

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
N/A

COMMITTEE ADDRESS

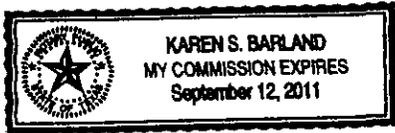
COMMITTEE CAMPAIGN TREASURER NAME

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	\$ 1,182
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,688
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 28
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,455
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,470
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 14 day of JULY, 20 10, to certify which, witness my hand and seal of office.

Karen S. Barland Karen S. Barland Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 17	
2 FILER NAME SUSAN STEEG		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-13-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PEG RYAN	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1204 BROOKS HOLLOW RD, AUSTIN, TX 78734		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-22-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROYCE LEMOINE	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4604 STEED AUSTIN, TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-11-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CAPITOL AREA DEMOCRATIC WOMEN	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 12962 AUSTIN, TX 78711		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-5-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CAMILLE D. MILLER	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2405 MOUNTAIN VIEW DRIVE AUSTIN, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-28-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MERYL KLEIN	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1796 FORREST AVE. MEMPHIS, TN 38112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

SUSAN STEEB

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-20-10

5 Full name of contributor out-of-state PAC (ID#: _____)

HERBERT EVANS

6 Contributor address; City; State; Zip Code

1302 WEST AVE.
AUSTIN, TX 78701

7 Amount of contribution (\$)

\$250

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

5-19-10

Full name of contributor out-of-state PAC (ID#: _____)

LOUISE MORSE

Contributor address; City; State; Zip Code

1403 RED BUD TRAIL
AUSTIN, TX 78746

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-20-10

Full name of contributor out-of-state PAC (ID#: _____)

VALARIE BRISTOL

Contributor address; City; State; Zip Code

512 BULIAN LANE
AUSTIN, TX 78746

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-3-10

Full name of contributor out-of-state PAC (ID#: _____)

SANDRA BALL

Contributor address; City; State; Zip Code

1804 RALEIGH AVE.
AUSTIN, TX 78703

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-3-10

Full name of contributor out-of-state PAC (ID#: _____)

DEBORAH COPELAND

Contributor address; City; State; Zip Code

6327 ZADOCK WOODS DR.
AUSTIN, TX 78749

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(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:

17

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-4-10

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

ETHELYNN BEDEE

6 Contributor address; City; State; Zip Code

206 WEST 33rd St.
AUSTIN, TX 78705

7 Amount of contribution (\$)

\$100

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

6-4-10

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

PEGGY GARRISON

Contributor address; City; State; Zip Code

4313 CAMACHO ST.
AUSTIN, TX 78723

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-9-10

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

JENNIFER KIM

Contributor address; City; State; Zip Code

755 E. OLTORF ST. #301
AUSTIN, TX 78704

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-12-10

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

PEGGY BELCHER

Contributor address; City; State; Zip Code

8600 CANDELARIA
AUSTIN, TX 78737

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-13-10

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

SHIRLEY STEEG

Contributor address; City; State; Zip Code

4411 SPICEWOOD SPRINGS RD.
AUSTIN, TX 78759

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

17

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-15-10

5 Full name of contributor out-of-state PAC (ID#: _____)

CAROLINE SCOTT

6 Contributor address; City; State; Zip Code

2103 CYPRESS POINT E.
AUSTIN, TX 78746

7 Amount of contribution (\$)

\$250

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

6-16-10

Full name of contributor out-of-state PAC (ID#: _____)

DORSEY BARGER

Contributor address; City; State; Zip Code

3300 GOUALLE AVE.
AUSTIN, TX 78702

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-16-10

Full name of contributor out-of-state PAC (ID#: _____)

JAMES LOMMORI

Contributor address; City; State; Zip Code

409 W. 38th St. #102
AUSTIN, TX 78705

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-16-10

Full name of contributor out-of-state PAC (ID#: _____)

TOM DOYAL

Contributor address; City; State; Zip Code

1307 KINNEY AVE. UNIT 126
AUSTIN, TX 78704

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-21-10

Full name of contributor out-of-state PAC (ID#: _____)

JOE K. CREWS

Contributor address; City; State; Zip Code

1606 ROCKMOOR
AUSTIN, TX 78703

Amount of contribution (\$)

\$250

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 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

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-26-10

5 Full name of contributor out-of-state PAC (ID#:

JACKIE GILBERT

6 Contributor address; City; State; Zip Code

5000 MISSION OAKS BLVD #20
AUSTIN, TX 78735

7 Amount of contribution (\$)

\$165

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

6-26-10

Full name of contributor out-of-state PAC (ID#:

GARY COBB

Contributor address; City; State; Zip Code

4325 TRIBORO TRAIL
AUSTIN, TX 78749

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

W.F. "BILL" HARRIS

Contributor address; City; State; Zip Code

1205 KINNEY AVE #H
AUSTIN, TX 78704

Amount of contribution (\$)

\$70

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

FORREST ARNOLD

Contributor address; City; State; Zip Code

16 SUNSET TRAIL
SUNSET VALLEY, TX 78745

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

LESLIE AUSTIN

Contributor address; City; State; Zip Code

3300 CLARKSBORG
AUSTIN, TX 78745

Amount of contribution (\$)

\$40

In-kind contribution description (if applicable)

(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

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1 Total pages Schedule A:

17

2 FILER NAME

SUSAN STEEL

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-26-10

5 Full name of contributor out-of-state PAC (ID#: _____)

ETHELYNN BEBEE

6 Contributor address; City; State; Zip Code

206 W. 33rd St.
AUSTIN, TX 78705

7 Amount of contribution (\$)

\$100

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

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

CLAUDIA CHURCH

Contributor address; City; State; Zip Code

10615 BARNHILL DR.
AUSTIN, TX 78758

Amount of contribution (\$)

\$70

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

PATRICIA CRAMER

Contributor address; City; State; Zip Code

2011 GOODRICH AVE.
AUSTIN, TX 78704

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

DONNA FLIPPIN

Contributor address; City; State; Zip Code

6409 CLAIRMONT DR.
AUSTIN, TX 78749

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

MALCOLM FLOURNOY

Contributor address; City; State; Zip Code

23 REESE DR.
AUSTIN, TX 78745

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

17

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-26-10

5 Full name of contributor out-of-state PAC (ID#: _____)

MICHAEL HARRIS

6 Contributor address; City; State; Zip Code

8246 SUMMER DR.
AUSTIN, TX 78759

7 Amount of contribution (\$)

\$100

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

KATHRYN JUDGE

Contributor address; City; State; Zip Code

2708 BRYON HALL DR.
AUSTIN, TX 78745

Amount of contribution (\$)

\$100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

RON LANDRY

Contributor address; City; State; Zip Code

6516 TAYLORCREST
AUSTIN, TX 78749

Amount of contribution (\$)

\$100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

RICHARD MCCAIN

Contributor address; City; State; Zip Code

7100 GROVE CREST DR.
AUSTIN, TX 78736

Amount of contribution (\$)

\$100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

KATHLEEN MILLER

Contributor address; City; State; Zip Code

4807 CRAFTY COVE
AUSTIN, TX 78749

Amount of contribution (\$)

\$50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-26-10

5 Full name of contributor out-of-state PAC (ID#:

OLIVIA MONICA

6 Contributor address; City; State; Zip Code

3300 CLARKS BURG DR.
AUSTIN, TX 78745

7 Amount of contribution (\$)

\$65

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

6-26-10

Full name of contributor out-of-state PAC (ID#:

LOUISE MORSE

Contributor address; City; State; Zip Code

1403 RED BUD TRAIL
AUSTIN, TX 78746

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

DANIEL PAGE

Contributor address; City; State; Zip Code

6202 BURK BURNETT COURT
AUSTIN, TX 78749

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

DEBORAH POWERS

Contributor address; City; State; Zip Code

8600 ALTUS COVE
AUSTIN, TX 78759

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

LAURA RODRIGUEZ

Contributor address; City; State; Zip Code

9301 VELA CRUZ
AUSTIN, TX 78737

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(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

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1 Total pages Schedule A:
17

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-26-10

5 Full name of contributor out-of-state PAC (ID#: _____)

ANN ROSTOW

6 Contributor address; City; State; Zip Code

**308 ROWLAND DR.
AUSTIN, TX 78745**

7 Amount of contribution (\$)

\$ 132

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

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

ALEXANDRA RUSSELL

Contributor address; City; State; Zip Code

**17 SUNSET TRAIL
SUNSET VALLEY, TX 78745**

Amount of contribution (\$)

\$ 300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

MARGARET RYAN

Contributor address; City; State; Zip Code

**1204 BROOKS HOLLOW RD.
AUSTIN, TX 78734**

Amount of contribution (\$)

\$ 50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

DANIEL SAMUELSON

Contributor address; City; State; Zip Code

**6800 MESA AVE.
AUSTIN, TX 78731**

Amount of contribution (\$)

\$ 100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

JEANNIE SMAJSTRLA

Contributor address; City; State; Zip Code

**2601 WESTOVER RD.
AUSTIN, TX 78703**

Amount of contribution (\$)

\$ 100

In-kind contribution description (if applicable)

(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

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1 Total pages Schedule A:

17

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-26-10

5 Full name of contributor out-of-state PAC (ID#: _____)

LINDA WIEGMAN

6 Contributor address; City; State; Zip Code

4867 SINCLAIR
AUSTIN, TX 78756

7 Amount of contribution (\$)

\$100

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

KIMBERLY GUSTAFSON

Contributor address; City; State; Zip Code

9001 BRIDGWOOD TRAIL
AUSTIN, TX 78729

Amount of contribution (\$)

\$100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

BECKY BADGETT

Contributor address; City; State; Zip Code

2107 ALAMEDA DR.
AUSTIN, TX 78704

Amount of contribution (\$)

\$123

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

JUDY TURNER

Contributor address; City; State; Zip Code

320 PORTER ROAD
BASTROP, TX 78602

Amount of contribution (\$)

\$250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-30-10

Full name of contributor out-of-state PAC (ID#: _____)

FRAN DANIS

Contributor address; City; State; Zip Code

320 PORTER RD.
BASTROP, TX 78602

Amount of contribution (\$)

\$200

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-30-10

5 Full name of contributor out-of-state PAC (ID#: _____)

MICHELE RUSCHHAUPT

6 Contributor address; City; State; Zip Code

8404 CANDELARIA
AUSTIN, TX 78737

7 Amount of contribution (\$)

\$50

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

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

RENEE GENRE

Contributor address; City; State; Zip Code

7104 COVERED BRIDGE
AUSTIN, TX 78736

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-30-10

Full name of contributor out-of-state PAC (ID#: _____)

KAREN BARLAND

Contributor address; City; State; Zip Code

7600 BURLY OAK CIR.
AUSTIN, TX 78745

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-8-10

Full name of contributor out-of-state PAC (ID#: _____)

TEXAS DEMOCRATIC PARTY

Contributor address; City; State; Zip Code

505 W. 12TH ST.
AUSTIN, TX 78701

Amount of contribution (\$)

\$1,250

In-kind contribution description (if applicable)

DATABASE

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

NANCY SCOTT

Contributor address; City; State; Zip Code

239 JACK PINE ROAD
RED ROCK, TX 78662

Amount of contribution (\$)

\$120

In-kind contribution description (if applicable)

MUSIC

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-26-10

5 Full name of contributor out-of-state PAC (ID#:

MARY BLACK

6 Contributor address; City; State; Zip Code

15 PILLOW ROAD
AUSTIN, TX 78745

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

POSTER and
RESTAURANT
COUPONS

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

CHRIS HAGSTROM

Contributor address; City; State; Zip Code

2904 BALFOUR FALLS LANE
AUSTIN, TX 78748

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

PAINTING

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

MICHELLE PYE

Contributor address; City; State; Zip Code

6303 CANNONLEAGUE DR.
AUSTIN, TX 78745

Amount of contribution (\$)

\$36

In-kind contribution description (if applicable)

PROGRAMS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

CINDY ARNOLD

Contributor address; City; State; Zip Code

16 SUNSET TRAIL
AUSTIN, TX 78745

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

GIFT CERTIFICATE
GREENING

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

JULIA BEECHINOR

Contributor address; City; State; Zip Code

511 E. 49th St
AUSTIN, TX 78751

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

PHOTOGRAPHS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

SUSAN STEEL

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-26-10

5 Full name of contributor out-of-state PAC (ID#:

SARAH CALVERT

6 Contributor address; City; State; Zip Code

8702 EL REY BLVD.
AUSTIN, TX 78737

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

FRAMED PRINT
AND CABINET

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

KENT COLE

Contributor address; City; State; Zip Code

1920 S. CONGRESS
AUSTIN, TX 78704

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

RESTAURANT
COUPON

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

LAURIE GREENWELL

Contributor address; City; State; Zip Code

806 WEST AVENUE
AUSTIN, TX 78703

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

HAIRCUT
COUPON

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

RICHARD JAESCHKE

Contributor address; City; State; Zip Code

505 DUCK LAKE
LAKEWAY, TX 78734

Amount of contribution (\$)

\$245

In-kind contribution description (if applicable)

WINE

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#:

MONICA SWARTZ

Contributor address; City; State; Zip Code

5212 CONCHO CREEK
AUSTIN, TX 78735

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

TEXTILE

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-26-10

5 Full name of contributor out-of-state PAC (ID#: _____)

JANA KAURA

6 Contributor address; City; State; Zip Code

3808 HIDDEN HILLS DR.
DRIPPING SPRINGS, TX 78620

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

GEO GILLOWS
COUPONS

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

LOUISE MESSANO

Contributor address; City; State; Zip Code

7626 HWY 71 WEST
AUSTIN, TX 78735

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

WASH DAY
COUPON

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

ALAN POGUE

Contributor address; City; State; Zip Code

2104 E. MLK
AUSTIN, TX 78702

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

PHOTOGRAPH

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

DIANNA SANFORD

Contributor address; City; State; Zip Code

5900 SLAUGHTERLANE
AUSTIN, TX 78749

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

RESTAURANT
COUPON

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

PETER TREECE

Contributor address; City; State; Zip Code

15 PILLOW RD.
AUSTIN, TX 78745

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

FOOD

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-26-10

5 Full name of contributor out-of-state PAC (ID#: _____)

CHRISTINE WU

6 Contributor address; City; State; Zip Code

625 W. BEN WHITE
AUSTIN, TX 78704

7 Amount of contribution (\$)

\$ 50

8 In-kind contribution description (if applicable)

RESTAURANT
COUPON

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

SERGIO VARELA

Contributor address; City; State; Zip Code

4211 S. LAMAR BLVD.
AUSTIN, TX 78704

Amount of contribution (\$)

\$ 50

In-kind contribution description (if applicable)

RESTAURANT
COUPON

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

CINDY ARNOLD

Contributor address; City; State; Zip Code

16 SUNSET TRAIL
AUSTIN, TX 78745

Amount of contribution (\$)

\$ 60

In-kind contribution description (if applicable)

GO DANCE
COUPON

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

KAIA PETIN

Contributor address; City; State; Zip Code

3014 W. WM. CANNON
AUSTIN, TX 78745

Amount of contribution (\$)

\$ 60

In-kind contribution description (if applicable)

MASSAGE
COUPON

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

LINDA CLARKE

Contributor address; City; State; Zip Code

5307 BADGER BEND
AUSTIN, TX 78749

Amount of contribution (\$)

\$ 80

In-kind contribution description (if applicable)

2 PAIR
EARRINGS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2 FILER NAME

SUSAN STEEL

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-26-10

5 Full name of contributor out-of-state PAC (ID#: _____)

DORIS NELSON

6 Contributor address; City; State; Zip Code

2004 RUNDALL
AUSTIN, TX 78704

7 Amount of contribution (\$)

\$170

8 In-kind contribution description (if applicable)

ANTIQUE
TYPEWRITER +
MESSAGE COUPON

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

RAYMOND FLORES

Contributor address; City; State; Zip Code

12613 MISTLETOE
MANHACA, TX 78652

Amount of contribution (\$)

\$90

In-kind contribution description (if applicable)

FOOD

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

TONY CIOLA

Contributor address; City; State; Zip Code

1320 RR 620 SOUTH
LAKEWAY, TX 78734

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

RESTAURANT
COUPONS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

GEORGIA SHAW

Contributor address; City; State; Zip Code

7004 RYAN DR.
AUSTIN, TX 78757

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

MESSAGE
COUPON

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-26-10

Full name of contributor out-of-state PAC (ID#: _____)

LESLIE WOOD

Contributor address; City; State; Zip Code

13429 SADDLEBACK PASS
AUSTIN, TX 78738

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

MUSIC

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:
17

2 FILER NAME
SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date
6-26-10

5 Full name of contributor out-of-state PAC (ID#: _____)
SUSIE FOWLER

6 Contributor address; City; State; Zip Code
**25001 HWY 71 WEST
SPICEWOOD, TX 78669**

7 Amount of contribution (\$)
\$110

8 In-kind contribution description (if applicable)
CERAMIC PLATTER

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
6-26-10

Full name of contributor out-of-state PAC (ID#: _____)
GREG ZYGMONT

Contributor address; City; State; Zip Code
**5900 W. SLAUGHTER LANE
AUSTIN, TX 78749**

Amount of contribution (\$)
\$120

In-kind contribution description (if applicable)
CHIROPRACTOR VISIT

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6-26-10

Full name of contributor out-of-state PAC (ID#: _____)
LEE PAGE

Contributor address; City; State; Zip Code
**6202 BURK BURNETT COVE
AUSTIN, TX 78749**

Amount of contribution (\$)
\$150

In-kind contribution description (if applicable)
CACTUS DISH GARDEN

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6-26-10

Full name of contributor out-of-state PAC (ID#: _____)
LAURA FARB

Contributor address; City; State; Zip Code
**1919 S. FIRST ST.
AUSTIN, TX 78704**

Amount of contribution (\$)
\$160

In-kind contribution description (if applicable)
ACUPUNCTURE SESSION

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6-26-10

Full name of contributor out-of-state PAC (ID#: _____)
HARRY DOWNING

Contributor address; City; State; Zip Code
**7727 KIVA
AUSTIN, TX 78749**

Amount of contribution (\$)
\$165

In-kind contribution description (if applicable)
TRAINING SESSIONS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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: 3	2 FILER NAME SUSAN STEEG	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date 1-6-10	5 Payee name TEJANO DEMOCRATS
--------------------------------	--

6 Amount (\$) \$125	7 Payee address; City; State; Zip Code 2544 STOUTWOOD AUSTIN, TX 78745
--------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) PROGRAM AD
---------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2-17-10	Payee name SERRANO'S CAFE
------------------------	-------------------------------------

Amount (\$) \$100	Payee address; City; State; Zip Code 1111 RED RIVER AUSTIN, TX 78701
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) ELECTION NIGHT PARTY
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4-17-10	Payee name TEXAS STONEWALL DEMOCRATS
------------------------	--

Amount (\$) \$100	Payee address; City; State; Zip Code P.O. Box 192216 DALLAS, TX 75219
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SPONSORSHIP	Description (If travel outside of Texas, complete Schedule T) STATE CONVENTION RECEPTION
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 5-12-10	Payee name AUSTIN PRIDE FOUNDATION
------------------------	--

Amount (\$) \$125	Payee address; City; State; Zip Code P.O. Box 162924 AUSTIN, TX 78716
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) BOOTH RENTAL
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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. 3		2 FILER NAME SUSAN STEEG		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-4-10		5 Payee name TEXAS DEMOCRATIC PARTY			
6 Amount (\$) \$350		7 Payee address; City; State; Zip Code 505 W. 12th ST. AUSTIN, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SOFTWARE		(b) Description (If travel outside of Texas, complete Schedule T) DATA BASE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6-19-10		Payee name ALAN POGUE			
Amount (\$) \$108		Payee address; City; State; Zip Code 2104 E. MARTIN LUTHER KING- BLVD. AUSTIN, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SERVICES		Description (If travel outside of Texas, complete Schedule T) PHOTO GRAPH	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-21-10		Payee name TRAVIS COUNTY DEMOCRATIC PARTY			
Amount (\$) \$2,500		Payee address; City; State; Zip Code 1311 E. 6TH ST. AUSTIN, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SUPPORT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6-24-10		Payee name JUNIOR'S			
Amount (\$) \$ 202		Payee address; City; State; Zip Code 705 W. 29th ST. AUSTIN, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) BEER	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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: 3	2 FILER NAME SUSAN STEEG	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	------------------------------------	--

4 Date 6-7-10	5 Payee name OAK HILL GAZETTE
-------------------------	---

6 Amount (\$) \$345	7 Payee address; City; State; Zip Code 7200 B HWY 71 WEST AUSTIN, TX 78735
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) NEWS PAPER AD
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 5-11-10	Payee name WORLEY PRINTING
------------------------	--------------------------------------

Amount (\$) \$338	Payee address; City; State; Zip Code 3217 N. INTERSTATE 35 AUSTIN, TX 78722
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) REMIT ENVELOPES
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 6-19-10	Payee name WORLEY PRINTING
------------------------	--------------------------------------

Amount (\$) \$812	Payee address; City; State; Zip Code 3217 N. INTERSTATE 35 AUSTIN, TX 78722
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) PUSH CARDS
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 5-1-2010	Payee name CAPITAL AREA PROGRESSIVE DEMOCRATS
-------------------------	---

Amount (\$) \$60	Payee address; City; State; Zip Code 3100 CATALINA AUSTIN, TX 78741
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SPONSORSHIP	Description (If travel outside of Texas, complete Schedule T) PROGRAM AD
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1	2 FILER NAME SUSAN STEEL	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1-14-10	5 Payee name CAPITAL AREA DEMOCRATIC WOMEN	
6 Amount (\$) \$50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 12962 AUSTIN, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) MEMBERSHIP
Date 5-21-10	Payee name NATIONAL PENS	
Amount (\$) \$212 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 55000 DETROIT, MI 48255	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) PENS
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)
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED