## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

1	`	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
_	00084783		43			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONI	CALLY FILED
	OFFICEHOLDER NAME	The Honorable	Sarah			07/30/2025	
		NICKNAME	LAST		SUFFIX		
			Eckhardt			Date Hand-delivere	d or Date Postmarked
4	ORIGINAL	January 15	Runoff	Other	(specify)		a or Bato i ocumamou
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam			_	
		8th day before election	appointment (office	• • •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	<u> </u>		Year	_	
J	COVERED	01/01/2025	THROUGH	Month Day 06/30/2025		Date Imaged	
_	EXPLANATION OF C			00/30/2023	'		
,		amount of \$51.83 was repo	stod on combact	00 rooms - 0/40/	OF House :- : !	at contribution -	a refused andf
7	AFFIDAVIT		and	ear, or affirm, under correct. eck the box next to ar		•	ted report is true
7	AFFIDAVIT		and	correct.	ny and all applica rts: I swear, o faith and withou	able statements: r affirm that the or t an intent to misle	riginal report ead or to
7	AFFIDAVIT		and Che	correct.  ck the box next to an  Semiannual report was made in good	ny and all applicants: I swear, of faith and withoun formation contants. I swear, or affirm the 14th busing triginally filed is in at any error or o	able statements:  r affirm that the or t an intent to misle ined in the report.  t, that I am filing thess day after the on naccurate or incoma	riginal report ead or to his corrected date I learned mplete. I
7	AFFIDAVIT		and Che	Semiannual reports was made in good misrepresent the ir  Other reports: report not later that the report as c swear, or affirm, the filed was made in good misrepresent the ire.	ny and all applicants: I swear, of faith and withoun formation contants. I swear, or affirm the 14th busing triginally filed is in at any error or o	able statements:  r affirm that the or t an intent to misle ined in the report.  n, that I am filing the ess day after the o naccurate or incol mission in the rep	riginal report ead or to his corrected date I learned mplete. I
7		AMP / SEAL ABOVE	and Che	Semiannual report was made in good misrepresent the ir  Other reports: report not later that that the report as commanded was made in good misrepresent the ir	ny and all applicants: I swear, of faith and withoun formation contall swear, or affirm the 14th busing originally filed is it at any error or of good faith.	able statements:  r affirm that the or t an intent to misle ined in the report.  n, that I am filing the ess day after the o naccurate or incol mission in the rep	riginal report ead or to his corrected date I learned mplete. I
7	AFFIX NOTARY ST		and Che	Semiannual reports was made in good misrepresent the ir  Other reports: report not later that that the report as c swear, or affirm, the filed was made in good misrepresent the ir	ny and all applicants: I swear, of faith and without offermation contains and the swear, or affirm the 14th busing originally filed is it at any error or offermation.	r affirm that the or t an intent to misle ined in the report.  In, that I am filing these day after the conaccurate or incomission in the report.  The property of the conaccurate or incomission in the report.  The property of the conaccurate or incomission in the report of the conaccurate or incomission in the report.	riginal report ead or to his corrected date I learned mplete. I ort as originally
7	AFFIX NOTARY ST Sworn to and subsc	AMP / SEAL ABOVE ribed before me, by the sai	and Che	Semiannual reports was made in good misrepresent the ir  Other reports: report not later that that the report as consumers, or affirm, the filed was made in good misrepresent the irelation of the seminor of the semin	rts: I swear, o faith and withou offormation contains the 14th businoriginally filed is it at any error or o good faith.  Honorable Sature of Candidat, this	r affirm that the or t an intent to misle ined in the report.  In, that I am filing these day after the conaccurate or incomission in the report.  The property of the conaccurate or incomission in the report.  The property of the conaccurate or incomission in the report of the conaccurate or incomission in the report.	riginal report ead or to his corrected date I learned mplete. I ort as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	Semiannual reports was made in good misrepresent the ir  Other reports: report not later that that the report as consumers, or affirm, the filed was made in good misrepresent the irelation of the seminor of the semin	rts: I swear, o faith and withou offormation contains the 14th businoriginally filed is it at any error or o good faith.  Honorable Sature of Candidat, this	r affirm that the or t an intent to misle ined in the report.  In, that I am filing these day after the conaccurate or incomission in the report.  The property of the conaccurate or incomission in the report.  The property of the conaccurate or incomission in the report of the conaccurate or incomission in the report.	riginal report ead or to his corrected date I learned mplete. I ort as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00084783		2 Total pages f	filed: 43
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Sarah			Date Received	
					ELECTRONIC	ALLY EILED
					07/30/2025	ALLITILLD
	NICKNAME	LAST		SUFFIX	07/30/2025	
		Eckhardt				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 301586					
ADDRESS					Receipt #	Amount
Change of Address	Austin, TX 78703					
П п п п п п п п п п п п п п п п п п п п	Austin, 17 10105				Date Processed	
					Date Imaged	
					<u></u>	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME		Carol				
	NICKNAME	LAST		SUFFIX		
		Hatfield				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	′; ST	ATE; ZIP CODE
TREASURER ADDRESS	3404 Northwood Circle					
(Residence or Business)	Austin, TX 78703					
	7.43411, 17. 10100					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER PHONE	(512) 459-5841					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff		ampaign treasurer
					appointment (of	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
<b>9</b> DEDICE	14 d 5					
9 PERIOD COVERED	Month Day Year	TI	IDOLICII	Month Day		
OOVERED	01/01/2025	IH	IROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE	l ,		ELECTION TYPE		
	Month Day Year	LIP	rimary	Runoff	Other	
		□G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGH	T (if known)	
	State Senator District 14				,	
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 43

13 C / OH NAME	Eckhardt, Sarah (The	Honorable)		<b>14</b> 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 d to report this information	he candidate's or offic	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS	6			
	SPECIFIC					
		COMMITTEE CAMPAIG	N TREASURER NAME			
		COMMITTEE CAMPAIG	IN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			RIBUTIONS (OTHER THAN TRIBUTIONS MADE ELEC		, <b>\$</b>	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR G	GUARANTEES OF LOANS	s)	\$	1,518.88
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPEN	DITURES		\$	4,069.56
	4. TOTAL POLITIC	AL EXPENDITURES			\$	95,065.48
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		AINTAINED AS OF THE LA	AST DAY OF THE	\$	161,965.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF 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 Hone	rable Sarah Eckha	rdt	
				Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
	, 20, to co					
Signature of office	cer administering	Printed name of offi	cer administering	Title of office	er administer	ing oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

			O V EI ( OI I E E	4 of 43
18 FILER NAI Eckhardt,	ME Sarah (The Honorable)	<b>19</b> Filer ID 00084783	(Ethics Commissi	on Filers)
l	E SUBTOTALS SCHEDULE		SUBTOTAL	AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,518.88
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	95,065.48
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/43		
2	FILER NAME Eckhardt, Sa	arah (The Honorable)		3	Filer ID (Ethics Commission 00084783	n Filers)	
4	Date 06/23/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Bean, Dunya</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$20.85	
_	Dringing! good	Austin, TX 78723-4585	0 Employer (See Instructions				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  06/27/2025 Bednar, Deaton Kivett  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$36.34	
	Principal occu	Austin, TX 78751-4709 pation / Job title (See Instructions)	Employer (See Instructions	)			
		,	p 193 (223 233 23				
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Cofer, Mary Elizabeth Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$51.83	
		Austin, TX 78746-5507					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Collins, Reenie and Kent Contributor address; City; State; Zip Code  Austin, TX 78731-6126			Amount of Contribution (\$)	\$103.45	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Conyngham, Karen Contributor address; City; State; Zip Code  Austin, TX 78746-4115			Amount of Contribution (\$)	\$51.83	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 6/43		
2	FILER NAME Eckhardt, Sa	arah (The Honorable)		3	Filer ID (Ethics Commission 00084783	n Filers)	
4	Date 06/24/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00	
8	Principal occu	Austin, TX 78749-3231 pation / Job title (See Instructions)	9 Employer (See Instructions				
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)			
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#:_ Garner, Anita Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$21.73	
	Principal occu	Austin, TX 78749-1850 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
		panon, cos uno (coo monasmono)		,			
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Gutierrez, Marcos Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$35.00	
		Austin, TX 78746-1975					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Howell, Pix Contributor address; City; State; Zip Code  Wimberley, TX 78676-5451	)		Amount of Contribution (\$)	\$103.45	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Jackson, Dee and Robert Contributor address; City; State; Zip Code  Austin, TX 78746-4640	)		Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/43	
2	FILER NAME Eckhardt, Sa	rah (The Honorable)		3	Filer ID (Ethics Commission 00084783	n Filers)
4	Date 06/24/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$36.34
0	Principal occu	Austin, TX 78751-3205 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	Jalion / Job title (See Instructions)	5 Employer (See instructions	')		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Kallerman, Dick Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$206.70
	Dringing age	Austin, TX 78704-3802	Employer (See Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ King, Robert J. Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$51.83
		Austin, TX 78739-4815				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_Miglin, Bruce  Contributor address; City; State; Zip Code  Austin, TX 78739-1427			Amount of Contribution (\$)	\$51.83
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Newberry, Blait Contributor address; City; State; Zip Code  Austin, TX 78736-1920			Amount of Contribution (\$)	\$206.70
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 4/4 Rpt: 8/43	
2	FILER NAME Eckhardt, Sa	arah (The Honorable)		3	Filer ID (Ethics Commission 00084783	n Filers)
4	Date 06/23/2025	Full name of contributor	)	7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78727-5151				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Shear, Michael Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.85
		Cedar Park, TX 78641-3262				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Smith, Scott L. Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$206.70
		Austin, TX 78701-1722				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: Walker, Nancy Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$103.45
	Principal occu	Austin, TX 78749-2113  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 1/35 Rpt: 9/43	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	06/10/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$128.74	410 Terry Ave N
		Seattle, WA 98109-5210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  event supplies
		Overtical period
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	01/22/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.49	410 Terry Ave N
		Seattle, WA 98109-5210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		office supplies
		ото оприне
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Date	Dayso name
	01/24/2025	Payee name Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$648.42	410 Terry Ave N
		Seattle, WA 98109-5210
	BUBBOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total name - Oct - 1 1 Et		_
1	Total pages Schedule F1: Sch: 2/35 Rpt: 10/43	2 FILER NAME  Eckhardt, Sarah (The Honorable)  3 Filer ID (Ethics Commission Filers) 00084783	
4	Date	5 Payee name	
	01/24/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.35	410 Terry Ave N	
		Seattle, WA 98109-5210	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		office supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
$\vdash$	Date	Davida nama	_
		Payee name	
	02/21/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.93	410 Terry Ave N	
		Seattle, WA 98109-5210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		office supplies	
	0 1: 0.11.7.7.1.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	<u> </u>		
	Date	Payee name	
	03/18/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$67.07	410 Terry Ave N	
		Seattle, WA 98109-5210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		office supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 3/35 Rpt: 11/43	FILER NAME     Eckhardt, Sarah (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084783
4	Date 05/28/2025	5 Payee name Amazon	I
6	Amount (\$) \$13.23	7 Payee address; City; State; Zip Code 410 Terry Ave N	
8	PURPOSE OF EXPENDITURE	Seattle, WA 98109-5210  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  office supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 03/03/2025	Payee name Amazon	
	Amount (\$) \$53.01	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109-5210	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  office supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 03/17/2025	Payee name Austin Bar Association	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 712 W 16th St	
		Austin, TX 78701-1518	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Professional dues
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/35 Rpt: 12/43	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	03/31/2025	Clean Water Action
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	600 W 28th St
	l	
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
	l	Donation
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Clemmons, Jeffrey
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	2501 Manor Rd
	l	Apt 310
	l	Austin, TX 78722-2056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	l	Salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/30/2025	Clemmons
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2501 Manor Rd
	• •	Apt 310
	l	Austin, TX 78722-2056
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	l	Salary supplement
	l	2007 200 2
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

al Committee Legal Services Salaries/Wages/Co	
	3 Filer ID (Ethics Commission Filers) 00084783
	00004783
5 Payee name	
Clemmons	
7 Payee address; City; State; Zip Code	
2501 Manor Rd	
Apt 310	
Austin, TX 78722-2056	
(a) Category (See Categories listed at the top of this schedule) (b) D	escription
	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
s	alary supplement
Candidate/Officeholder name Office sought	Office held
Н	
Payee name	
Clemmons	
Payee address; City; State; Zip Code	
2501 Manor Rd	
Apt 310	
Austin, TX 78722-2056	
(a) Category (See Categories listed at the top of this schedule) (b) D	escription
Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
5	alary supplement
	000
	Office held
Payee name	
Clemmons	
Payee address; City; State; Zip Code	
2501 Manor Rd	
Apt 310	
Austin, TX 78722-2056	
(a) Category (See Categories listed at the top of this schedule) (b) D	escription
	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
S	alary supplement
Candidate/Officeholder name Office sought	Office held
Candidate/Officeholder name Office sought H	Office held
	Office held
	The Instruction Guide explains how to complete  2 FILER NAME     Eckhardt, Sarah (The Honorable)  5 Payee name     Clemmons  7 Payee address; City; State; Zip Code     2501 Manor Rd     Apt 310     Austin, TX 78722-2056  (a) Category (See Categories listed at the top of this schedule)     Salaries/Wages/Contract Labor  Candidate/Officeholder name     Clemmons  Payee name     Clemmons  Payee address; City; State; Zip Code     2501 Manor Rd     Apt 310     Austin, TX 78722-2056  (a) Category (See Categories listed at the top of this schedule)     Salaries/Wages/Contract Labor  Candidate/Officeholder name     Office sought  Payee name     Clemmons  Payee address; City; State; Zip Code     Salaries/Wages/Contract Labor  Candidate/Officeholder name     Office sought  Payee name     Clemmons  Payee address; City; State; Zip Code     2501 Manor Rd     Apt 310     Austin, TX 78722-2056  (a) Category (See Categories listed at the top of this schedule)     Salaries/Wages/Contract Labor

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mac Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	S		ages	/Contract Labor		OTHER (enter a	strict a category not listed al	oove)
	·			The Instruction G	uide explains ho	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 6/35 Rpt: 14/43		Eckhardt, Sa	arah (The Hond	orable)					00084783		
4	Date	5	Payee name									
	02/04/2025		Facebook In	ıc.								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$18.79		156 Univers	ity Ave								
			Palo Alto, C	A 94301-1688								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this schedu	ule) (	(b)	Description				
	OF EXPENDITURE		Advertising					<b>=</b>			plete Schedule T.	
	EXI ENDITORE							_		officeholder living	g expense	
								Digital advert	ISIN	ıg		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Offi	ice soug	jht			Office h	eld	
	experional to belief to cros	'										
	Date		Payee name									
	02/05/2025		Facebook In	ıc.								
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Cod	le					
	\$88.42		156 Univers	ity Ave								
			Palo Alto, C	A 94301-1688								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this schedu	ıle)	(b)	Description				
	OF		Advertising			,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		· ·	·				<b>—</b>		officeholder living	g expense	
								Digital advert	isin	ıg		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice soug	jht			Office he	eld	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	02/10/2025		Facebook In	ıc.								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$140.02		156 Univers	ity Ave								
			Palo Alto, C	A 94301-1688								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this schedu	<sub>ule)</sub>	(b)	Description				
	OF EXPENDITURE		Advertising		•			ш			plete Schedule T.	
	EXPENDITURE		· ·	·				ш		officeholder living	g expense	
								Digital advert	isin	ıg		
L												
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice soug	jht			Office he	eld	
	expenditure to benefit C/O	H										
ı												

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/35 Rpt: 15/43	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	04/29/2025	Facebook Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$139.22	156 University Ave
		Palo Alto, CA 94301-1688
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Digital advertising
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	06/05/2025	Facebook Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.50	156 University Ave
		Palo Alto, CA 94301-1688
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Digital advertising
		Digital advertising
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
⊨	Date	Davies same
	06/09/2025	Payee name Facebook Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.00	156 University Ave
		Dala Alta, OA 04004 1000
		Palo Alto, CA 94301-1688
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taylor Camplete Schedule T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Digital advertising
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 8/35 Rpt: 16/43	2 FILER NAME Eckhardt, Sarah (The Honorable)  3 Filer ID (Ethics Commission Filers) 00084783
4	Date	5 Payee name
	06/10/2025	Facebook Inc.
6	Amount (\$) \$138.00	7 Payee address; City; State; Zip Code 156 University Ave Palo Alto, CA 94301-1688
Ļ	DUDD005	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Digital advertising
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/16/2025	Facebook Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$152.00	156 University Ave
		Palo Alto, CA 94301-1688
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Digital advertising
		Digital davertising
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2025	Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.15	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  email
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calc. 1.1. Etc.	
1	Total pages Schedule F1: Sch: 9/35 Rpt: 17/43	2 FILER NAME Eckhardt, Sarah (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084783
4	Date	5 Payee name
	02/10/2025	Gsuite
	02/10/2025	
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$161.79	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
Ļ	DUDD005	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  email
		email
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	03/03/2025	Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.61	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		email
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
	Date	Payee name
L	04/01/2025	Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.15	1600 Amphitheatre Pkwy
		Mountain View, CA 04042 1251
		Mountain View, CA 94043-1351
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		email email
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/35 Rpt: 18/43	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	05/01/2025	Gsuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$138.15	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		email
		S.mail
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	06/02/2025	Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.15	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		email
		Cinali
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/16/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.91	1801 E 51st St
		Austin, TX 78723-3434
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		food for staff birthday
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit Gree	·

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/35 Rpt: 19/43	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	02/13/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.61	1801 E 51st St
		Austin, TX 78723-3434
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  event supplies
		CVOIL Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	04/14/2025	HEB
H	Amount (\$)	Payee address; City; State; Zip Code
	\$158.85	1801 E 51st St
	,	
		Austin, TX 78723-3434
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food for office and community school
		1 ood for office and community school
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/21/2025	HEB
H	Amount (\$)	Payee address; City; State; Zip Code
	\$43.28	1801 E 51st St
	, , ,	
		Austin, TX 78723-3434
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		food for staff birthday
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 12/35 Rpt: 20/43	FILER NAME     Eckhardt, Sarah (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084783
4	Date 04/08/2025	5 Payee name HEB	
6	Amount (\$) \$17.22	7 Payee address; City; State; Zip Code 1801 E 51st St Austin, TX 78723-3434	
8	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food for staff birthday
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 01/07/2025	Payee name HEB	
	Amount (\$) \$120.99	Payee address; City; State; Zip Code 1801 E 51st St  Austin, TX 78723-3434	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food/supplies for office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 01/10/2025	Payee name HEB	
	Amount (\$) \$45.19	Payee address; City; State; Zip Code 1801 E 51st St	
		Austin, TX 78723-3434	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food/supplies for office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		mmittee	Gift/Awa Legal Se	rds/Memorials I rvices	Expense		nting Exp aries/Wa		se s/Contract Labor		Travel Out OTHER (er		strict category not listed a	above)
	Credit Card Payment			The Ins	struction Gu	ide explaiı	ns how	to con	nple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME	Ξ							3	Filer ID		(Ethics Commis	sion Filers)
	Sch: 13/35 Rpt: 21/43		Eckhardt, S	arah (	The Honor	rable)						000847	83		
4	Date	5	Payee name												
	01/26/2025		HEB												
6	Amount (\$)	7	Payee addre	SS;	City;	Sta	ıte; Zi	р Сос	de						
	\$77.26		1801 E 51s	t St											
			Austin, TX	78723-	3434										
8	PURPOSE	(a)	Category (S	ee Catego	ories listed at th	e top of this	schedule	:)	(b)	Description					
	OF EXPENDITURE		Office Over							Check if trave				plete Schedule T.	
	LAFENDITORE									Check if Austi			living	j expense	
										food/supplie	s to	r office			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholde	er name		Office	e soug	ght			Offic	e he	eld	
	Date		Payee name												
	02/10/2025		HEB												
	Amount (\$)	H	Payee addre	SS;	City;	Sta	ıte; Zi	р Сос	de						
	\$238.21		1801 E 51s		-										
			Austin, TX	78723-	3434										
	PURPOSE	(a)	Category (S	ee Catego	ories listed at th	e top of this	schedule	:)	(b)	Description					
	OF EXPENDITURE		Office Over							Check if trave	l outs	ide of Texas.	Com	plete Schedule T.	
	EXI ENDITORE									Check if Austi			livinç	j expense	
										food/supplie	s to	r office			
									_						
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholde	er name		Office	e soug	ght			Offic	e he	eld	
	Date		Payee name												
	01/30/2025		HEB												
	Amount (\$)		Payee addre	SS;	City;	Sta	ıte; Zi	p Coo	de						
	\$95.32		1801 E 51s		- 3,		,								
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,														
			Austin, TX	78723-	3434										
	PURPOSE	(a)	Category (S	ee Catego	ories listed at th	e top of this	schedule	e)	(b)	Description					
	OF EXPENDITURE		Office Over							Check if trave	l outs	ide of Texas.	Com	plete Schedule T.	
	EXPENDITURE									Check if Austi			living	j expense	
										food/supplies	s fo	r office			
	Complete ONLY if direct		Candidate/Off	icehold	er name		Office	e souç	ght		_	Offic	e h	eld	
	expenditure to benefit C/O														

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/35 Rpt: 22/43	Eckhardt, Sarah (The Honorable) 00084783
4 [	Date	5 Payee name
(	03/20/2025	HEB
6 /	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.05	1801 E 51st St
		Austin, TX 78723-3434
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	l	food/supplies for office
	l	lood/supplies for office
9 (	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
(	03/21/2025	HEB
/	Amount (\$)	Payee address; City; State; Zip Code
	\$24.56	1801 E 51st St
		Austin, TX 78723-3434
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		food/supplies for office
	l	1000/30ppiles for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	<b>y</b>
	Date	Payee name
(	04/02/2025	HEB
/	Amount (\$)	Payee address; City; State; Zip Code
	\$226.39	1801 E 51st St
	l	Austin, TX 78723-3434
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
	l	food/supplies for office
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Ì		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/35 Rpt: 23/43	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	04/01/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.82	1801 E 51st St
		Austin, TX 78723-3434
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		food/supplies for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	d v
	Date	Payee name
	04/07/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.95	1801 E 51st St
		Austin, TX 78723-3434
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense food/supplies for office
		lood/supplies for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/03/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.95	1801 E 51st St
		Austin, TX 78723-3434
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		food/supplies for office
	Complete ONLY If allows	Condidate/Officeholder name Office assists Office hald
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┡	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
ľ	Sch: 16/35 Rpt: 24/43	Eckhardt, Sarah (The Honorable)
L	·	, , , , , , , , , , , , , , , , , , ,
4	Date	5 Payee name
	03/04/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.97	1801 E 51st St
		Austin, TX 78723-3434
8	DUDDOCE	
ľ	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		food/supplies for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	03/03/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.02	1801 E 51st St
		Austin, TX 78723-3434
⊢	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		food/supplies for office
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-i
⊨	Data	Davies same
	Date 05/31/2025	Payee name
		HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$197.08	1801 E 51st St
		Austin, TX 78723-3434
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		food/supplies for office
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
1		

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/35 Rpt: 25/43	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	06/02/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$94.76	1801 E 51st St
		Austin, TX 78723-3434
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		food/supplies for office
		Toolar outperformed to the control of the control o
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/05/2025	HEB
H	Amount (\$)	Payee address; City; State; Zip Code
	\$365.48	1801 E 51st St
		Austin, TX 78723-3434
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		food/supplies for office
		Toolar outperformed to the control of the control o
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/28/2025	HEB
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$197.08	1801 E 51st St
		Austin, TX 78723-3434
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food/supplies for office
		ioou/supplies for office
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

#### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/35 Rpt: 26/43	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	05/13/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.79	1801 E 51st St
		Austin, TX 78723-3434
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		food/supplies for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Payee name
	06/02/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.76	1801 E 51st St
		Austin, TX 78723-3434
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		food/supplies for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/02/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$391.14	1801 E 51st St
	****	
		Austin, TX 78723-3434
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		food/supplies for office
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/35 Rpt: 27/43	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	05/27/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.88	1801 E 51st St
		Austin, TX 78723-3434
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food/supplies for office
		loca/sapplies for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/07/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	1801 E 51st St
		Austin, TX 78723-3434
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gifts for interns
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/13/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.33	1801 E 51st St
		Austin, TX 78723-3434
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff anniversary celebration
		Juli amilyersary celebration
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 20/35 Rpt: 28/43		cs Commission Filers)
4	Date 03/10/2025	5 Payee name HEB	
6	Amount (\$) \$25.21		
8	PURPOSE OF EXPENDITURE	Austin, TX 78723-3434  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete St Check if Austin, TX, officeholder living expenses Staff condolensce gift	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held DH	
	Date 02/03/2025	Payee name HEB	
	Amount (\$) \$38.26	Payee address; City; State; Zip Code  1801 E 51st St  Austin, TX 78723-3434	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Still Check if Austin, TX, officeholder living expensions. Supplies for office event	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  OH	
	Date 03/04/2025	Payee name Ho-Shing, Joseph	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 2400 San Gabriel St	
		Austin, TX 78705-4714	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Some Check if Austin, TX, officeholder living expenses Salary supplement	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  Office held	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage E
Contribution/ Onations Made By Good/Beverage E
Gift/Awards/Mem

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/35 Rpt: 29/43	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	03/31/2025	Ho-Shing, Joseph
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2400 San Gabriel St
		Austin, TX 78705-4714
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary Supplement
Ļ	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	•	
	Date	Payee name
	04/30/2025	Ho-Shing, Joseph
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2400 San Gabriel St
		Austin, TX 78705-4714
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary Supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/31/2025	Ho-Shing, Joseph
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2400 San Gabriel St
		Austin, TX 78705-4714
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Salary supplement
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/Of	•

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	<u> </u>								
	Sch: 22/35 Rpt: 30/43	Eckhardt, Sarah (The Honorable) 00084783								
4	Date	5 Payee name								
	05/30/2025	Ho-Shing, Joseph								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$500.00	2400 San Gabriel St								
		Austin, TX 78705-4714								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense								
		Salary supplement								
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
9	expenditure to benefit C/O									
	Date	Payee name								
	06/30/2025	Ho-Shing, Joseph								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$500.00	2400 San Gabriel St								
		Austin, TX 78705-4714								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense Salary supplement								
		Calary Supplement								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
	Date	Payee name								
	03/26/2025	HootSuite								
	Amount (\$) \$498.83	Payee address; City; State; Zip Code  1230 Avenue Of The Americas								
	Ψ430.03	FI 16								
		New York, NY 10020-1500								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Digital software								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 23/35 Rpt: 31/43	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
Ļ	01/19/2025	Intuit
6	Amount (\$) \$59.69	7 Payee address; City; State; Zip Code 2700 Coast Ave
	φ39.09	2700 Coast Ave
		Mountain View, CA 94043-1140
8	PURPOSE	
١	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		accounting software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
⊨	Date	Payee name
	01/30/2025	Intuit
_	Amount (\$)	Payee address; City; State; Zip Code
	\$17.06	2700 Coast Ave
		Mountain View, CA 94043-1140
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  accounting software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/19/2025	Intuit
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.69	2700 Coast Ave
		M
		Mountain View, CA 94043-1140
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		accounting software
	0 1, 2, 2, 2, 2, 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	n Filers)		
	Sch: 24/35 Rpt: 32/43	Eckhardt,	Sarah (The Honoral	ble)				00084783				
4	Date	5 Payee name	е									
	04/19/2025	Intuit										
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode							
	\$59.69	2700 Coas	st Ave									
		Mountain \	/iew, CA 94043-114	40								
8	PURPOSE	(a) Category (	See Categories listed at the to	op of this schedule)	(b)	Description						
	OF EXPENDITURE	Accounting				<b>=</b>		ide of Texas. Com				
						Accounting so		, officeholder living	g expense			
						Accounting 30	Oiti	ware				
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	uaht			Office he	2ld			
ľ	expenditure to benefit C/OI		noonoladi hamo	S.II.00 30	agiit			Omoo m	5.u			
H	Date	Payee name	<u> </u>									
	03/19/2025	Intuit										
H	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode							
	\$59.69	2700 Coas	•	•								
		Mountain \	/iew, CA 94043-114	40								
	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description						
	EXPENDITURE	Accounting	g/Banking			<b>=</b>		ide of Texas. Com , officeholder living				
			Accounting software									
						_						
	Complete ONLY if direct		ficeholder name	Office so	ught			Office he	eld			
	expenditure to benefit C/OI	4										
	Date	Payee name	<del></del>									
	05/19/2025	Intuit										
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode							
	\$59.69	2700 Coas	st Ave									
		Mountain \	/iew, CA 94043-114	40								
	PURPOSE	(a) Category	See Categories listed at the to	op of this schedule)	(b)	Description						
	OF EXPENDITURE	Accounting	g/Banking			ш		ide of Texas. Com	•			
	-					Accounting so		, officeholder living	g expense			
						, locourining 50	UIL	vvaic				
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office he	eld			
	expenditure to benefit C/OI											

### SCHEDULE F1

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

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

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commissio	n Filers)
Sch: 25/35 Rpt: 33/43         Eckhardt, Sarah (The Honorable)         00084783	
4 Date 5 Payee name	
06/20/2025 Intuit	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$59.69 2700 Coast Ave	
Mountain View, CA 94043-1140	
8 PURPOSE  (a) Category (See Categories listed at the top of this schedule)  OF  Accounting (Depth in travel outside of Taxas Complete Schedule T	
EXPENDITURE  Accounting/Banking  Light Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Accounting software	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
01/03/2025 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 schedule) (b) Description	
OF EXPENDITURE Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense  Database software	
Balabase soliware	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
02/07/2025 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 schedule) (b) Description	
OF Office Overhead/Pental Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE    Check if Austin, TX, officeholder living expense	
Database software	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
experiance to benefit O/O/I	

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1: Sch: 26/35 Rpt: 34/43	FILER NAME     Eckhardt, Sarah (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084783
4	Date 03/05/2025	5 Payee name NGP VAN	
	Amount (\$) \$341.12	7 Payee address; City; State; Zip Code 1105 15th St NW Ste 500 Washington, DC 20005-5003	
8	PURPOSE OF EXPENDITURE	Check	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense se software
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/05/2025	Payee name NGP VAN	
	Amount (\$) \$716.36	Payee address; City; State; Zip Code 1105 15th St NW Ste 500 Washington, DC 20005-5003	
	PURPOSE OF EXPENDITURE	Check	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense Se Software
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/04/2025	Payee name NGP VAN	
	Amount (\$) \$358.18	Payee address; City; State; Zip Code 1105 15th St NW Ste 500 Washington, DC 20005-5003	
	PURPOSE OF EXPENDITURE	Check	ON if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense SE SOftWare
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 27/35 Rpt: 35/43	2 FILER NAME Eckhardt, Sarah (The Honorable)  3 Filer ID (Ethics Commission Filers) 00084783
4	Date	5 Payee name
	01/02/2025	Paragon Solutions
6	Amount (\$) \$633.06	7 Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895
8	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 contribution processing fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2025	Paragon Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.25	2141 E Broadway Rd
	Ψ00.20	
		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 contribution processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Paragon Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd
	Ψ23.00	
		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 contribution processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Cor	mmittee	Gift/Awards/Men Legal Services  The Instruction	·	Salarie	-	es/Contract Labor		Travel Ou OTHER (6		strict category not listed above)	
1	Total pages Schedule F1:	2	EII ED NIANAT						3	Filer ID		(Ethics Commission File	rs)
_	Sch: 28/35 Rpt: 36/43	_	Eckhardt, S		lonorable)					000847		(Lanca Commission File)	13)
_	<u> </u>	_											
4	Date	5	Payee name	.l.,									
	04/02/2025		Paragon So	olutions									
6	Amount (\$)	7	Payee addre	ss; City;		State; Zip (	Code						
	\$25.70		2141 E Bro	adway Rd									
			Ste 202										
			Tempe, AZ	85282-189	5								
8	PURPOSE	(a)		ee Categories list		his schedule)	(b)	Description	_				
	OF	ļ <i>`</i>	Fees	oo oalegories iist	ou at the top of t	Joinedule)	' '		outsi	de of Texas	s. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin					
								online contrib	outio	on proce	essir	ng fees	
9	Complete ONLY if direct		Candidate/Offi	ceholder nan	ne	Office s	ought			Offi	ice he	eld	
	expenditure to benefit C/OF	1											
	Date		Payee name										
	06/02/2025		Paragon So	olutions									
	Amount (\$)		Payee addre	ss; City;		State; Zip (	Code						
	\$25.00		2141 E Bro	adway Rd									
			Ste 202										
			Tempe, AZ	85282-189	5								
	PURPOSE	(a)	Category (S	ee Categories list	ed at the top of t	his schedule)	(b)	Description					
	OF EXPENDITURE		Fees									plete Schedule T.	
	ZA ENDITORE							Check if Austin					
								online contrib	outi	on proce	essır	ig rees	
	0 1. 0	<u> </u>	- III - 15				<u></u>						
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder nan	ne 	Office s	ought			Offi	ice he	<u></u>	
	Date		Payee name										
	05/02/2025		Paragon So	olutions									
	Amount (\$)		Payee addre	ss; City;		State; Zip (	Code						
	\$25.00		2141 E Bro	adway Rd									
			Ste 202										
			Tempe, AZ	85282-189	5								
	PURPOSE	(a)	Category (S			hio cohodul-\	(h)	Description	—				
	OF	(")	Fees	ee Categories list	eu at the top of t	uns schedule)	(5)		outsi	de of Texas	s. Com	plete Schedule T.	
	EXPENDITURE		1 003					Check if Austin					
								online contrib	outio	on proce	essir	ng fees	
	Complete ONLY if direct		Candidate/Offi	ceholder nan	ne	Office s	ought			Offi	ice he	eld	
	expenditure to benefit C/OF	+											
_	· · · · · · - · -												

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment			OTHER (enter a	category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)		
	Sch: 29/35 Rpt: 37/43	Eckhardt, Sarah (The Honorable)		00084783			
4	Date	5 Payee name					
	02/07/2025	Senate Hispanic Caucus					
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711-2068					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	OF Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld		
	Date	Payee name					
	04/14/2025	Spaw Senate Account					
	Amount (\$)	Payee address; City; State; Zip Code					
l	\$165.00	PO Box 12068					
		Austin, TX 78711-2068					
	PURPOSE OF EXPENDITURE	Gill/ Walas/Memorials Expense	, TX	ide of Texas. Com , officeholder living			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld		
Г	Date	Payee name					
	01/09/2025	Spaw Senate Account					
	Amount (\$) \$1,100.00	Payee address; City; State; Zip Code PO Box 12068					
		Austin, TX 78711-2068					
	PURPOSE OF EXPENDITURE	1663	, TX	ide of Texas. Com , officeholder living fee			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld		

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Committee Legal Services Salaries/Wages/Contract Labor						OTHER (enter a category not listed above)				
		The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)	
	Sch: 30/35 Rpt: 38/43			arah (The Hon	orable)					00084783			
4	Date	5	Payee name										
	05/25/2025		Spaw Senat	e Account									
6	Amount (\$)	7	Payee addres	s; City;	Sta	te; Zip Co	ode						
	\$361.25		PO Box 120	68									
			Austin, TX 7	8711-2068									
8	PURPOSE	⊢					(b)	Description					
ľ	OF			e Categories listed at		schedule)	(0)	Description  Check if travel (	nutsi	de of Texas, Con	nplete Schedule T.		
	EXPENDITURE			s/Donations M Officeholder/Po		mittee				officeholder livin	•		
			odiraraaro, c		introdi Gorii			Senate staff t	thai	nk you			
										-			
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	<u>ı</u> ıght			Office h	eld		
	expenditure to benefit C/O	Н					_						
H	Date		Payee name										
	03/24/2025	ı	Squarespac	e									
_	Amount (\$)	┝	Payee addres		Sta	te; Zip Co	nde						
	\$294.22	ı	225 Varick S		Sia	to, Zip Co	Juc						
	Ψ294.22			).									
			Fl 12		_								
			New York, N	IY 10014-4383	3								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this s	schedule)	(b)	Description					
	EXPENDITURE		Office Overh	nead/Rental E	xpense						nplete Schedule T.		
			, <u> </u>					ш	ck if Austin, TX, officeholder living expense te hosting				
								Mensile Hosti	iiig				
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	ıaht			Office h	eld.		
	expenditure to benefit C/O		Januluale/Onic	enoluei name		Office 300	igiit			Office II	eiu		
		ı											
	Date		Payee name	O a ser del se									
	01/02/2025		Susan Harry	Consulting									
	Amount (\$)	1	Payee addres	•	Sta	te; Zip Co	ode						
	\$3,000.00		PO Box 301	074									
			Austin, TX 7	8703-0018									
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this s	schedule)	(b)	Description					
	OF EXPENDITURE		Consulting E								nplete Schedule T.		
	EXPENDITORE									officeholder livin			
								Fundraising &	ς C(	ompliance c	onsulting		
							<u> </u>						
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name		Office sou	ıght			Office h	eld		
	Superiorder to belieff 0/01												

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/35 Rpt: 39/43	Eckhardt, Sarah (The Honorable) 00084783
4	Date	5 Payee name
	04/03/2025	Texas Legislative Study Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 12943
		Austin, TX 78711-2943
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	02/10/2025	Texas Senate Democratic Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	PO Box 12068
		Austin, TX 78711-2068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	01/08/2025	Tobin, Chelsea
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,750.00	205 E 40th St
		Austin, TX 78751-4712
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Campaign services
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	-	Salaries/ tion Guide explains how to c	-	s/Contract Labor ete this form.		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME			3	3	Filer ID	(Ethics Commission Filers	 3)
	Sch: 32/35 Rpt: 40/43	Eckhardt, Sarah (The	Honorable)				00084783		
4	Date	5 Payee name			•				
	03/25/2025	Travis County Democ	ratic Party						
6	Amount (\$)	<b>7</b> Payee address; City	; State; Zip C	ode					
	\$2,500.00	1311 E 6th St							
		Ste B							
		Austin, TX 78702-336	8						
8	PURPOSE	(a) Category (See Categories li	sted at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Contributions/Donation			Check if travel ou				
		Candidate/Officeholde	er/Political Committee		Check if Austin, T			expense	
					Contribution / s	spo	onsorsnip		
9	Complete ONLY if direct	Candidate/Officeholder na	me Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/Ol								
	Date	Payee name							
	02/19/2025	Travis County Parks F	oundation						
	Amount (\$)	Payee address; City	; State; Zip C	ode					
	\$1,000.00	2407 S Congress Ave							
		Ste # F							
		Austin, TX 78704-550	0						
	PURPOSE	(a) Category (See Categories li	sted at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Contributions/Donatio			Check if travel ou				
		Candidate/Officeholde	er/Political Committee		Check if Austin, T	I X, (	officenolaer living	expense	
					Donation				
	Complete ONLY if direct	Candidate/Officeholder na	me Office so	ught			Office he	eld	_
	expenditure to benefit C/Ol								
	Date	Payee name							
	06/16/2025	USPS							
	Amount (\$)	Payee address; City	; State; Zip C	ode					
	\$251.00	3507 N Lamar Blvd							
		Austin, TX 78705-110	8						
	PURPOSE OF	(a) Category (See Categories li	sted at the top of this schedule)	(b)	Description				
	EXPENDITURE	Office Overhead/Rent	al Expense		Check if travel ou				
					Check if Austin, T		omicenolaer living	expense	
					Po nov remema	4.I			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder na	me Office so	ught			Office he	eld	
	expenditure to benefit C/O								

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/35 Rpt: 41/43	Eckhardt, Sarah (The Honorable)	00084783
4	Date	5 Payee name	
	01/08/2025	Various Hats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7,000.00	9600 Escarpment Blvd	
	!	Ste 745	
		Austin, TX 78749-1983	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	· · · · · · · · · · · · · · · · · · ·
	EXPENDITURE		I outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	!	Digital consu	
	!		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	d	
	Date	Payee name	
	01/08/2025	Various Hats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7,000.00	9600 Escarpment Blvd	
	!	Ste 745	
		Austin, TX 78749-1983	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consuming Expense	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	!	Digital consu	
	!		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	ч	
	Date	Payee name	
	01/23/2025	Various Hats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,000.00	9600 Escarpment Blvd	
		Ste 745	
		Austin, TX 78749-1983	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consuming Expense	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Digital consu	
	l		G
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 34/35 Rpt: 42/43	FILER NAME     Eckhardt, Sarah (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084783
4	Date 02/06/2025	5 Payee name Various Hats	
6	Amount (\$) \$7,000.00	7 Payee address; City; State; Zip Code 9600 Escarpment Blvd Ste 745 Austin, TX 78749-1983	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Iting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 03/05/2025	Payee name Various Hats	
	Amount (\$) \$7,000.00	Payee address; City; State; Zip Code 9600 Escarpment Blvd Ste 745 Austin, TX 78749-1983	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Iting
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 04/08/2025	Payee name Various Hats	
	Amount (\$) \$7,000.00	Payee address; City; State; Zip Code 9600 Escarpment Blvd Ste 745 Austin, TX 78749-1983	
	PURPOSE OF EXPENDITURE	Consulting Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense Iting
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Git/Awards/Memorials in Legal Services  The Instruction Gu	Expense Printin Salarie Salarie		es/Contract Labor		OTHER (enter	a category not listed above)		
1	Total pages Schedule F1:	12			•			3	Filer ID	(Ethics Commission Filers)		
1	Sch: 35/35 Rpt: 43/43			arah (The Honoi	able)			l <sup>3</sup>	00084783			
4	Date	5	Payee name					_				
	05/08/2025		Various Hats	S								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code						
	\$7,000.00		9600 Escarp	ment Blvd								
			Ste 745									
			Austin, TX 7	8749-1983								
		_										
8	PURPOSE OF	(a)		e Categories listed at th	e top of this schedule)	(b)	Description					
	EXPENDITURE		Consulting E	Expense			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
							<b>—</b>			ng expense		
							Digital consu	ıtırı	y			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office s	ought			Office h	neld		
_	Date	Г	Payee name									
	06/02/2025		Various Hats	•								
_		L			Ot-1 7:-	0! -						
	Amount (\$)		Payee addres		State; Zip	Code						
	\$7,000.00		9600 Escarp	oment Blvd								
			Ste 745									
			Austin, TX 7	8749-1983								
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description					
	OF EXPENDITURE		Consulting E				Check if travel	outsi	de of Texas. Cor	mplete Schedule T.		
	EXPENDITORE								officeholder livin	ng expense		
							Digital consu	ltin	g			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office s	ought			Office h	neld		
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