

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME **SUSAN STEEG** 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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	\$	∅
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,055
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	74
4. TOTAL POLITICAL EXPENDITURES	\$	5,644
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	3,535
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	∅

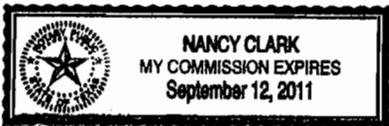
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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 25th day of October, 20 10, to certify which, witness my hand and seal of office.

Nancy Clark
Signature of officer administering oath

Nancy Clark
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:
4

2 FILER NAME **SUSAN STEEL** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 9/24/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKE TRAVIS DEMOCRATS	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 605 PETERSON LANE LAKEWAY, TX 78734		(If travel outside of Texas, complete Schedule T)	

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

Date 9/24/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNISELY, PREHODITCH, & PANZER, P.C.	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9020 N. CAPITOL OF TX HWY, BLDG. 1, STE 300 AUSTIN, TX 78759		(If travel outside of Texas, complete Schedule T)	

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

Date 9/29/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENISE HAYS	Amount of contribution (\$) \$ 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5325 MAGDALENA DR. AUSTIN, TX 78735		(If travel outside of Texas, complete Schedule T)	

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

Date 10/1/10	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 0060101) GAY & LESBIAN VICTORY FUND	Amount of contribution (\$) \$ 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1705 DE SALES ST, NW STE. 500 WASHINGTON, D.C. 20036		(If travel outside of Texas, complete Schedule T)	

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

Date 10/6/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD COFER	Amount of contribution (\$) \$ 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1512 PENNSYLVANIA AVE. AUSTIN, TX 78702		(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: 4	
2 FILER NAME SUSAN STEEG		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/8/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANN HILD	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 830 HIGHWAY 230 LARAMIE, WY 82070		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/12/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRAN DANIS	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 320 PORTER ROAD BASTROP, TX 78602		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/12/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY CAMPBELL	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2409 BLUFFVIEW DR. AUSTIN, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/16/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONA PULLEY	Amount of contribution (\$) \$55	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4614 TRAIL CREST COVE AUSTIN, TX 78735		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN BARTOLETTI	Amount of contribution (\$) \$150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 504 TERRACE MOUNTAIN DR. AUSTIN, TX 78746		(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: 4	
2 FILER NAME SUSAN STEEG		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/10/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDY TURNER	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 320 PORTER ROAD BASTROP, TX 78602		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/13/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY, WOOD, AND BONILLA LLP	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 165001 AUSTIN, TX 78716		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENNY CESPEDES	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7300 CALLBRAM LN. AUSTIN, TX 78736		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/17/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARON RILLING	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7603 CALLBRAM LN. AUSTIN, TX 78736		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOUTH AUSTIN DEMOCRATS	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 152592 AUSTIN, TX 78716		(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: 4	
2 FILER NAME SUSAN STEEG		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/23/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LYNN RAESZ	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 16501 SAWYER RANCH RD. AUSTIN, TX 78737		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 SUSAN STEEG		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/8/10		5 Payee name WESTLAKE PICAYUNE			
6 Amount (\$) \$627.25		7 Payee address; City; State; Zip Code 301 BEE CAVES RD., STE. 102 AUSTIN, TX 78746			
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) AD	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/8/10		Payee name OAK HILL GAZETTE			
Amount (\$) \$996		Payee address; City; State; Zip Code 7200-B HWY. 71 WEST AUSTIN, TX 78735			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/8/10		Payee name COMMUNITY IMPACT			
Amount (\$) \$825		Payee address; City; State; Zip Code P.O. BOX 2895 PFLUGERVILLE, TX 78691			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/15/10		Payee name WESTLAKE PICAYUNE			
Amount (\$) \$627.25		Payee address; City; State; Zip Code 301 BEE CAVES RD, STE. 102 AUSTIN, TX 78746			
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 <u>ONLY</u> 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 |
| 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 SUSAN STEEG	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/16/10	5 Payee name ACE PRINTING
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6 Amount (\$) \$583.31	7 Payee address; City; State; Zip Code 7807 DONCASTER AUSTIN, TX 78745
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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) SIGN PLACEMENT & SUPPLIES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/22/10	Payee name AC MAILING
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Amount (\$) \$1,283.80	Payee address; City; State; Zip Code 8120 EXCHANGE DR. AUSTIN, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POSTAGE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/22/10	Payee name WESTLAKE PICAYUNE
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Amount (\$) \$627.25	Payee address; City; State; Zip Code 301 BEE CAVES RD., STE. 102 AUSTIN, TX 78746
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) AD
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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