

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7124

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:  <b>13</b>
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="radio"/> MRS / MR      FIRST      MI <p style="text-align: center; font-size: 1.2em;">SUSAN</p> <hr/> NICKNAME      LAST      SUFFIX <p style="text-align: center; font-size: 1.2em;">STEEG</p>	<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Date Postmarked:  Receipt #      Amount  Date Processed  Date imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <p style="font-size: 1.2em;">8702 EL REY BLVD. AUSTIN, TX 78737</p>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <p style="font-size: 1.2em;">(512)    288-2385</p>		
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MRS / MR      FIRST      MI <p style="text-align: center; font-size: 1.2em;">SUSAN</p> <hr/> NICKNAME      LAST      SUFFIX <p style="text-align: center; font-size: 1.2em;">STEEG</p>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <p style="font-size: 1.2em;">8702 EL REY BLVD., AUSTIN, TX 78737</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <p style="font-size: 1.2em;">(512)    288-2385</p>		
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 checked="" type="checkbox"/> July 15 <input 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      THROUGH      Month    Day    Year <p style="font-size: 1.2em;">1 / 1 / 2009      THROUGH      6 / 30 / 2009</p>		
11 ELECTION	ELECTION DATE Month    Day    Year <p style="font-size: 1.2em;">/ /</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  <b>JUSTICE OF THE PEACE, PCT 3</b>	13 OFFICE SOUGHT (if known)	
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  <input type="checkbox"/> additional pages		

**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 contributions accepted or political expenditures made 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  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		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)	\$ 6,450
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 633
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,934
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, 2009, to certify which, witness my hand and seal of office.

Karen S. Barland Printed name of officer administering oath  
Karen S. Barland Signature of officer administering oath  
 Notary Public 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: <b>9</b>	
2 FILER NAME <b>SUSAN STEEG</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>4/7/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LOUISE MORSE</b> 6 Contributor address: City: State: Zip Code <b>1403 REDBUD TR., AUSTIN, TX 78746</b>	7 Amount of contribution (\$) <b>\$ 100</b>	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/28/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>PAT HENRY</b> Contributor address: City: State: Zip Code <b>2904 BALFOUR FALLS LN., AUSTIN, TX 78748</b>	Amount of contribution (\$) <b>\$ 100</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/2/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOSEPH A. TURNER</b> Contributor address: City: State: Zip Code <b>11217 FITZHUGH RD., AUSTIN, TX 78736</b>	Amount of contribution (\$) <b>\$ 250</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/3/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JEANIE M. WEAVER</b> Contributor address: City: State: Zip Code <b>5006 WESTFIELD, AUSTIN, TX 78731</b>	Amount of contribution (\$) <b>\$ 100</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/3/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SARAH CALVERT</b> Contributor address: City: State: Zip Code <b>8702 EL REY BLVD, AUSTIN, TX 78737</b>	Amount of contribution (\$) <b>\$ 100</b>	In-kind contribution description (if applicable)
		(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 <b>SUSAN STEEG</b>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/6/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JOSEPH L. FULLER</b>	7 Amount of contribution (\$) <b>\$100</b>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <b>11523 ANTIGUA DR., AUSTIN, TX 78759</b>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)		
Date <b>6/6/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JULIA HIX</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>806 CHRISSEYS COVE, AUSTIN, TX 78733</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See instructions)		Employer (See instructions)		
Date <b>6/7/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BERNIE BUNDICK</b>	Amount of contribution (\$) <b>\$125</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>P.O. Box 617, ROUND ROCK, TX 78680</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See instructions)		Employer (See instructions)		
Date <b>6/11/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>EVELYN JO WILSON</b>	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>5912 MOUNTAIN VIEW RD, AUSTIN, TX 78791</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See instructions)		Employer (See instructions)		
Date <b>6/11/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CHRISTOPHER ELLIOTT</b>	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>1705 RABB RD, AUSTIN, TX 78704</b>		(If travel outside of Texas, complete Schedule T)		
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

6/11/09

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

JUDY SIMKIN

7 Amount of contribution (\$)

\$ 200

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

916 VINTAGE DR., KENNER, LA 70065

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/11/09

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

DANIEL SAMUELSON

Amount of contribution (\$)

\$ 200

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

6800 MESA DR., AUSTIN, TX 78731

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/11/09

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

MARYLIN ORTON

Amount of contribution (\$)

\$ 100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1227 A HILLSIDE AVE., AUSTIN TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/11/09

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

PEGGY BELCHER

Amount of contribution (\$)

\$ 100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

8600 CANDELARIA, AUSTIN, TX 78737

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/13/09

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

JUDY SULLIVAN

Amount of contribution (\$)

\$ 100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3801 BLISS SPILLAR RD., MANHACA, AUSTIN, TX 78652

(If travel outside of Texas, complete Schedule T)

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 <b>SUSAN STEEG</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/13/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>KIMBERLY GUSTAFSON</b> 6 Contributor address; City; State; Zip Code <b>9001 BRIDGEWOOD TR., AUSTIN, TX 78729</b>	7 Amount of contribution (\$) <b>\$100</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/14/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>F. ETHELYNN BEBEE</b> Contributor address; City; State; Zip Code <b>206 W. 33rd St., AUSTIN, TX 78705</b>	Amount of contribution (\$) <b>\$100</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/15/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MARY BLACK</b> Contributor address; City; State; Zip Code <b>15 PILLOW RD, AUSTIN, TX 78745</b>	Amount of contribution (\$) <b>\$50</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/15/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>PATRICIA MURPHY</b> Contributor address; City; State; Zip Code <b>15 PILLOW RD., AUSTIN, TX 78745</b>	Amount of contribution (\$) <b>\$50</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/16/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DON GARDNER</b> Contributor address; City; State; Zip Code <b>P.O. Box 340268 AUSTIN, TX 78734</b>	Amount of contribution (\$) <b>\$100</b> <small>(If travel outside of Texas, complete Schedule T)</small>	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 <b>SUSAN STEEG</b>			3 ACCOUNT # (Ethics Commission file#)	
4 Date <b>6/17/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CAROL CÉSPEDES</b>	7 Amount of contribution (\$) <b>\$100</b>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <b>7300 CALL BRAM LN., AUSTIN, TX 78736</b>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See instructions)			10 Employer (See instructions)	
Date <b>6/17/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JUDY TURNER</b>	Amount of contribution (\$) <b>\$300</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>320 PORTER RD., BASTROP, TX 78602</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See instructions)			Employer (See instructions)	
Date <b>6/17/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOE K. CREWS</b>	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>1606 ROCKMOOR, AUSTIN, TX 78703</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See instructions)			Employer (See instructions)	
Date <b>6/18/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>TERESA LUTES</b>	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>2119 FORDHAM LN., AUSTIN, TX 78723</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See instructions)			Employer (See instructions)	
Date <b>6/19/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SHIRLEY STEEG</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>4411 SPICEWOOD SPRINGS #1411, AUSTIN, TX 78759</b>		(If travel outside of Texas, complete Schedule T)		
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 <b>SUSAN STEEG</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/19/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DONNA GARRETT</b> 6 Contributor address; City; State; Zip Code <b>2103 CYPRESS POINT E, AUSTIN, TX 78746</b>	7 Amount of contribution (\$) <b>\$560</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
(If travel outside of Texas, complete Schedule T)			
Date <b>6/23/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DIANE LARGENT</b> Contributor address; City; State; Zip Code <b>4900 BROKEN BOW PASS, AUSTIN, TX 78745</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
(If travel outside of Texas, complete Schedule T)			
Date <b>6/24/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SCOTT SAMUELSON</b> Contributor address; City; State; Zip Code <b>4615 CHIAPPEAO TR., AUSTIN, TX 78731</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
(If travel outside of Texas, complete Schedule T)			
Date <b>6/24/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>FRAN DANIS</b> Contributor address; City; State; Zip Code <b>320 PORTER RD., BASTROP, TX 78602</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
(If travel outside of Texas, complete Schedule T)			
Date <b>6/24/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LINDA WIEGMAN</b> Contributor address; City; State; Zip Code <b>4807 SINCLAIR, AUSTIN, TX 78756</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
(If travel outside of Texas, complete Schedule T)			

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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 <b>SUSAN STEEL</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/24/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LAURIE GREENWELL</b>	7 Amount of contribution (\$) <b>\$50</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>2013 LAZY BROOK, AUSTIN, TX 78723</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/24/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ANITA ZUKOWSKI</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>4207 OAK CREEK DR., AUSTIN, TX 78727</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/25/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ANN SYPTAK</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>700 MEADOW OAKS DR., DRIPPING SPRINGS, TX 78620</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/25/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>REBECCA RUNTE</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>700 MEADOW OAKS DR., DRIPPING SPRINGS, TX 78620</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/26/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JANE NELSON</b>	Amount of contribution (\$) <b>\$300</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>1819 MARGARET, AUSTIN, TX 78704</b>		(If travel outside of Texas, complete Schedule T)	
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 <b>SUSAN STEEG</b>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/26/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>W.F. HARRIS</b>	7 Amount of contribution (\$) <b>\$100</b>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <b>1205 KINNEY AVE. #H, AUSTIN, TX 78704</b>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)		
Date <b>6/27/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GAYLE GORDON</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>2505 INWOOD PL., AUSTIN, TX 78703</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See instructions)		Employer (See instructions)		
Date <b>6/29/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BRENDA SMITH GOEBEL</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>1411 TETBURY LN., AUSTIN, TX 78748</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See instructions)		Employer (See instructions)		
Date <b>6/29/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JAMES KIDWELL</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>5704 WYNONA AVE., AUSTIN, TX 78756</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See instructions)		Employer (See instructions)		
Date <b>6/29/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>KATHLEEN WILLIAMS</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>23415 OLD TATUM TR., SPICEWOOD, TX 78669</b>		(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 <b>SUSAN STEEG</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/30/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LOUIS AKIN</b>	7 Amount of contribution (\$) <b>\$50</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>6406 DISTANT VIEW, AUSTIN, TX 78736</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/30/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DONNA FLIPPIN</b>	Amount of contribution (\$) <b>\$125</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>6409 CLAIRMONT DR., AUSTIN, TX 78749</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/30/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LYNNE WEYNAND</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>2400 SHEARI OAK LN., AUSTIN, TX 78748</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<del>                 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)                  (If travel outside of Texas, complete Schedule T)                  Principal occupation / Job title (See Instructions) Employer (See Instructions)             </del>			
<del>                 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)                  (If travel outside of Texas, complete Schedule T)                  Principal occupation / Job title (See Instructions) Employer (See Instructions)             </del>			

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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

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

4 Date <u>6/2/09</u>	5 Payee name <u>POSTMASTER</u>	7 Amount (\$)  <u>\$ 88.00</u>
6 Payee address; City; State; Zip Code <u>OAK HILL STATION, AUSTIN, TX 78749</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>POSTAGE</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <u>6/2/09</u>	Payee name <u>OAK HILL PRINTING</u>	Amount (\$)  <u>\$ 6.50</u>
Payee address; City; State; Zip Code <u>6112 HWY 290 W., AUSTIN, TX 78735</u>		

Purpose of payment (See instructions regarding type of information required.) <u>PHOTOCOPYING</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <u>6/15/09</u>	Payee name <u>OAK HILL GAZETTE</u>	Amount (\$)  <u>\$ 345.00</u>
Payee address; City; State; Zip Code <u>7200-B HWY 71 WEST, AUSTIN, TX 78735</u>		

Purpose of payment (See instructions regarding type of information required.) <u>ADVERTISING</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**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: <b>1</b>
2 FILER NAME <b>SUSAN STEEG</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1/19/09</b>	5 Payee name <b>SOUTH AUSTIN CIVIC CLUB</b> 6 Payee address: City: State: Zip Code <b>P.O. Box 485121, AUSTIN, TX 78768</b> 7 Purpose of expenditure (See instructions regarding type of information required.) <b>SPONSORSHIP</b> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <b>\$ 100</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>1/19/09</b>	Payee name <b>OAK HILL BUSINESS &amp; PROFESSIONAL ASSN</b> Payee address: City: State: Zip Code <b>6705 HWY 290 W, STE 502, PMB 141 AUSTIN, TX 78735</b> Purpose of expenditure (See instructions regarding type of information required.) <b>MEMBERSHIP</b> (If travel outside of Texas, complete Schedule T)	Amount (\$) <b>\$ 50</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>6/2/09</b>	Payee name <b>CAPITOL RUBBER STAMP</b> Payee address: City: State: Zip Code <b>3314 S. CONGRESS, AUSTIN, TX 78704</b> Purpose of expenditure (See instructions regarding type of information required.) <b>NAME BADGES</b> (If travel outside of Texas, complete Schedule T)	Amount (\$) <b>\$ 22.73</b> <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.) (If travel outside of Texas, complete Schedule T)	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.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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