

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6389

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:  20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS	FIRST SUSAN	MI
	NICKNAME	LAST STEEG	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #	CITY;	STATE; ZIP CODE
	8702 EL REY BLVD. AUSTIN TX 78737		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 288-2385	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST MARIANNE	MI S
	NICKNAME	LAST DWIGHT	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #	CITY;	STATE; ZIP CODE
3213 BONNIE AUSTIN TX 78703			
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 423-7723	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 09 / 29 / 06	THROUGH	Month Day Year 10 / 28 / 06
11 ELECTION	ELECTION DATE Month Day Year 11 / 07 / 06		ELECTION TYPE
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) TRAVIS COUNTY JUSTICE OF THE PEACE PCT. 3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt / Suite #; City; State; Zip Code		

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #    Amount

Date Processed

Date Imaged

FILED FOR RECORD  
2006 OCT 30 PM 4:13  
CLERK  
TRAVIS COUNTY TEXAS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

SUSAN STEEG

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 665.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 12,640.40

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 169.96

4. TOTAL POLITICAL EXPENDITURES

\$ 22,838.79

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

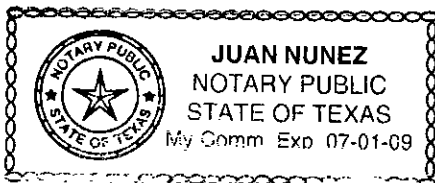
\$ 298.71

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ — 0.00 —

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Susan K. Steeg

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SUSAN STEEG, this the 30 day of October, 20 06, to certify which, witness my hand and seal of office.

Juan Nunez  
Signature of officer administering oath

Juan Nunez  
Printed name of officer administering oath

Personal Banker  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1 of 14

2 FILER NAME  
SUSAN STEEG

3 ACCOUNT # (Ethics Commission filers)

4 Date: 9/29/06  
5 Full name of contributor: JIMMY J HELM  
 out-of-state PAC (ID#: \_\_\_\_\_)  
6 Contributor address; City; State; Zip Code:  
8613 Lemn's Spice Tr. Austin TX 78750

7 Amount of contribution (\$): \$50.00  
8 In-kind contribution description (if applicable):

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: 9/30/06  
Full name of contributor: R. JACK AYRES  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
4350 BELWAY DR., ADDISON, TX 75001

Amount of contribution (\$): \$1,000.00  
In-kind contribution description (if applicable):

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 9/30/06  
Full name of contributor: LAWRENCE CRANBERG  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
1205 CONSTANT SPRINGS DR., AUSTIN, TX 78746

Amount of contribution (\$): \$50.00  
In-kind contribution description (if applicable):

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 9/30/06  
Full name of contributor: RICHARD FRANCIS  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
1701 SPYGLASS DR. #4, AUSTIN, TX 78746

Amount of contribution (\$): \$100.00  
In-kind contribution description (if applicable):

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 10/1/06  
Full name of contributor: LYNN E. THOMPSON  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
3106 ABOVE STRATFOLD PL., AUSTIN, TX 78746

Amount of contribution (\$): \$100.00  
In-kind contribution description (if applicable):

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 14

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/1/06

5 Full name of contributor  out-of-state PAC (ID#:

JEFFREY WALLINGFORD

6 Contributor address; City; State; Zip Code

13 EHRlich RD., AUSTIN, TX 78746

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/4/06

Full name of contributor  out-of-state PAC (ID#:

BARBARA BAUM

Contributor address; City; State; Zip Code

126 HURST CREEK RD., AUSTIN, TX 78734

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/06

Full name of contributor  out-of-state PAC (ID#:

BRENDA SMITH GOEBBEL

Contributor address; City; State; Zip Code

1411 TETBURY LN., AUSTIN, TX 78748

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/06

Full name of contributor  out-of-state PAC (ID#:

E. JANICE SUMMER

Contributor address; City; State; Zip Code

2206 MOUNTAIN VIEW RD., AUSTIN, TX 78703

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/06

Full name of contributor  out-of-state PAC (ID#:

JAMES KIDWELL

Contributor address; City; State; Zip Code

5704 WYNONA, AUSTIN, TX 78756

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>3 of 14</b>	
2 FILER NAME <b>SUSAN STEEG</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>10/5/06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JAMES RADER</b>	7 Amount of contribution (\$) <b>\$150.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>503 BROOKHAVEN TR., AUSTIN, TX 78746</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/5/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOSEPH A. TURNER</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11217 FITZHUGH RD., AUSTIN, TX 78736</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/6/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LOUIS AKIN</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6406 DISTANT VIEW DR., AUSTIN, TX 78736</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/6/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SARAH CALVERT</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8702 EL REY BLVD., AUSTIN, TX 78737</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/7/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ANN KOVICH</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6417 GARLAND AVE., FORT WORTH, TX 76116</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:  
4 of 14

2 FILER NAME  
SUSAN STEEG

3 ACCOUNT # (Ethics Commission filers)

4 Date  
10/8/06

5 Full name of contributor  out-of-state PAC (ID#:  
SHUDE FATH

6 Contributor address: City: State: Zip Code  
1005 BLUEBONNET LN., AUSTIN, TX 78704

7 Amount of contribution (\$)  
\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
10/8/06

Full name of contributor  out-of-state PAC (ID#:  
PHILIP FRIDAY

Contributor address: City: State: Zip Code  
700 LAVACA ST., STE. 1150, AUSTIN, TX 78701

Amount of contribution (\$)  
\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/8/06

Full name of contributor  out-of-state PAC (ID#:  
CHARLES ZELLER

Contributor address: City: State: Zip Code  
811 N. TUMBLEWEED TR., AUSTIN, TX 78733

Amount of contribution (\$)  
\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/9/06

Full name of contributor  out-of-state PAC (ID#:  
MARCY HOLLOWAY

Contributor address: City: State: Zip Code  
13424 SADDLE BACK PASS, AUSTIN, TX 78738

Amount of contribution (\$)  
\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/9/06

Full name of contributor  out-of-state PAC (ID#:  
BECKY WAAK

Contributor address: City: State: Zip Code  
1502 WILSON HEIGHTS, AUSTIN, TX 78746

Amount of contribution (\$)  
\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

5 of 14

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission File)

4 Date

10/11/06

5 Full name of contributor  out-of-state PAC (ID#)

VALARIE BRISTOL

6 Contributor address; City; State; Zip Code

512 BULIAN LN., AUSTIN, TX 78746

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/11/06

Full name of contributor  out-of-state PAC (ID#)

LARRY PEEL

Contributor address; City; State; Zip Code

P.O. Box 248, AUSTIN, TX 78767

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/06

Full name of contributor  out-of-state PAC (ID#)

CAPITOL AREA DEMOCRATIC WOMEN PAC

Contributor address; City; State; Zip Code

P.O. Box 12962, AUSTIN, TX 78711

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/06

Full name of contributor  out-of-state PAC (ID#)

FRAN DANIS

Contributor address; City; State; Zip Code

4713 ST. CHARLES RD., COLOMBIA, MO  
65201

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/06

Full name of contributor  out-of-state PAC (ID#)

BEVERLY NATION

Contributor address; City; State; Zip Code

3120 ABOVE STRATFORD PL., AUSTIN, TX  
78746

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>6 of 14</i>	
2 FILER NAME <i>SUSAN STEEL</i>		3 ACCOUNT # (Ethics Commission #):	
4 Date <i>10/12/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JUDY TURNER</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>320 PORTER RD., BASTROP, TX 78602</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/14/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JOSEPH L. FULLER</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11523 ANTIGUA DR., AUSTIN, TX 78759</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/14/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MICHAEL HARRIS</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 5866, AUSTIN, TX 78763</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/15/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CHARLIE BAIRD</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4909 INTERLACHEN LANE, AUSTIN, TX 78747</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/15/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JANE BEDFORD</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3209-B W. WILLIAM CANNON, AUSTIN, TX 78745</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 7 of 14

2 FILER NAME  
SUSAN STEEG

3 ACCOUNT # (Ethics Commission files)

4 Date  
10/15/06

5 Full name of contributor  out-of-state PAC (ID#:  
CAROL F. BENNETT

7 Amount of contribution (\$) \$200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
5912 MOUNTAIN VILLA DR., AUSTIN, TX 78731

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
10/15/06

Full name of contributor  out-of-state PAC (ID#:  
DAVID BOTSFORD

Amount of contribution (\$) \$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1307 WEST AVE., AUSTIN, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/15/06

Full name of contributor  out-of-state PAC (ID#:  
CONG. LLOYD DOGGETT

Amount of contribution (\$) \$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
P.O. Box 5843, AUSTIN, TX 78763

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/15/06

Full name of contributor  out-of-state PAC (ID#:  
TOM R. DOYAL

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1307 KINNEY AVE., UNIT 126, AUSTIN, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/15/06

Full name of contributor  out-of-state PAC (ID#:  
BLAKE ERSKINE

Amount of contribution (\$) \$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
6601 VAUGHT RANCH RD., STE. 201, AUSTIN, TX 78730

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 of 14

2 FILER NAME

SUSAN STEEL

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/06

5 Full name of contributor  out-of-state PAC (ID#:

KIMBERLEY GUSTAFSON

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

9001 BRIDGEWOOD TR., AUSTIN, TX 78729

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/06

Full name of contributor  out-of-state PAC (ID#:

MERYL KLEIN

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1796 FORREST, MEMPHIS, TN 38112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/06

Full name of contributor  out-of-state PAC (ID#:

MAUREEN MCCORMACK

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1205 RICHCREEK RD., AUSTIN, TX 78757

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/06

Full name of contributor  out-of-state PAC (ID#:

REP. ELLIOTT NAISHTAT

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

6401 WILBUR DR., AUSTIN, TX 78757

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/06

Full name of contributor  out-of-state PAC (ID#:

KEN ODEN

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1506 GASTON AVE., AUSTIN, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10 of 14

2 FILER NAME  
SUSAN STEEG

3 ACCOUNT # (Enter Commission file#)

4 Date  
10/16/06

5 Full name of contributor  out-of-state PAC (ID#:  
KATHLYN WILSON  
6 Contributor address; City; State; Zip Code  
3503 PEREGRINE FALCON DR., AUSTIN, TX  
78746

7 Amount of contribution (\$) \$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
10/18/06

Full name of contributor  out-of-state PAC (ID#:  
BECKY BROWNLEE  
Contributor address; City; State; Zip Code  
6146 JUMANO LN, AUSTIN, TX 78749

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/18/06

Full name of contributor  out-of-state PAC (ID#:  
BARBARA SLOVER  
Contributor address; City; State; Zip Code  
6235 QUEENSLOCH, HOUSTON, TX 77096

Amount of contribution (\$) \$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/19/06

Full name of contributor  out-of-state PAC (ID#:  
SALLY DENTON  
Contributor address; City; State; Zip Code  
2624 BARTON HILLS, AUSTIN, TX 78704

Amount of contribution (\$) \$200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/20/06

Full name of contributor  out-of-state PAC (ID#:  
DANIEL BYRNE  
Contributor address; City; State; Zip Code  
36 SUNDOWN, AUSTIN, TX 78746

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>11 of 14</i>	
2 FILER NAME <i>SUSAN STEEG</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/20/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JEFFREY FLEISHMANN</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3936 N. MARSHFIELD AVE, No. CH CHICAGO, IL 60613</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/20/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MYRA Mc DANIEL</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3910 KNOLLWOOD, AUSTIN, TX 78731</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/23/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CAROL CESPEDES</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7300 CALLBRAM LN., AUSTIN, TX 78736</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/23/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>INEZ FLORES</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>14 HORATIO, NEW YORK, NY 10014</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/23/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ALI GALLAGHER</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1810 A LOGANS HOLLOW DR., AUSTIN, TX 78746</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>12 of 14</i>	
2 FILER NAME <i>SUSAN STEEL</i>		3 ACCOUNT # (Ethics Commission filers) <i>9</i>	
4 Date <i>10/23/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ANN HILD</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>830 HIGHWAY 230, LARAMIE, WY 82070</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/23/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ZACKIE SALMON</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>830 HIGHWAY 230, LARAMIE, WY 82070</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/23/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GAY AND LESBIAN VICTORY FUND</i>	Amount of contribution (\$) <i>\$1,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1133 15th ST. NW, #350, WASHINGTON, D.C. 20005</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINDA DOERING</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3325 PERRY LANE, AUSTIN, TX 78731</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINDA JONES</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>21017 ROTHERHAM, AUSTIN, TX 78753</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: <b>13 of 14</b>	
2 FILER NAME <b>SUSAN STEEG</b>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/25/06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>MATTHEW NICKSON</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <b>2428 DEL MONTE DR., HOUSTON, TX 77019</b>					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <b>10/26/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>HEEB MARTINEZ</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>1825 FORTVIEW RD., STE 109, AUSTIN, TX 78704</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>10/27/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>ANNE WYNNE, IKARD WYNNE &amp; RATLIFF LLP</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>515 CONGRESS AVE, STE. 1320, AUSTIN, TX 78701</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>10/27/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>MALCOLM GREENSTEIN</b>	Amount of contribution (\$) <b>\$75.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>720 PATTERSON, AUSTIN, TX 78703</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>10/27/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>CLIFT PRICE</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>14802 HORNSBY HILL RD., AUSTIN, TX 78734</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 14 of 14	
2 FILER NAME SUSAN STEEG		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/8/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIANE CARR 6 Contributor address; City; State; Zip Code 1357 The High Road, Austin, TX 78746	7 Amount of contribution (\$) \$205.40	8 In-kind contribution description (if applicable) FOOD, BEVERAGE, AND ENTERTAINMENT
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/12/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANN KITCHEN Contributor address; City; State; Zip Code 2401 BRIARGROVE, AUSTIN, TX 78704	Amount of contribution (\$) \$160.00	In-kind contribution description (if applicable) FOOD & BEVERAGE, PRINTING & POSTAGE
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/12/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIANNE DWIGHT Contributor address; City; State; Zip Code 3213 BONNIE AUSTIN, TX 78703	Amount of contribution (\$) \$160.00	In-kind contribution description (if applicable) FOOD & BEVERAGE, PRINTING & POSTAGE
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEN ODEN Contributor address; City; State; Zip Code P.O. BOX 17428 AUSTIN, TX 78760	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable) Administrative Services
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission file's)

4 Date

10/2/06

5 Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

6 Payee address; City; State; Zip Code

1311 E. 6<sup>th</sup> St. AUSTIN, TX 78702

7 Amount (\$)

\$1,000.00

8 Purpose of payment (See instructions regarding type of information required.)

COORDINATED CAMPAIGN

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

10/4/06

Payee name

POSTMASTER

Payee address; City; State; Zip Code

DOWNTOWN STATION, AUSTIN, TX 78701

Amount (\$)

\$78.00

Purpose of payment (See instructions regarding type of information required.)

POSTAGE

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

10/17/06

Payee name

OAK HILL GAZETTE

Payee address; City; State; Zip Code

7200-B Hwy. 71 West, AUSTIN, TX 78735

Amount (\$)

\$342.75

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

10/19/06

Payee name

IGNITE CONSULTING

Payee address; City; State; Zip Code

4032 S. LAMAR, STE. 500, BOX 146  
AUSTIN, TX 78704

Amount (\$)

\$17,000.00

Purpose of payment (See instructions regarding type of information required.)

DIRECT MAIL

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:  
2 of 2

2 FILER NAME **SUSAN STEEG** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10/24/06	5 Payee name IGNITE CONSULTING	7 Amount (\$) \$ 573.91
6 Payee address: City: State: Zip Code 4032 S. LAMAR, STE. 500, BOX 146 AUSTIN, TX 78704		

8 Purpose of payment (See instructions regarding type of information required.) DIRECT MAIL	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 10/25/06	Payee name OAK HILL GAZETTE	Amount (\$) \$ 685.50
Payee address: City: State: Zip Code 7200-B Hwy 71 West, AUSTIN, TX 78735		

Purpose of payment (See instructions regarding type of information required.) ADVERTISING	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 10/25/06	Payee name WORLEY PRINTING	Amount (\$) \$ 371.30
Payee address: City: State: Zip Code 3217 NORTH IH35, AUSTIN, TX 78722		

Purpose of payment (See instructions regarding type of information required.) PRINTING	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 10/26/06	Payee name WESTLAKE PICAYUNE	Amount (\$) \$ 700.50
Payee address: City: State: Zip Code 3103 BEE CAVE RD., STE. 102, AUSTIN, TX 78746		

Purpose of payment (See instructions regarding type of information required.) ADVERTISING	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1 of 2

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

CINGULAR WIRELESS

6 Payee address: City: State: Zip Code

WWW.CINGULAR.COM

8 Amount (\$)

\$27.06

7 Purpose of expenditure (See instructions regarding type of information required.)

MOBILE PHONE SERVICE

Reimbursement from political contributions intended

Date

Payee name

THREADGILL'S WORLD HEADQUARTERS

Payee address: City: State: Zip Code

301 W. RIVERSIDE DR., AUSTIN, TX 78734

Amount (\$)

\$114.25

Purpose of expenditure (See instructions regarding type of information required.)

FOOD

Reimbursement from political contributions intended

Date

Payee name

POSTMASTER

Payee address: City: State: Zip Code

CENTRAL PARK WEST STATION  
AUSTIN, TX 78705

Amount (\$)

\$336.00

Purpose of expenditure (See instructions regarding type of information required.)

POSTAGE

Reimbursement from political contributions intended

Date

Payee name

CINGULAR WIRELESS

Payee address: City: State: Zip Code

WWW.CINGULAR.COM

Amount (\$)

\$27.06

Purpose of expenditure (See instructions regarding type of information required.)

MOBILE PHONE SERVICE

Reimbursement from political contributions intended

Date

Payee name

Westlake Picayune

Payee address: City: State: Zip Code

3103 Bee Cave Rd, Ste 102, AUSTIN, TX 78746

Amount (\$)

\$700.50

Purpose of expenditure (See instructions regarding type of information required.)

ADVERTISING

Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 of 2

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name LAKE TRAVIS VIEW	8 Amount (\$)
10/20/06	6 Payee address City: State: Zip Code 107 RR 620 SOUTH, PMB 5-F AUSTIN, TX 78734	\$712.00
	7 Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

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