

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8193

FORM C/OH  
COVER SHEET PG 1

|  |   |   |   |
|--|---|---|---|
| The C/OH Instruction Guide explains how to complete this form.                               |   | 1 ACCOUNT #<br>(Ethics Commission Filers)   | 2 Total pages filed:<br><br>12  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br><b>MS</b>  | FIRST<br><b>SUSAN</b>                       | MI  |
|  | NICKNAME  | LAST<br><b>STEEG</b>                        | SUFFIX  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> change of address | ADDRESS / PO BOX;   | APT / SUITE #;                              | CITY; STATE; ZIP CODE   |
|  | <b>8702 EL REY BLVD.<br/>AUSTIN, TX 78737</b>   |   |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE<br><b>(512)</b>   | PHONE NUMBER<br><b>288-2385</b>             | EXTENSION   |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br><b>MS</b>  | FIRST<br><b>SUSAN</b>                       | MI  |
|  | NICKNAME  | LAST<br><b>STEEG</b>                        | SUFFIX  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(residence or business)                                      | STREET ADDRESS (NO PO BOX PLEASE);  | APT / SUITE #;                              | CITY; STATE; ZIP CODE   |
| <b>8702 EL REY BLVD.<br/>AUSTIN, TX 78737</b>  |   |   |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br><b>(512)</b>   | PHONE NUMBER<br><b>288-2385</b>             | EXTENSION   |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |   |   |
| 10 PERIOD COVERED  | Month<br><b>7</b>   | Day<br><b>1</b>                             | Year<br><b>2013</b>   |
|  |   | THROUGH                                     | Month<br><b>12</b>  |
|  |   |   | Day<br><b>31</b>  |
|  |   |   | Year<br><b>2013</b>   |
| 11 ELECTION  | ELECTION DATE   |   | ELECTION TYPE   |
|  | Month<br><b>3</b>   | Day<br><b>4</b>                             | Year<br><b>2014</b>   |
|  |   | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE  | OFFICE HELD (if any)  |   | 13 OFFICE SOUGHT (if known)   |
|  | <b>JUSTICE OF THE PEACE PCT. 3</b>  |   | <b>JUSTICE OF THE PEACE PCT. 3</b>  |

**OFFICE USE ONLY**

FILED FOR RECORD

DATE RECEIVED  
JAN - 8 PM 2:58

DATE HAND-DELIVERED OR POSTMARKED

RECEIPT #

AMOUNT

DATE PROCESSED

DATE IMAGED

GOTO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME **SUSAN STEEG**

15 ACCOUNT # (Ethics Commission Filers)

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 775

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3985

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 158

4. TOTAL POLITICAL EXPENDITURES

\$ 3799

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

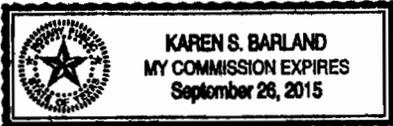
\$ 1356

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 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 \_\_\_\_\_, this the 7th day of January, 20 14, 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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/20/13

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

Lloyd Doggett for Congress

6 Contributor address; City; State; Zip Code

P.O. Box 5843  
AUSTIN, TX 787637 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

9/1/13

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

PAT CRAMER

Contributor address; City; State; Zip Code

2011 GOODRICH  
AUSTIN, TX 78704Amount 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

9/1/13

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

MARGARET RYAN

Contributor address; City; State; Zip Code

1101 LAKEWAY DR., APT. A  
LAKEWAY, TX 78734Amount 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

9/1/13

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

MARY BLACK

Contributor address; City; State; Zip Code

15 PILLOW RD.  
AUSTIN, TX 78745Amount 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

9/1/13

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

JUDY TURNER

Contributor address; City; State; Zip Code

320 PORTER RD.  
BASTROP, TX 78602Amount 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)

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:

6

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/1/13

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

FRAN DANIS

6 Contributor address; City; State; Zip Code

320 PORTER RD.  
BASTROP, TX 78602

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

9/1/13

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

JUDY MATTAIR

Contributor address; City; State; Zip Code

7603 CALLBRAM LANE  
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

9/1/13

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

SUSAN ADAIR

Contributor address; City; State; Zip Code

4808 INTERLACHEN LANG  
AUSTIN, TX 78747

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

9/1/13

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

ROBIN DENNIS

Contributor address; City; State; Zip Code

5325 MAGDALENA  
AUSTIN, TX 78735

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

9/1/13

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

KIMBERLY GUSTAFSON

Contributor address; City; State; Zip Code

207 BARZONA BEND  
CEDAR PARK, TX 78613

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/1/13

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

HELENE HAGSTROM

6 Contributor address; City; State; Zip Code

2904 BALFOUR FALLS LN.  
AUSTIN, TX 78748

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

9/1/13

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

MICHELE RUSCHHAUPT

Contributor address; City; State; Zip Code

8404 CANDELARIA DR.  
AUSTIN, TX 78737

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

9/1/13

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

JAMES KIDWELL

Contributor address; City; State; Zip Code

5704 WYNONA AVE.  
AUSTIN, TX 78756

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

9/1/13

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

JACKIE GILBERT

Contributor address; City; State; Zip Code

5348 MAGDALENA  
AUSTIN, TX 78735

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)

Date

9/1/13

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

JEAN SMAJSTRLA

Contributor address; City; State; Zip Code

2601 WESTOVER RD.  
AUSTIN, TX 78703

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)

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:<br><b>6</b>             |  |
| 2 FILER NAME<br><b>SUSAN STEEG</b>  |  | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><b>9/1/13</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>DENISE HAYS</b>      | 7 Amount of contribution (\$)<br><b>\$150</b>     | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>5325 MAGDALENA<br/>AUSTIN, TX 78735</b>      |  | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)   |  | 10 Employer (See Instructions)                    |  |
| Date<br><b>9/1/13</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>PATRICIA WITT BOYD</b> | Amount of contribution (\$)<br><b>\$150</b>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>2819 FOSTER LANE<br/>AUSTIN, TX 78757</b>      |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |
| Date<br><b>9/1/13</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>PEGGY GARRISON</b>     | Amount of contribution (\$)<br><b>\$100</b>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>4313 CAMACHO ST.<br/>AUSTIN, TX 78723</b>      |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |
| Date<br><b>9/1/13</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>PEGGY BELCHER</b>      | Amount of contribution (\$)<br><b>\$100</b>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>8600 CANDELARIA DRIVE<br/>AUSTIN, TX 78737</b> |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |
| Date<br><b>9/1/13</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>ANITA ZUKOWSKI</b>     | Amount of contribution (\$)<br><b>\$100</b>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>4207 OAK CREEK DR.<br/>AUSTIN, TX 78727</b>    |  | (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:<br>6                    |  |
| 2 FILER NAME<br>SUSAN STEEG  |  | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br>9/4/13   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>BENNY CESPEDES  | 7 Amount of contribution (\$)<br>\$100            | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br>7306 CALLBRAM LANE<br>AUSTIN, TX 78736         |  | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)  |  | 10 Employer (See Instructions)                    |  |
| Date<br>9/4/13   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>REBECCA BERRYHILL | Amount of contribution (\$)<br>\$100              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>6104 TROYER DR.<br>CHEYENNE, WY 82007            |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date<br>9/8/13   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>RENEE RABB        | Amount of contribution (\$)<br>\$100              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>3408 GRAYBUCK RD.<br>AUSTIN, TX 78748            |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date<br>9/8/13   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>F. ETHELYNN BEBEE | Amount of contribution (\$)<br>\$100              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>40 N. INTERSTATE 35, APT. 35<br>AUSTIN, TX 78701 |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date<br>9/13/13  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DEREK DYSON       | Amount of contribution (\$)<br>\$200              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>9104 LA FAUNA VIEW<br>AUSTIN, TX 78737           |  | (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:

6

2 FILER NAME

SUSAN STEEG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/9/13

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

GAYLE GORDON

6 Contributor address; City; State; Zip Code

2505 INWOOD PL.  
AUSTIN, TX 78703

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

10/12/13

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

JANE NELSON

Contributor address; City; State; Zip Code

1819 MARGARET  
AUSTIN, TX 78704

Amount of contribution (\$)

\$150

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/1/13

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

LAURIE GREENWELL

Contributor address; City; State; Zip Code

2013 LAZY BROOK  
AUSTIN, TX 78723

Amount of contribution (\$)

\$60

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  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  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)

**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:<br><b>2</b> | 2 FILER NAME<br><b>SUSAN STEEG</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|------------------------------------|--|

|                          |   |
|--------------------------|---|
| 4 Date<br><b>7-23-13</b> | 5 Payee name<br><b>AUSTIN AFL-CIO COUNCIL</b> |
|--------------------------|---|

|                               |   |
|-------------------------------|---|
| 6 Amount (\$)<br><b>\$145</b> | 7 Payee address; City; State; Zip Code<br><b>P.O. Box 87<br/>AUSTIN, TX 78767</b> |
|-------------------------------|---|

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

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

|                       |   |
|-----------------------|---|
| Date<br><b>9-3-13</b> | Payee name<br><b>SOUTH AUSTIN DEMOCRATS</b> |
|-----------------------|---|

|                             |   |
|-----------------------------|---|
| Amount (\$)<br><b>\$100</b> | Payee address; City; State; Zip Code<br><b>P.O. Box 152592<br/>AUSTIN, TX 78715</b> |
|-----------------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>FEES</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>MEMBERSHIP</b> |
|------------------------|---|--|

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

|                         |   |
|-------------------------|---|
| Date<br><b>11-12-13</b> | Payee name<br><b>TRAVIS COUNTY DEMOCRATIC PARTY</b> |
|-------------------------|---|

|                               |   |
|-------------------------------|---|
| Amount (\$)<br><b>\$1,000</b> | Payee address; City; State; Zip Code<br><b>1311 E. 6TH ST.<br/>AUSTIN, TX 78702</b> |
|-------------------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>FEES</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>FILING FEE</b> |
|------------------------|---|--|

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

|                         |                                   |
|-------------------------|-----------------------------------|
| Date<br><b>12-26-13</b> | Payee name<br><b>REGISTER.COM</b> |
|-------------------------|-----------------------------------|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><b>\$158</b> | Payee address; City; State; Zip Code<br><b>NEW YORK CITY, NEW YORK</b> |
|-----------------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>OFFICE OVERHEAD</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>WEBSITE</b> |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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:<br><b>2</b> | 2 FILER NAME<br><b>SUSAN STEEG</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|------------------------------------|--|

|                           |   |
|---------------------------|---|
| 4 Date<br><b>12-27-13</b> | 5 Payee name<br><b>TRAVIS COUNTY DEMOCRATIC PARTY</b> |
|---------------------------|---|

|                                 |   |
|---------------------------------|---|
| 6 Amount (\$)<br><b>\$1,500</b> | 7 Payee address; City; State; Zip Code<br><b>1311 E. 6th St.<br/>AUSTIN, TX 78702</b> |
|---------------------------------|---|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>FEES</b> | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>ELECTION DINNER FUNDRAISER</b> |
|--------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <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 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:<br><b>2</b>   | <b>2</b> FILER NAME<br><b>SUSAN STEEL</b>   | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |
| <b>4</b> Date<br><b>8-24-13</b>  | <b>5</b> Payee name<br><b>SPEC'S</b>  |   |
| <b>6</b> Amount (\$)<br><b>\$367.06</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><b>4970 W. HWY 290<br/>AUSTIN, TX</b>          |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b> | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><b>BEVERAGE AND SERVING ITEMS</b>   |
| <b>Date</b><br><b>8-31-13</b>  | <b>Payee name</b><br><b>HEB</b>   |   |
| <b>Amount (\$)</b><br><b>\$97.16</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    | <b>Payee address; City; State; Zip Code</b><br><b>6900 BRODIE LANE<br/>AUSTIN, TX 78745</b>     |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>     | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br><b>FOOD</b>                             |
| <b>Date</b><br><b>8-31-13</b>  | <b>Payee name</b><br><b>STAPLES</b>   |   |
| <b>Amount (\$)</b><br><b>\$70.60</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    | <b>Payee address; City; State; Zip Code</b><br><b>4301 W. WM. CANNON<br/>AUSTIN, TX 78735</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>     | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br><b>SUPPLIES FOR LABELS, SIGNS, etc.</b> |
| <b>Date</b><br><b>8-19-13</b>  | <b>Payee name</b><br><b>PARTY CITY</b>  |   |
| <b>Amount (\$)</b><br><b>\$81.13</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    | <b>Payee address; City; State; Zip Code</b><br><b>5601 BRODIE LANE<br/>AUSTIN, TX 78745</b>     |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>     | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br><b>DECORATIONS</b>                      |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                       |                                    |  |
|---------------------------------------|------------------------------------|--|
| 1 Total pages Schedule G:<br><b>2</b> | 2 FILER NAME<br><b>SUSAN STEEG</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|------------------------------------|--|

|                          |   |
|--------------------------|---|
| 4 Date<br><b>8-31-13</b> | 5 Payee name<br><b>SOUTH CONGRESS BEVERAGE BARN</b> |
|--------------------------|---|

|  |  |
|--|--|
| 6 Amount (\$)<br><b>\$25.94</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><b>3612 S. CONGRESS AVE<br/>AUSTIN, TX 78704</b> |
|--|--|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b> | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>ICE</b> |
|--------------------------|--|---|

|                       |                          |
|-----------------------|--------------------------|
| Date<br><b>9-1-13</b> | Payee name<br><b>HEB</b> |
|-----------------------|--------------------------|

|  |   |
|--|---|
| Amount (\$)<br><b>\$96.04</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><b>5800 W. SLAUGHTER LN.<br/>AUSTIN, TX 78749</b> |
|--|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>FOOD</b> |
|------------------------|--|--|

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

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

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

|                        |  |   |
|------------------------|--|---|
| 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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