C/OF								

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing Ex			se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 44/46 Rpt:		Eckhardt, Sarah (The Honorable)					00084783	
4	Date 09/11/2023	5	Payee name Zoom						
6	Amount (\$)	7	Payee address; City; Si	tate; Zip C	ode				
	\$17.05		55 Almaden Blvd	<i>i</i> 1					
			FI 6						
			San Jose, CA 95113-1608		1				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description			
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. officeholder living expense	
						virtual meetir			
						viituai meetii	iy s	Soltware	
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Jght			Office held	
	expenditure to benefit C/OF								
	Date		Payee name						
	10/10/2023		Zoom						
	Amount (\$)		Payee address; City; Si	tate; Zip C	ode				
	\$17.05		55 Almaden Blvd						
			FI 6						
			San Jose, CA 95113-1608						
	PURPOSE	(a)			(h)	Description			
	OF	("	Category (See Categories listed at the top of thi Office Overhead/Rental Expense	s schedule)	(,	·	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Once Overneau/Kentai Expense	emead/Remai Expense				officeholder living expense	
						virtual meetir	ng s	software	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	Jaht			Office held	
expenditure to benefit C/OH									
Date Payee name									
	10/10/2023		Zoom						
				tata. Zia C					
	Amount (\$)			tate; Zip C	ode				
	\$17.05		55 Almaden Blvd						
		FI 6							
			San Jose, CA 95113-1608						
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense	,	1			de of Texas. Complete Schedule T.	
	EXPENDITORE							officeholder living expense	
					1	virtual meetir	ng s	software	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing Ex			se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 45/46 Rpt:		Eckhardt, Sarah (The Honorable)					00084783	
4	Date	5	Payee name						
	11/09/2023		Zoom						
6	Amount (\$)	7	Payee address; City; S	itate; Zip C	ode				
	\$17.05		55 Almaden Blvd						
			FI 6						
		San Jose, CA 95113-1608							
8	PURPOSE				(h)	Description			
ð	OF		Category (See Categories listed at the top of thi	is schedule)		Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living expense	
						virtual meetin	ng s	oftware	
							-		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held	
	Date		Payee name						
	11/09/2023		Zoom						
	Amount (\$)	┢	Payee address; City; S	tate; Zip C	ode				
\$17.05 55 Almaden Blvd									
		FI 6							
			San Jose, CA 95113-1608						
	PURPOSE	(a)			h	Description			
	OF		Category (See Categories listed at the top of thi Office Overhead/Rental Expense	is schedule)		Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overneau/Rental Expense			officeholder living expense			
virtual meeting software						oftware			
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office held	
expenditure to benefit C/OH									
	Date		Payee name						
	12/11/2023		Zoom						
	Amount (\$)	-	Payee address; City; S	itate; Zip C	ode				
	\$17.05		55 Almaden Blvd						
	+=		FI 6						
			San Jose, CA 95113-1608						
	PURPOSE OF		Category (See Categories listed at the top of thi	is schedule)	(b)	Description		de ef Teures, Oerreelede Oekerkule T	
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. officeholder living expense	
						virtual meetin			
							.9 -		
	Complete ONLY if direct		Candidate/Officeholder name	Office so	laht			Office held	
	expenditure to benefit C/OF				agin				

			EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Cor	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2		1,	Filer ID (Ethics Commission Filers)	
1	Sch: 46/46 Rpt:	2	Eckhardt, Sarah (The Honorable)	ľ	00084783	
4	Date	5	Payee name			
•	12/11/2023	Ū	Zoom			
6	Amount (\$) \$17.05		Payee address; City; State; Zip Code 55 Almaden Blvd Fl 6 San Jose, CA 95113-1608			
8	PURPOSE OF EXPENDITURE	(a)		in, T	tside of Texas. Complete Schedule T. X, officeholder living expense SOftware	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sought		Office held	