

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 Ms. Olga
 NICKNAME LAST SUFFIX
 Seelig

OFFICE USE ONLY

Date Received
 Date Hand-delivered or Date Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

2010 JUL 12 PM 2:43
 TRAVIS COUNTY CLERK
 TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 8714 Tallwood Dr. Austin TX
 78759

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (512) 342-0151

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 Mr. Bob
 NICKNAME LAST SUFFIX
 O'Boyle

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 600 Congress Ave. Ste. 600 Austin TX 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (512) 499-3691

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 CIOH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
 3 / 3 / 10 THROUGH 6 / 30 / 10

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year
 3 / 2 / 10
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Court at Law #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

additional pages

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

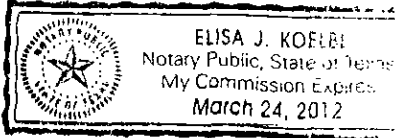
**FORM JC/OH
COVER SHEET PG 2**

15 C/OH NAME <i>Olga Seelig</i>	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,910.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>39,502.55</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>2,047.59</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>44,500.00</i>

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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 12th day of July, 20 10, to certify which, witness my hand and seal of office.

Elisa Koebel Elisa Koebel Notary Public
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J): <u>10</u>
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2 FILER NAME <u>Seelig, Olga</u>	3 ACCOUNT # Ethics Commission Filers
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4 Date <u>3/11/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mark McCrimmon</u>	7 Amount of contribution (\$) <u>\$250</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>704 W. 9th Austin, TX 78701</u>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation <u>Attorney</u>	10 Contributor's job title <u>Attorney</u>
---	---

11 Contributor's employer/law firm <u>Mark McCrimmon Attorney at Law</u>	12 Law firm of contributor's spouse (if any)
---	--

13 If contributor is a child, law firm of parent(s) (if any)

Date <u>4/7/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eric McDonald</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>316 W. 12th Ste. 108 Austin, TX 78701</u>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation <u>Attorney</u>	Contributor's job title <u>Attorney</u>
---	--

Contributor's employer/law firm <u>Law office of Eric McDonald</u>	Law firm of contributor's spouse (if any)
---	---

If contributor is a child, law firm of parent(s) (if any)

Date <u>4/20/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Christopher Morgan</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>8812 Tallwood #89 Austin, TX 78759</u>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation <u>Attorney</u>	Contributor's job title <u>Attorney</u>
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Contributor's employer/law firm <u>Christopher P Morgan Attorney at Law</u>	Law firm of contributor's spouse (if any)
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If contributor is a child, law firm of parent(s) (if any)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>Seelig, Olga</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/6/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gloria Aleman</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code <i>2544 Stoutwood Cir. Austin TX 78745</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Retired</i>		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>4/19/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Nadine Eckhardt</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>2110 La Casa Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>5/20/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mark Kincaid</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>114 W. 7th, Ste. 1100 Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Kincaid & Horton LLP</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)

2 FILER NAME *Seelig, Olga* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>5/20/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>B. Russell Horton</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>114 West 7th, Ste. 1100 Austin TX 78701</i>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation *Attorney* 10 Contributor's job title
Attorney

11 Contributor's employer/law firm *Kincaid & Horton LLP* 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date <i>5/21/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chambers & Associates</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1104 Nueces, Ste. 208 Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm *Chambers & Associates* Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date <i>5/23/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria Luisa Flores</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1300 Alta Vista Ave. Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm *Handler Law* Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>See lig, Olga</i>		3 ACCOUNT # Ethics Commission Filers)	
4 Date <i>5/20/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Manuel Escobar</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3600 A Fleetwood Austin TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title <i>Attorney</i>	
11 Contributor's employer/law firm <i>McGinnis Lochridge & Kilgore LLP</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>5/22/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kurt Sauer</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1001 Lorrain Austin TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Daffer McDaniel LLP</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>5/23/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Maria Jimenez</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7400 Ladle Ln. Austin TX 78749</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Retired</i>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):

2 FILER NAME *Seelig, Olga* 3 ACCOUNT # Ethics Commission Filers)

4 Date <i>5/23/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Arriola</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7700 Whispering Winds Austin TX 78745</i>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation *Retired* 10 Contributor's job title

11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date <i>5/23/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elliott Naishtat</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6401 Wilburn Dr. Austin TX 78757</i>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation *Texas State Representative* Contributor's job title
State Representative

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date <i>5/23/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Bellon</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5909 Westgate Austin TX 78745</i>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>Seelig, Olga</i>		3 ACCOUNT # Ethics Commission Filers)	
4 Date <i>5/23/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Smith</i>	7 Amount of contribution (\$) <i>\$25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 537 Austin TX 78767</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title <i>Attorney</i>	
11 Contributor's employer/law firm <i>Self</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>5/23/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Milton Washington</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11500 Dak Trl. Austin TX 78753</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Retired</i>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>5/23/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Loretta Farb</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1431 Briarcliff Blvd. Austin TX 78723</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm <i>Travis County</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>Seelig, Olga</i>		3 ACCOUNT # Ethics Commission Filers)	
4 Date <i>5/23/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rodney Florence</i>	7 Amount of contribution (\$) <i>\$20.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <i>303 Lightsey Rd. Austin TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>5/23/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Brandy Mueller</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>605 W. 10th Austin TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any) <i>Granger & Mueller</i>	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>5/24/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Deecee Eckstein</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>1010 Winstead Ln. Austin TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm <i>Trauss County</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J).	
2 FILER NAME <i>Seelig, Olga</i>		3 ACCOUNT # Ethics Commission Filers)	
4 Date <i>6/25/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Irma Barrera</i>	7 Amount of contribution (\$) <i>\$200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4007 Eton Ln. Austin TX 78727</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>6/2/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bruce Elfant</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4522 Avenue F Austin TX 78751</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Constable #195</i>		Contributor's job title <i>Constable</i>	
Contributor's employer/law firm <i>Travis County</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>3/2/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Veronica Castro de Barrera</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4229 Mattie St. Austin, TX 78723</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Architect</i>		Contributor's job title <i>Project Architect</i>	
Contributor's employer/law firm <i>MWM Design Group, Inc.</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>See lig, Olga</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/2/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gregory Harrington</i>	7 Amount of contribution (\$) <i>\$50⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code <i>17531 Bishopgate Dr. Pflugerville TX 78660</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Sales</i>		10 Contributor's job title <i>Technical Sales Representative</i>	
11 Contributor's employer/law firm <i>Dell</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>3/1/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hector Torres</i>	Amount of contribution (\$) <i>\$25⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>1911 Melissa Oaks Austin TX 78744</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Technology Consultant</i>		Contributor's job title <i>President</i>	
Contributor's employer/law firm <i>ISI Consultants</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>3/12/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sheldon Brian Lamey</i>	Amount of contribution (\$) <i>\$15⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>621 Busleigh Castle Way Pflugerville TX 78660</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Radiology</i>		Contributor's job title <i>CT Technologist</i>	
Contributor's employer/law firm <i>Heart Hospital of Austin</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>Seelig, Olga</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/13/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George Cofer</i>	7 Amount of contribution (\$) <i>\$25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3306 Gentry Dr. Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

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		
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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		
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <p style="text-align: center;">1</p>	
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Olga Seelig</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan <p style="text-align: center;">2/22/10</p>	7 Name of lender <p style="text-align: center;">Citibank, NA</p>	9 Loan Amount (\$) <p style="text-align: center;">\$ 9,500.00</p>	
6 Is lender a financial institution? <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address; City; State; Zip Code <p style="text-align: center;">7800 N. MoPac, Ste. 100 Austin, TX 78759</p>	10 Interest rate <p style="text-align: center;">7.35% APR</p>	
		11 Maturity date <p style="text-align: center;">2/25/11</p>	
12 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input type="checkbox"/> none			
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor		21 Amount Guaranteed (\$)
	20 Guarantor address; City; State; Zip Code		
22 Guarantor's Principal Occupation		23 Guarantor's Job Title	
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)	
26 If guarantor is child, law firm of parent(s) (if any)			

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Seelig, Olga</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3/17/10</i>	5 Payee name <i>Chase</i>	
6 Amount (\$) <i>\$ 500.00</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Loan repayment</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i>
Date <i>3/23/10</i>	Payee name <i>Citibank</i>	
Amount (\$) <i>\$ 823.53</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan repayment</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i>
Date <i>4/16/10</i>	Payee name <i>Chase</i>	
Amount (\$) <i>\$ 450.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan repayment</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>4/15/10</i>	Payee name <i>Citibank</i>	
Amount (\$) <i>\$ 25.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan repayment</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidates/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Seelig Olga	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/4/10	5 Payee name Chase	
6 Amount (\$) \$450 ⁰⁰	7 Payee address: City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Loan repayment	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Olga Seelig	Office sought County Court #2
Date 5/21/10	Payee name Citibank	
Amount (\$) \$803.53	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan repayment	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 6/15/10	Payee name Chase	
Amount (\$) \$500 ⁰⁰	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan repayment	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 6/21/10	Payee name Citibank	
Amount (\$) \$2000 ⁰⁰	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan repayment	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Olga Seelig</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/1/10</i>		5 Payee name <i>Message, Audience & Presentation</i>			
6 Amount (\$) <i>\$5,660.00</i>		7 Payee address; City; State; Zip Code <i>2400 S. 4th Street Austin, TX 78704</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Olga Seelig</i>		Office sought <i>County Court #3</i>	
Date <i>2/9/10</i>		Payee name <i>Britt Leissner</i>			
Amount (\$) <i>\$160</i>		Payee address; City; State; Zip Code <i>7211 Mesa Dr. Austin TX 78731</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Accounting</i>		Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Olga Seelig</i>		Office sought <i>County Court #3</i>	
Date <i>2/22/10</i>		Payee name <i>Britt Leissner</i>			
Amount (\$) <i>\$240</i>		Payee address; City; State; Zip Code <i>7211 Mesa Dr. Austin TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Accounting</i>		Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Olga Seelig</i>		Office sought <i>County Court #3</i>	
Date <i>3/1/10</i>		Payee name <i>Buying Time, LLC</i>			
Amount (\$) <i>\$9,500</i>		Payee address; City; State; Zip Code <i>650 Massachusetts Ave NW, Ste. 210 Washington DC 20001</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Olga Seelig</i>		Office sought <i>County Court #3</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Olga Seelig</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2/19/10</i>	5 Payee name <i>Paragon Printing & Mailing</i>	
6 Amount (\$) <i>\$11,856.92</i>	7 Payee address; City; State; Zip Code <i>10423 McKalla Place Austin TX 78758</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i> Office held
Date <i>2/14/10</i>	Payee name <i>Tex. Texas Observer</i>	
Amount (\$) <i>\$49.95</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i> Office held
Date <i>2/16/10</i>	Payee name <i>Delwin Goss</i>	
Amount (\$) <i>\$135</i>	Payee address; City; State; Zip Code <i>6410 Tonka St. Austin TX 78741</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i> Office held
Date <i>2/14/10</i>	Payee name <i>Arleen Sanchez</i>	
Amount (\$) <i>\$850</i>	Payee address; City; State; Zip Code <i>8714 Tallwood Dr. Austin TX 78759</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i> Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Olga Seelig</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/17/10</i>		5 Payee name <i>Motorblade</i>			
6 Amount (\$) <i>\$60</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Olga Seelig</i>		Office sought <i>County Court #3</i>	
Date <i>2/19/10</i>		Payee name <i>Austin Black Lawyers Assoc.</i>			
Amount (\$) <i>\$50</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Donation</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Olga Seelig</i>		Office sought <i>County Court #3</i>	
Date <i>2/23/10</i>		Payee name <i>US Postmaster</i>			
Amount (\$) <i>\$500</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising - Postage</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2/24/10</i>		Payee name <i>Sandra Ramos</i>			
Amount (\$) <i>\$120</i>		Payee address; City; State; Zip Code <i>1309 Rosewood Austin TX 78702</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Reimbursement - Facebook Ad</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Olga Seelig</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2/25/10</i>	5 Payee name <i>La Voz</i>
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6 Amount (\$) <i>\$175</i>	7 Payee address: City: State: Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertisement</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i>	Office held
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Date <i>2/24/10</i>	Payee name <i>Serrano's</i>
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Amount (\$) <i>\$250</i>	Payee address: City: State: Zip Code <i>Red River Austin, TX 78701</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i>	Office held
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Date <i>2/25/10</i>	Payee name <i>Net Victories</i>
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Amount (\$) <i>\$350</i>	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Website Design</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i>	Office held
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Date <i>2/25/10</i>	Payee name <i>Sandra Ramos</i>
------------------------	-----------------------------------

Amount (\$) <i>\$150</i>	Payee address: City: State: Zip Code <i>1309 Rosewood Austin TX 78702</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Reimbursement - Facebook Ad</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i>	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Olga Seelig</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2/26/10</i>	5 Payee name <i>Worle-1 Printing</i>	
6 Amount (\$) <i>\$ 191.06</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i>
Date <i>3/1/10</i>	Payee name <i>Sandra Ramas</i>	
Amount (\$) <i>\$ 50</i>	Payee address; City; State; Zip Code <i>1309 Rosewood Austin TX 78702</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Reimbursement Facebook Ad</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i>
Date <i>3/1/10</i>	Payee name <i>Net Victories</i>	
Amount (\$) <i>\$1000</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Website</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i>
Date <i>3/5/10</i>	Payee name <i>Arleen Sanchez</i>	
Amount (\$) <i>\$ 850</i>	Payee address; City; State; Zip Code <i>8714 Tallwood Austin TX 78759</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Olga Seelig</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3/5/10</i>	5 Payee name <i>Sandra Ramos</i>	
6 Amount (\$) <i>\$850</i>	7 Payee address; City; State; Zip Code <i>1309 Roxwood Austin TX 78702</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i>
Date <i>2/22/10</i>	Payee name <i>US Postmaster</i>	
Amount (\$) <i>\$72</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense - Postage</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Olga Seelig</i>	Office sought <i>County Court #3</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Seelig, Olga</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6/15/10</i>	5 Payee name <i>Olga Seelig</i>
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6 Amount (\$) <i>\$10.56</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Postage</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

1

2 FILER NAME

Seelig, Olga

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

Olga Seelig

5 Lender address; City; State; Zip Code

8714 Tallwood
Austin TX 78759

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender JP Morgan
Chase Bank, N.A.

Lender address; City; State; Zip Code

Home equity
Lending Division
111 Polaris Parkway Columbus, OH 43240

GUARANTOR INFORMATION

Name of guarantor

Olga Seelig

not applicable

Guarantor address; City; State; Zip Code

8714 Tallwood
Austin, TX 78759

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED