

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6425

FORM C/OH
COVER SHEET PG 1

2007 JAN 12 PM 1:24

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS NICKNAME	FIRST SUSAN LAST STEEG	MI SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX 8702 EL REY BLVD.	APT / SUITE # AUSTIN TX	STATE ZIP CODE TX 78737
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 288-2385	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS NICKNAME	FIRST MARIANNE LAST DWIGHT	MI S SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) 3213 BONNIE	APT / SUITE # AUSTIN TX	CITY STATE ZIP CODE TX 78703
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 423-7723	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year 10 / 29 / 06	THROUGH	Month Day Year 12 / 31 / 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 ACT. 3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** 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		

TRAVIS COUNTY TEXAS
OFFICE USE ONLY

Date Received: 2007 JAN 12 PM 1:24
Date Hand-delivered: 2007 JAN 12 PM 1:24
Date Postmarked: 2007 JAN 12 PM 1:24

Receipt # Amount

Date Processed

Date Imaged

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

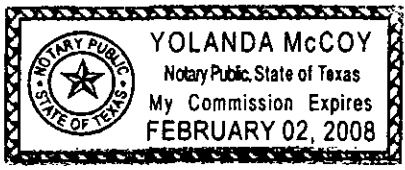
additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,402.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 25.67
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,634.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 485.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 AFFIDAVIT

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

Susan Steeg
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SUSAN Steeg, this the 10 day of JAN 2007, 2007 to certify which, witness my hand and seal of office.

Yolanda McCoy
Signature of officer administering oath

Printed name of officer administering oath 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: 3	
2 FILER NAME SUSAN STEEL		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/30/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CASEY BLASS	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1402 WILSHIRE BLVD AUSTIN TX 78722		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/31/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NONA NILAND	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 324 EANES SCHOOL AUSTIN, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHN HOGG	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1404 WILD CAT HOLLOW AUSTIN, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/2/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RICHARD BAYS	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 12619 No. 2 FITZHUGH RD. AUSTIN, TX 78736		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LILLIE GILLIGAN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 11807 HYACINTH DR. AUSTIN, TX 78758		(If travel outside of Texas, complete Schedule T)	
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 FILER NAME SUSAN STEEG		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/3/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LINDA M. COHEN 6 Contributor address; City; State; Zip Code 9077-B BOCA GARDENS CIR. SOUTH BOCA RATON, FL 33496	7 Amount of contribution (\$) \$102.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/30/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LEE MANFORD Contributor address; City; State; Zip Code 1402 WILSHIRE BLVD. AUSTIN, TX 78722	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/4/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MELINDA RICE Contributor address; City; State; Zip Code 9812 LAKE RIDGE DR. AUSTIN, TX 78733	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JEANNIE WEAVER Contributor address; City; State; Zip Code 5005 WESTFIELD AUSTIN, TX 78731	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/2/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARGO DOVER Contributor address; City; State; Zip Code 2901 ANGELFIRE LN AUSTIN, TX 78746	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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:

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

4 Date 12/28/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOSEPH COHEN	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 270 OAKMONT DEERFIELD, IL 60015		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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POLITICAL EXPENDITURES

SCHEDULE F

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

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

4 Date <u>11/3/06</u>	5 Payee name <u>HOME DEPOT</u>	7 Amount (\$) <u>\$ 73.49</u>
6 Payee address, City, State, Zip Code <u>1200 HOME DEPOT BLVD SUNSET VALLEY, TX 78745</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>SUPPLIES</u>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date <u>11/4/06</u>	Payee name <u>WORLEY PRINTING</u>	Amount (\$) <u>\$436.25</u>
Payee address, City, State, Zip Code <u>3217 N. IH 35 AUSTIN, TX 78722</u>		

Purpose of payment (See instructions regarding type of information required.) <u>PRINTING</u>	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date <u>11/29/06</u>	Payee name <u>EASTSIDE CAFE</u>	Amount (\$) <u>\$ 821.59</u>
Payee address, City, State, Zip Code <u>2113 MAJOR ROAD AUSTIN, TX 78722</u>		

Purpose of payment (See instructions regarding type of information required.) <u>FOOD & BEVERAGE</u>	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date <u>12/15/06</u>	Payee name <u>DELWIN GOSS M&G PLACEMENT SERVICES</u>	Amount (\$) <u>\$ 250.00</u>
Payee address, City, State, Zip Code <u>7403 RIVERSIDE #29 AUSTIN, TX 78741</u>		

Purpose of payment (See instructions regarding type of information required.) <u>SERVICES</u>	.. 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
2 FILER NAME SUSAN STEEG		3 ACCOUNT # (Ethics Commission files)
4 Date 11/7/06	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		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address, City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address, City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address, City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address, City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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