

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

9197

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS/ MRS / MR	FIRST MI SUSAN	OFFICE USE ONLY Date Received FILED FOR RECORD 2018 FEB 25 AM 11:25 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST SUFFIX STEEG	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8702 EL REY BLVD AUSTIN, TX 78737		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 350-9056		
6 CAMPAIGN TREASURER NAME	MS/ MRS / MR	FIRST MI SUSAN	
	NICKNAME	LAST SUFFIX STEEG	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8702 EL REY BLVD AUSTIN, TX 78737		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 350-9056		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Month Day Year 01 / 01 / 2018 THROUGH 01 / 25 / 2018		
11 ELECTION	ELECTION DATE		
	Month Day Year 03 / 06 / 18	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) JUSTICE OF THE PEACE PCT. 3	13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE PCT. 3	

GO TO PAGE 2

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ 115

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

\$ 3215

EXPENDITURE
TOTALS

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

\$ 92

4. TOTAL POLITICAL EXPENDITURES

\$ 795

CONTRIBUTION
BALANCE

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

\$ 10,755

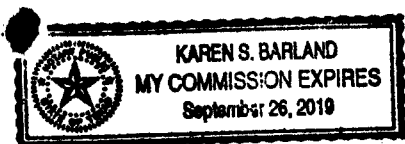
OUTSTANDING
LOAN TOTALS

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 5th day of February, 2018, 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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME SUSAN STEEG		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3100
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 703
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:

3

2 FILER NAME

SUSAN STEEG

3 Filer ID (Ethics Commission Filers)

4 Date

1/5/18

5 Full name of contributor

THOMAS ESPARZA, JR

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

1811 S. FIRST ST. AUSTIN, TX 78704

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/7/18

Full name of contributor

BAIRD LAW FIRM

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

6001 W. WM. CANNON AUSTIN, TX 78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/8/18

Full name of contributor

GAYLE GORDON

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

P.O. Box 1107 MARFA, TX 79843

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/9/18

Full name of contributor

MARILEE PAGE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

648 EMMA LOOP AUSTIN, TX 78737

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:

3

2 FILER NAME

SUSAN STEEG

3 Filer ID (Ethics Commission Filers)

4 Date

1/10/18

5 Full name of contributor

DAVID DOUGLAS

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100

6 Contributor address;

City; State; Zip Code

6404 OASIS DR. AUSTIN TX 78749

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/3/18

Full name of contributor

CAROLYN NICHOLS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

City; State; Zip Code

15303 ORIGINS LN. AUSTIN, TX 78734

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/13/18

Full name of contributor

T.G. SUTTON

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 300

Contributor address;

City; State; Zip Code

2617 MOSSVINE DR. CARROLLTON TX 75007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/18

Full name of contributor

DANIEL PAGE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

City; State; Zip Code

648 EMMA LOOP AUSTIN TX 78737

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:

3

2 FILER NAME

SUSAN STEEG

3 Filer ID (Ethics Commission Filers)

4 Date

1/15/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

DEBORAH VOLKER

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

4810 RED RIVER AUSTIN, TX 78751

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/12/18

Full name of contributor

out-of-state PAC (ID#: _____)

HAJJAR PETERS LLP

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

3144 BEE CAVES RD AUSTIN TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/23/18

Full name of contributor

out-of-state PAC (ID#: _____)

JASON SNELL

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

221 W. 6TH ST. , STE. 900 AUSTIN TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-23-18

Full name of contributor

out-of-state PAC (ID#: _____)

CELIA JOHNSTON

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

1607 VIRGINIA AVE AUSTIN, TX 78704

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME SUSAN STEEG	3 Filer ID (Ethics Commission Filers)
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4 Date 1/22/18	5 Payee name CASEY CHAPMAN ROSS
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6 Amount (\$) 703	7 Payee address; City; State; Zip Code 9501 ARGYLE DR. AUSTIN, TX 78749
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description PHOTOGRAPHY <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 <u>ONLY</u> 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
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 <u>ONLY</u> 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
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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