

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filter ID (Ethics Commission Filers) <b>9154</b>	2 Total pages filed: <b>17</b>
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="radio"/> MS / MRS / MR      FIRST MI <p style="text-align: center; font-size: 1.2em;">SUSAN</p> <hr style="border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX <p style="text-align: center; font-size: 1.2em;">STEEG</p>	<b>OFFICE USE ONLY</b> Date Received: <b>2018 JAN 17 PM 12:33</b> Date Hand-delivered or Date Postmarked: _____ Receipt #      Amount \$ Date Processed: _____ Date Imaged: _____	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <p style="text-align: center; font-size: 1.2em;">8702 EL REY BLVD. AUSTIN, TX 78737</p>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <p style="text-align: center; font-size: 1.2em;">(512) 350-9056</p>		
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MS / MRS / MR      FIRST MI <p style="text-align: center; font-size: 1.2em;">SUSAN</p> <hr style="border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX <p style="text-align: center; font-size: 1.2em;">STEEG</p>		
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <p style="text-align: center; font-size: 1.2em;">8702 EL REY BLVD. AUSTIN, TX 78737</p>	
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <p style="text-align: center; font-size: 1.2em;">(512) 350-9056</p>		
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) <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    Day    Year      THROUGH      Month    Day    Year <p style="text-align: center; font-size: 1.2em;">07 / 01 / 2017      THROUGH      12 / 31 / 2017</p>		
11 ELECTION	ELECTION DATE Month    Day    Year <p style="text-align: center; font-size: 1.2em;">03 / 06 / 18</p>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <p style="text-align: center; font-size: 1.2em;">JUSTICE OF THE PEACE PRECINCT 3</p>	13 OFFICE SOUGHT (if known) <p style="text-align: center; font-size: 1.2em;">JUSTICE OF THE PEACE PRECINCT 3</p>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME SUSAN STEEG 15 Filer ID (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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$ 200
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,300
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 241
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,210
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,819
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 Susan Steeg, this the 15<sup>th</sup> day of January, 20 18, to certify which, witness my hand and seal of office.

Karina Israely Jaimes Signature of officer administering oath  
Karina Israely Jaimes Printed name of officer administering oath  
Paralegal/Notary Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,100
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 509
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,969
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

SUSAN STEEL

3 Filer ID (Ethics Commission Filers)

4 Date

7/18/17

5 Full name of contributor

KAREN BARLAND

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

6 Contributor address;

City; State; Zip Code

7600 BURLY OAK DR., AUSTIN, TX 78745

7 Amount of contribution (\$)

\$ 50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/12/17

Full name of contributor

MARJORIE FERRELL

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

Contributor address;

City; State; Zip Code

6407 EMERALD ST., AUSTIN, TX 78745

Amount of contribution (\$)

\$ 50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/21/17

Full name of contributor

PHYLLIS BOURQUE

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

Contributor address;

City; State; Zip Code

10 CHAMELEON CT., AUSTIN, TX 78738

Amount of contribution (\$)

\$ 50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/17

Full name of contributor

LEE WAR BINTON

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

Contributor address;

City; State; Zip Code

2210 UNION CREEK PKY. #1102, AUSTIN, TX 78747

Amount of contribution (\$)

\$ 100

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

SUSAN STEEG

3 Filer ID (Ethics Commission Filers)

4 Date

8/22/17

5 Full name of contributor

MADELEINE CONNOR

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

6 Contributor address;

City; State; Zip Code

6304 WHITEMARSH VALLEY WK, AUSTIN 78746

7 Amount of contribution (\$)

\$200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/25/17

Full name of contributor

CAROLYN GOLDSTON

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

Contributor address;

City; State; Zip Code

9306 GREAT HILLS TR. #23, AUSTIN 78759

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/17

Full name of contributor

MARIA JIMENEZ

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

Contributor address;

City; State; Zip Code

7400 LADLE LN., AUSTIN, TX 78749

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/17

Full name of contributor

GAIL McBRIDE

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

Contributor address;

City; State; Zip Code

3108 SCARLET DALE CV., ROUND ROCK, TX 78665

Amount of contribution (\$)

\$200

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

SUSAN STEEG

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/17

5 Full name of contributor

CYNTHIA SLOAN

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

6 Contributor address;

City; State; Zip Code

8701 EL REY BLVD., AUSTIN 78737

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/23/17

Full name of contributor

HAJJAR PETERS LLP

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

Contributor address;

City; State; Zip Code

3144 BEE CAVES RD., AUSTIN 78746

Amount of contribution (\$)

\$300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/17

Full name of contributor

TONI LUCAS

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

Contributor address;

City; State; Zip Code

2018 VERBENA DR., AUSTIN 78750

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/8/17

Full name of contributor

MICHELLE WILLIAMS

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

Contributor address;

City; State; Zip Code

13500 SADDLEBACK PASS, AUSTIN 78738

Amount of contribution (\$)

\$250

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>SUSAN STEEL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/6/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CAROLYN NICHOLS</b> 6 Contributor address; City; State; Zip Code <b>15303 ORIGINS LN., AUSTIN 78734</b>	7 Amount of contribution (\$) <b>\$100</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/6/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD JAESCHKE</b> Contributor address; City; State; Zip Code <b>505 DUCK LAKE DR., AUSTIN 78734</b>	Amount of contribution (\$) <b>\$50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/6/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>REID MINYEN</b> Contributor address; City; State; Zip Code <b>132 CROSS CREEK, AUSTIN 78734</b>	Amount of contribution (\$) <b>\$50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/6/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUDITH WALKER</b> Contributor address; City; State; Zip Code <b>12018 PLEASANT PANORAMA WY, AUSTIN 78738</b>	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME

**SUSAN STEEG**

3 Filer ID (Ethics Commission Filers)

4 Date

**11/6/17**

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

**MATTHEW CHANEY**

7 Amount of contribution (\$)

**\$100**

6 Contributor address; City; State; Zip Code

**930 VANGUARD ST., AUSTIN 78734**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**11/6/17**

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

**RAM MATTA**

Amount of contribution (\$)

**\$100**

Contributor address; City; State; Zip Code

**427 BELFORTE AVE., AUSTIN 78734**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/6/17**

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

**JUDITH DONOHUE**

Amount of contribution (\$)

**\$100**

Contributor address; City; State; Zip Code

**125 GOLF CREST DR., AUSTIN, 78734**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/18/17**

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

**LEOLA DECKER**

Amount of contribution (\$)

**\$100**

Contributor address; City; State; Zip Code

**4601 SMALL DR., AUSTIN, 78731**

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.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>SUSAN STEEG</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/30/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEDE SPONTAK</b>	7 Amount of contribution (\$)  <b>\$50</b>
6 Contributor address; City; State; Zip Code <b>2103 BLUEBONNET, AUSTIN 78704</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/1/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARY BRAUNAGEL-BROWN</b>	Amount of contribution (\$)  <b>\$100</b>
Contributor address; City; State; Zip Code <b>7321 ROARING SPRINGS DR., AUSTIN 78736</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/15/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KATHLEEN HALL</b>	Amount of contribution (\$)  <b>\$100</b>
Contributor address; City; State; Zip Code <b>106 CHESTNUT HILL CV, AUSTIN 78734</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/22/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CIRCLE C AREA DEMOCRATS</b>	Amount of contribution (\$)  <b>\$500</b>
Contributor address; City; State; Zip Code <b>49517 BUNGALOW LN, AUSTIN 78749</b>		
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

SUSAN STEEG

3 Filer ID (Ethics Commission Filers)

4 Date

11/5/17

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

DAVID DOUGLAS

7 Amount of contribution (\$)

\$ 50

6 Contributor address; City; State; Zip Code

5220 HUDSON BEND RD, AUSTIN 78734

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/27/17

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

TOM DOYAL

Amount of contribution (\$)

\$ 50

Contributor address; City; State; Zip Code

1307 KINNEY AVE. UNIT 126, AUSTIN 78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>SUSAN STEEG</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>\$509.64</b>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BARNETT AND GARCIA PLLC</b>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <b>3821 JUNIPER TRACE #108, AUSTIN, TX 78737</b>	<b>\$309.64</b>	<b>FOOD &amp; BEVERAGE</b>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>LAW FIRM</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>N/A</b>	
12 Contributor's principal occupation (FOR JUDICIAL) <b>N/A</b>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <b>N/A</b>	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GARNER LAW FIRM</b>	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code <b>7660 WOODWAY DR., STE 390, HOUSTON, TX 77063</b>	<b>\$200.00</b>	<b>FOOD &amp; BEVERAGE</b>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>LAW FIRM</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>N/A</b>	
Contributor's principal occupation (FOR JUDICIAL) <b>N/A</b>		Contributor's job title (FOR JUDICIAL) (See Instructions) <b>N/A</b>	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>6</b>	2 FILER NAME <b>SUSAN STEEG</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>7-13-17</b>	5 Payee name <b>TEJANO DEMOCRATS</b>	
6 Amount (\$) <b>\$100</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1805 MILES AVE. AUSTIN, TX 78745</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>7-15-17</b>	Payee name <b>TEJANO DEMOCRATS</b>	
Amount (\$) <b>\$50</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1805 MILES AVE. AUSTIN, TX 78745</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>MEMBERSHIP</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>7-20-17</b>	Payee name <b>JIM RANES</b>	
Amount (\$) <b>\$123.30</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1501 BARTON SPRINGS RD #233 AUSTIN, TX 78704</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>GRAPHIC DESIGN</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 6	<b>2</b> FILER NAME SUSAN STEEG	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8-10-17	<b>5</b> Payee name CAPITAL AREA PROGRESSIVE DEMOCRATS	
<b>6</b> Amount (\$) \$105 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 413 AUSTIN, TX 78767	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRIBUTION	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 8-16-17	Payee name CASEY CHAPMAN ROSS PHOTOGRAPHY	
Amount (\$) \$315.93 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9501 ARGYLE DR. AUSTIN, TX 78749	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description PHOTOGRAPHY <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 8-22-17	Payee name <del>CAPITAL AREA</del> CIRCLE C AREA DEMOCRATS	
Amount (\$) \$100 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 969517 BUNGALOW LANE, AUSTIN, TX 78749	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6	2 FILER NAME SUSAN STEEG	3 Filer ID (Ethics Commission Filers)
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4 Date 7-20-17	5 Payee name AFL-CIO CENTRAL LABOR COUNCIL
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6 Amount (\$) \$215 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code c/o P.O. Box 301074 AUSTIN, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 8-29-17	Payee name KELLY GRAPHICS
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Amount (\$) \$1,122.55 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1409 QUAKER RIDGE AUSTIN, TX 78746
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 8-29-17	Payee name JIM RANES
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Amount (\$) \$449.90 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1501 BARTON SPRINGS RD. AUSTIN, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description GRAPHIC DESIGN <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6	2 FILER NAME SUSAN STEEG	3 Filer ID (Ethics Commission Filers)
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4 Date 9-20-17	5 Payee name SOUTH AUSTIN DEMOCRATS
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6 Amount (\$) \$100 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 152592 AUSTIN, TX 78715
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 9-23-17	Payee name TEXAS DEMOCRATIC PARTY
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Amount (\$) \$1,000 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1106 LAVACA #100 AUSTIN, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION	(b) Description DATABASE <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 9-30-17	Payee name CAPITAL AREA DEMOCRATIC WOMEN
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Amount (\$) \$150 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code www.cadw.org
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTIONS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>6</b>	2 FILER NAME <b>SUSAN STEEG</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11-24-17</b>	5 Payee name <b>KELLY GRAPHICS</b>	
6 Amount (\$) <b>\$3,165.57</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1409 QUAKER RIDGE AUSTIN, TX 78746</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Printing Exp.</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>11-24-17</b>	Payee name <b>JIM RAUES</b>	
Amount (\$) <b>\$246.60</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1501 BARTON SPRING-5 RD. # 233 AUSTIN, TX 78704</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>11-11-17</b>	Payee name <b>TRAVIS COUNTY DEMOCRATIC PARTY</b>	
Amount (\$) <b>\$1,000</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1106 LAVACA ST. #100 AUSTIN, TX 78701</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <b>FILING FEE</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>6</b>	2 FILER NAME <b>SUSAN STEEG</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10-13-17</b>	5 Payee name <b>WORLEY PRINTING</b>	
6 Amount (\$) <b>\$328</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>3217 N. IH 35 AUSTIN, TX 78722</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertisement</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>

Date <b>10-19-17</b>	Payee name <b>CHECK MARK</b>	
Amount (\$) <b>\$246.27</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3217 N. IH 35 AUSTIN, TX 78722</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>

Date <b>11-9-17</b>	Payee name <b>DAVID LOGAN</b>	
Amount (\$) <b>\$250</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>6718 SILVERMINE DR. #1102 AUSTIN, TX 78736</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>

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