

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)

additional pages

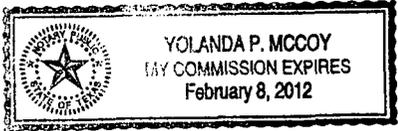
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they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

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

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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 843.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 307.03
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 8th day of July, 2008, 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 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 3/8/2008	5 Payee name TRAVIS COUNTY DEMOCRATIC PARTY 6 Payee address; City; State; Zip Code 1311 E. 6th ST., AUSTIN, TX 78702	7 Amount (\$) \$ 70.00
8 Purpose of payment (See instructions regarding type of information required.) TABLE RENTAL (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**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 filers)

4 Date

4/1/08

5 Payee name

OAK HILL WORLD'S FAIR

6 Payee address; City; State; Zip Code

C/O OAK HILL GAZETTE
7200-B HWY 71 WEST, AUSTIN, TX 78735

8 Amount (\$)

\$85.00

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

BOOTH RENTAL

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

6/9/08

Payee name

OAK HILL GAZETTE

Payee address; City; State; Zip Code

7200-B HWY 71 WEST, AUSTIN, TX 78735

Amount (\$)

\$345.00

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

ADVERTISING

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

6/24/08

Payee name

CAPITAL RUBBER STAMP

Payee address; City; State; Zip Code

3314 S. CONGRESS AVE., AUSTIN, TX 78704

Amount (\$)

\$9.20

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

NAME BADGE

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

6/30/08

Payee name

CHECKMARK TYPESETTING

Payee address; City; State; Zip Code

3217 N. IH 35 AUSTIN, TX 78722

Amount (\$)

\$84.05

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

BANNER

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

6-25-08

Payee name

CAPW-PAC

Payee address; City; State; Zip Code

P.O. Box 12962 AUSTIN, TX 78711

Amount (\$)

\$250.00

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

SPONSOR EVENT

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED