CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7204

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: 14

OFFICE USE ONLY

Date Received

Date Hand-delivered or Mail Postmarked

Receipt # Amount

Date Processed

Date Imaged

FILED FOR RECORD '10 JAN

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST: SUSAN MI

NICKNAME LAST: STEEG SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 8702 EL REY BLVD. APT / SUITE #: CITY: AUSTIN, TX STATE: ZIP CODE 78737

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (512) PHONE NUMBER 288-2385 EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST: SUSAN MI

NICKNAME LAST: STEEG SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 8702 EL REY BLVD. APT / SUITE #: CITY: AUSTIN, TX STATE: ZIP CODE 78737

8 CAMPAIGN TREASURER PHONE

AREA CODE (512) PHONE NUMBER 288-2385 EXTENSION

9 REPORT TYPE

☑ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 7 / 1 / 2009 THROUGH Month Day Year: 12 / 31 / 2009

11 ELECTION

ELECTION DATE Month Day Year: 3 / 2 / 2010

ELECTION TYPE

☑ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): JUSTICE OF THE PEACE, PCT 3

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

☐ 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. --

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	$ 57
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3,482
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 37
	4. **TOTAL POLITICAL EXPENDITURES**	$ 4,302
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 5,745
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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 13th day of January, 2010, to certify which, witness my hand and seal of office.

Yolanda P McCoy
Signature of officer administering oath

Yolanda P McCoy
Printed name of officer administering oath

YOLANDA P. MCCOY
MY COMMISSION EXPIRES
February 8, 2012
Title of officer administering oath

Revised 08/25/2009

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 9

2 FILER NAME: SUSAN STEEG

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/3/09	JACQUELYN GILBERT	515 LOCKHART DR. AUSTIN, TX 78704	$200	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/4/09	GLENN SCOTT	7012 BURNELL AUSTIN, TX 78723	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/7/09	DENISE HAYS	5325 MAGDALENA DR. AUSTIN, TX 78735	$250	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/7/09	PEGGY GARRISON	4313 CAMACHO ST. AUSTIN, TX 78723	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/7/09	BECKY BROWNLEE	6146 JUMANO LN. AUSTIN, TX 78749	$50	

(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 foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/9/09	KIMBERLE GEARY	1804 HETHER ST. AUSTIN, TX 78704	$100	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/10/09	DEBORAH L COPELAND	6327 ZADOCK WOODS DR AUSTIN, TX 78749	$50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31/09	LINDA NORELLI	7214 MARYWOOD CIR. AUSTIN, TX 78723	$50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/4/09	KAY LANDRY	6516 TAYLORCREST DR. AUSTIN, TX 78749	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/11/09	CTC PAC	7807 DONCASTER DR. AUSTIN, TX 78749	$100	

(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	5 Full name of contributor ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/13/09	DR. JEANNIE M WEAVER	5005 WESTFIELD AUSTIN, TX 78731	$100	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/13/09	WAYNE MEISSNER	812 SAN ANTONIO, STE 400 AUSTIN, TX 78701	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/14/09	GREGORY L. CESHKER	106 SADDLEHORN DR. DRIPPING SPRINGS, TX 78620	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/14/09	CHARLOTTE FLYNN	7710 WEST RIM DR. AUSTIN, TX 78731	$50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15/09	CHRISTOPHER M. GUNTER	600 W. 6th St. AUSTIN, TX 78701	$250	

(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

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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	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/15/09	DAN PROCTOR 6 Contributor address; City; State; Zip Code 3208 WALNUT AVE. AUSTIN, TX 78722	$100	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
8/17/09	PAT CRAMER Contributor address; City; State; Zip Code 2011 GOODRICH AUSTIN, TX 78704	$50	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
8/18/09	MICHAEL WHELLAN Contributor address; City; State; Zip Code 4600 LAUREL CANYON DR. AUSTIN, TX 78731	$100	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
8/18/09	FRED FUCHS Contributor address; City; State; Zip Code 10905 SIERRA VERDE TR. AUSTIN, TX 78759	$50	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
8/18/09	JADE MEEKER Contributor address; City; State; Zip Code 11708 UPLANDS RIDGE DR. AUSTIN, TX 78738	$50	(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 foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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	5 Full name of contributor ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/19/09	DANIEL PAGE	6202 BURK BURNETT CT. AUSTIN, TX 78749	$50 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/19/09	BRUCE ELFANT	4522 AVENUE F AUSTIN, TX 78751	$50 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/19/09	DEDE SPONTAK	2103 BLUEBONNET AUSTIN, TX 78704	$100 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/19/09	ROBERT LIPMAN	P.O. Box 162543 AUSTIN, TX 78716	$25 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/19/09	ALICIA DEL RIO	7400 LADLE LN AUSTIN, TX 78749	$25 (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 Use)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/19/09	SUSAN ADAIR	2320A MONTCLAIRE ST AUSTIN, TX 78704	$50	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/19/09	MARGARET BRUCH	1803 PALMA PLAZA AUSTIN, TX 78703	$30	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/19/09	KATHLEEN MILLER	4807 CRAFTY CV AUSTIN, TX 78749	$30	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/19/09	JOHN LIPSCOMBE	6600 MESA DR AUSTIN, TX 78731	$50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/19/09	CECELIA CROSSLEY	3100 CATALINA DR AUSTIN, TX 78741	$20	

(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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/19/09	DR. ETHELYNN BEBEE 206 W. 33rd ST AUSTIN TX 78705	$25	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/19/09	RENEE GENRE 7104 COVERED BRIDGE AUSTIN, TX 78736	$25	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/19/09	GEORGE MORALES AUSTIN, TX 78722	$20	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/19/09	LESLIE WESTON 5844 VAN WINKLE AUSTIN, TX	$25	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/29/09	DIANE CARR 1357.5 THE HIGH ROAD AUSTIN, TX 78746	$100	

(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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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	5 Full name of contributor ☐ out-of-state PAC (ID#)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/3/09	LAWRENCE L. ALDRIDGE 6 Contributor address; City; State; Zip Code 609-A TEXAS AVE AUSTIN, TX 78705	$100	
9 Principal occupation / Job title (See instructions)	10 Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)	In-kind contribution description (if applicable)
9/3/09	KAREN HUBER Contributor address; City; State; Zip Code 23020 PEDERNALES CANYON TR, SPICEWOOD, TX 78669	$300	
Principal occupation / Job title (See instructions)	Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)	In-kind contribution description (if applicable)
9/4/09	CAROL MARTIN Contributor address; City; State; Zip Code 1901 TRAVIS HEIGHTS BLVD, AUSTIN TX 78704	$100	
Principal occupation / Job title (See instructions)	Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)	In-kind contribution description (if applicable)
9/15/09	JAMES RADER Contributor address; City; State; Zip Code 503 BROOKHAVEN TR AUSTIN, TX 78746	$100	
Principal occupation / Job title (See instructions)	Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)	In-kind contribution description (if applicable)
9/24/09	NANCY WALKER Contributor address; City; State; Zip Code 5710 ABILENE TR, AUSTIN, TX 78749	$50	
Principal occupation / Job title (See instructions)	Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	

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:

2 FILER NAME
SUSAN STEEG

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/17/09	DEREK BATES 6 Contributor address; City; State; Zip Code 2503 CRAZY HORSE PASS AUSTIN, TX 78734	$100 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ 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 ☐ 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 ☐ 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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: SUSAN STEEG

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/15/09	AUSTIN AFL-CIO COUNCIL P.O. BOX 684644 AUSTIN, TX 78768	$145

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

(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 ($)
7/25/09	SOUTH AUSTIN DEMOCRATS P.O. BOX 152592 AUSTIN, TX	$185

Purpose of payment (See instructions regarding type of information required.): DUES AND ADVERTISING

(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 ($)
8/15/09	CAPITAL AREA DEMOCRATIC WOMEN P.O. BOX 12962 AUSTIN, TX 78711	$100

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

(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 ($)
8/15/09	IGNITE CONSULTING 4032 S. LAMAR, STE 500 AUSTIN, TX 78704	$1,582.89

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

(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

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: SUSAN STEEG

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/19/09	CASA GARCIA'S AUSTIN, TX 78704	$531.99

8 Purpose of payment (See instructions regarding type of information required.)
FOOD FOR EVENT
(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 ($)
11/26/09	AFSCME LOCAL 1624 7901 CAMERON RD, STE 300 AUSTIN, TX 78754	$100

Purpose of payment (See instructions regarding type of information required.)
Advertising
(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 ($)
12/22/09	TRAVIS COUNTY DEMOCRATIC PARTY 1311 E. 6th ST. AUSTIN TX 78702	$1,000

Purpose of payment (See instructions regarding type of information required.)
FILING FEE
(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 ($)
12/22/09	TRAVIS COUNTY DEMOCRATIC PARTY 1311 E. 6th ST. AUSTIN, TX 78702	$100

Purpose of payment (See instructions regarding type of information required.)
Advertising
(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	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	8 Amount ($) / Reimbursement from political contributions intended
11/23/09	REGISTER.COM NEW YORK CITY, NY WEB SERVICES	$519.64 ☒ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount ($) / ☐ 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 ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount ($) / ☐ 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 ($) / ☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED