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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7434

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: 15

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

FILED FOR RECORD '10 SEP 29 PM 3:31 DANA DEBEAUVOIR TRAVIS COUNTY CLERK

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: (MS circled) FIRST: SUSAN MI:

NICKNAME: LAST: STEEG SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

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

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 288-2385 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: (MS circled) FIRST: SUSAN MI:

NICKNAME: LAST: STEEG SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 288-2385 EXTENSION:

9 REPORT TYPE

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

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

10 PERIOD COVERED

Month / Day / Year: 7 / 1 / 10 THROUGH Month / Day / Year: 9 / 23 / 10

11 ELECTION

ELECTION DATE Month / Day / Year: 11 / 2 / 10

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

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

13 OFFICE SOUGHT (if known): JUSTICE OF THE PEACE, PCT. 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: SUSAN STEEG

16 ACCOUNT # (Ethics Commission Filers):

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 205
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7855
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 206
	4. **TOTAL POLITICAL EXPENDITURES**	$ 9681
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 6329
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

KAREN S. BARLAND
MY COMMISSION EXPIRES
September 12, 2011

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 29 day of SEPTEMBER, 20 10, to certify which, witness my hand and seal of office.

Karen S Barland — Signature of officer administering oath

Karen S. Barland — Printed name of officer administering oath

Notary Public — Title of officer administering oath

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 10

2 FILER NAME: SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/6/10	JUDY STEEG SIMKIN 916 VINTAGE KENNER, LA 70065	$500	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/10/10	HOWELL CALVERT 13208 ~~BAYONET POINT~~ WHALER DR. BAYONET POINT, FL 34667	$50	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/10/10	CHARLES WILLIAMS 12 REESE DR. SUNSET VALLEY, TX 78745	$150	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/13/10	LINDA WIEGMAN 4807 SINCLAIR AUSTIN, TX 78756	$40	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/16/10	DEREK DYSON 9104 LA FAUNA VIEW AUSTIN, TX 78737	$100	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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1 Total pages Schedule A: 10

2 FILER NAME: SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/23/10	SANDY RHEIN 5032 TARTAN LANE METAIRIE, LA 70003	$100	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/27/10	ROSS SIMKIN 916 VINTAGE DR. KENNER, LA 70065	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/28/10	JAMES RODMAN 3303 HILLVIEW RD. AUSTIN, TX 78703	$250	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/30/10	TAYLOR, DUNHAM & BURGESS, LLP 301 CONGRESS AVE., STE 1050 AUSTIN, TX 78701	$250	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/3/10	JERRY BELL 600 CONGRESS AVE, FL. 24 AUSTIN, TX 78701	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
8/12/10	ROBERT BLACK 500 W. 16th St., Ste. 120 AUSTIN, TX 78701	$50			
8/12/10	BEVERLY REEVES 5403 TORTUGA TR. AUSTIN, TX 78731	$100			
8/12/10	GARY COBB 4325 TRIBORO TR. AUSTIN, TX 78749	$125			
8/17/10	RICHARD SCOTT 6101 EASY MEADOW CV. MANOR, TX 78653	$100			
8/17/10	DANIEL R. RICHARDS 816 CONGRESS AVE., STE. 1200 AUSTIN, TX 78701	$250			

(If travel outside of Texas, complete Schedule T)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: 10

2 FILER NAME: SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/17/10	ROBERT SCHMIDT 1207 E. 31st. St. Austin, TX 78722	$200	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/17/10	THOMAS KOLKER 1006 E. Cesar Chavez St. Austin, TX 78702	$ 100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/17/10	WILLIAM DARLING 2908 SCENIC DR. AUSTIN, TX 78703	$50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/17/10	CHRISTOPHER ELLIOTT 1705 RABB RD. AUSTIN, TX 78704	$200	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/17/10	LINEBARGER GOGGAN BLAIR & SAMPSON LLP P.O. Box 17428 AUSTIN, TX 78760	$300	

(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:

2 FILER NAME: SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers): 10

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/17/10	HERBERT EVANS 1302 WEST AVE. AUSTIN, TX 78701	$100	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/17/10	PAT O'CONNELL 5408 HANCOCK DR. AUSTIN, TX 78731	$60	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/17/10	LYNN SANDERS 919 CONGRESS AVE., STE 450 AUSTIN, TX 78701	$50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/17/10	MICHAEL CURRY 3307 BRYKER DR. AUSTIN, TX 78703	$50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/17/10	LLOYD DOGGETT P.O. BOX 5843 AUSTIN, TX 78763	$250	

(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

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4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/17/10	CHARLES HERRING 1204 CASTLE HILL ST. AUSTIN, TX 78703	$250	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/17/10	RUBEN BARRERA 3407 TREADSOFT AUSTIN, TX 78748	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/18/10	PASCUAL PIEDFORT 10105 DOBBIN DR. AUSTIN, TX 78748	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/17/10	LORA ANN GERSON 4607 MADRONA DR AUSTIN, TX 78731	$50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/18/10	RENEA HICKS 4112 RAMSEY AVE AUSTIN, TX 78756	$50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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SCHEDULE A

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8/24/10	KAREN HEESCH 4811 BEE CAVE RD., STE. 200 AUSTIN, TX 78746	$50			
8/30/10	MICHELLE WILLIAMS 13500 SADDLEBACK PASS AUSTIN, TX 78738	$200			
8/30/10	ANDREW BROWN 1403 E. 2d ST. AUSTIN, TX 78702	$100			
9/1/10	ANITA ZUKOWSKI 4207 OAK CREEK DR. AUSTIN, TX 78727	$100			
9/2/10	JUDY TURNER 320 PORTER RD. BASTROP, TX 78602	$100			

(If travel outside of Texas, complete Schedule T)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/5/10	ANN BISHOP 2636 BARTON HILLS DR. AUSTIN, TX 78704	$100	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/7/10	LOUISE JOY 7713 EL DORADO DR. AUSTIN, TX 78737	$50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/8/10	PENNY POTTER 2636 BARTON HILLS DR. AUSTIN, TX 78704	$50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/8/10	ELAINE SNOW 2216 KAISER AUSTIN, TX 78748	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/10/10	GAYLE GORDON 2505 INWOOD PL. AUSTIN, TX 78703	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/11/10	BETSY PRIEST 170 OLD 71 CEDAR CREEK, TX 78612	$50	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/15/10	AUSTIN APARTMENT ASSOCIATION PAC 4107 MEDICAL PKWY, AUSTIN, TX 78756	$500	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/12/10	VELVA PRICE 1601 RIDGMONT DR. AUSTIN, TX 78723	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/17/10	SCOTT SAMUELSON 4615 CHIAPPERO TR. AUSTIN, TX 78737	$200	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/18/10	GARY CALABRESE 7752 EL DORADO DR. AUSTIN, TX 78737	$50	

(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

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9/21/10	BRUCE WILLENZIK 4428 GILLIS AUSTIN, TX 78745	$100			
9/21/10	ANNIE HARDING 3404-A GROOMS ST. AUSTIN, TX 78705	$50			
9/21/10	CAPITAL AREA DEMOCRATIC WOMEN PAC P.O. BOX 12962 AUSTIN, TX 78711	$500			
8/17/10	CREWS, JOE K. 1606 ROCKMOOR AUSTIN, TX 78703	$300	FOOD & BEVERAGE		
8/17/10	DEREK BATES 2503 CRAZYHORSE PASS AUSTIN, TX 78734	$675	CREATE EMAIL INVITE AND DEPLOY		

(If travel outside of Texas, complete Schedule T)

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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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

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 7/1/10	5 Payee name POSTMASTER	
6 Amount ($) $88	7 Payee address; City; State; Zip Code OAKHILL STATION AUSTIN, TX 78749	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description (If travel outside of Texas, complete Schedule T) POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 7/26/10	Payee name CAPITAL AREA DEMOCRATIC WOMEN PAC	
Amount ($) $100	Payee address; City; State; Zip Code P.O. Box 12962 AUSTIN, TX 78711	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) SPONSOR EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 7/26/10	Payee name AUSTIN AFL-CIO COUNCIL	
Amount ($) $145	Payee address; City; State; Zip Code P.O. Box 87 AUSTIN, TX 78767	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) AD IN PROGRAM
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 7/26/10	Payee name SOUTH AUSTIN DEMOCRATS	
Amount ($) $50	Payee address; City; State; Zip Code P.O. Box 152592 AUSTIN, TX 78715	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) SPONSOR EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

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: 8/7/10

5 Payee name: CHECKMARK TYPESETTING

6 Amount ($): $4,673.62

7 Payee address; City; State; Zip Code: 3217 N. IH 35 AUSTIN, TX 78722

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): SIGNS & BUMPER STICKERS

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

Date: 8/13/10

Payee name: ACE PRINTING

Amount ($): $1,000

Payee address; City; State; Zip Code: 7807 DONCASTER AUSTIN, TX 78745

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): ADVERTISING

Description (If travel outside of Texas, complete Schedule T): SIGN PLACEMENT + SUPPLIES

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

Date: 8/20/10

Payee name: ACE PRINTING

Amount ($): $1,773.69

Payee address; City; State; Zip Code: 7807 DONCASTER AUSTIN, TX 78745

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): ADVERTISING

Description (If travel outside of Texas, complete Schedule T): SIGN PLACEMENT

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

Date: 9/1/2010

Payee name: JEWISH OUTLOOK

Amount ($): $470

Payee address; City; State; Zip Code: 4007 MADRID COVE AUSTIN, TX 78759

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): ADVERTISING

Description (If travel outside of Texas, complete Schedule T): AD

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

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 9/14/10	5 Payee name COMMUNITY IMPACT	
6 Amount ($) $825	7 Payee address; City; State; Zip Code P.O. Box 2895 PFLUGERVILLE, TX 78691	
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) AD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 9/20/10	Payee name GNI STRATEGIES	
Amount ($) $300	Payee address; City; State; Zip Code 908 E. 5th St. AUSTIN, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) AD CREATION
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8/18/10	Payee name DIANE DUSEK	
Amount ($) $50	Payee address; City; State; Zip Code 4007 MADRID COVE AUSTIN, TX 78759	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) AD CREATION
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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

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