

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 9227	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="radio"/> MS / <input type="radio"/> MRS / <input type="radio"/> MR FIRST MI <p style="text-align: center; font-size: 1.2em;">SUSAN</p> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">STEEG</p>	OFFICE USE ONLY	
	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> <input type="checkbox"/> Change of Address	Date Received <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 0.8em;"> FILED FOR RECORD 2018 FEB 26 AM 10:09 DANA DEBAUVOIR COUNTY CLERK TRAVIS COUNTY, TEXAS </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center; font-size: 1.2em;">(512) 350-9056</p>		
5 CANDIDATE / OFFICEHOLDER PHONE	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>		
6 CAMPAIGN TREASURER NAME	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center; font-size: 1.2em;">(512) 350-9056</p>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center; font-size: 1.2em;">(512) 350-9056</p>		
	REPORT TYPE <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
8 CAMPAIGN TREASURER PHONE	PERIOD COVERED Month Day Year THROUGH Month Day Year <p style="text-align: center; font-size: 1.2em;">1 / 26 / 2018 2 / 24 / 2018</p>		
9 REPORT TYPE	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <p style="text-align: center; font-size: 1.2em;">3 / 6 / 2018</p> <input type="checkbox"/> General <input type="checkbox"/> Special		
10 PERIOD COVERED	OFFICE HELD (if any) OFFICE SOUGHT (if known) <p style="text-align: center; font-size: 1.2em;">JUSTICE OF THE PEACE Pct.3 Justice of the Peace Pct. 3</p>		

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,600
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 37
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,388
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,167
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 26th day of February, 2018, to certify which, witness my hand and seal of office.

Karen S. Barland Karen S. Barland Notary Public / Court Administrator
Signature of officer administering oath Printed name of officer administering oath 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	\$ 1,600
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	\$ 11,351
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

1/31/18

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

BEVERLY MATTHEWS

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

644 RUXTON LANE, AUSTIN, TX 78749

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/4/18

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

BECKY BROWNLEE

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

611 DEEP EDDY, AUSTIN, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/18

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

PATSY JOHNSON

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

9010 EL REY BLVD, AUSTIN, TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/18

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

DAVID SOILEAU

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

1107 DUNSTAN DR., AUSTIN, TX 78745

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 2/6/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON SIMMONS 6 Contributor address; City; State; Zip Code 702 RIO GRANDE, AUSTIN, TX 78701	7 Amount of contribution (\$) \$ 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/12/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROLYN NICHOLS Contributor address; City; State; Zip Code 15303 ORIGINS LANE, AUSTIN, TX 78734	Amount of contribution (\$) \$ 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT NAISHTAT Contributor address; City; State; Zip Code 6401 WILBUR DR., AUSTIN, TX 78757	Amount of contribution (\$) \$ 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/18/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE HAWKEN Contributor address; City; State; Zip Code 6700 MIDWOOD PARKWAY, AUSTIN, TX 78736	Amount of contribution (\$) \$ 50
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 STEEL

3 Filer ID (Ethics Commission Filers)

4 Date

2/21/18

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

GRACE CATALDO

7 Amount of contribution (\$)

\$ 150

6 Contributor address; City; State; Zip Code

6801 HITCHING POST CIR., AUSTIN, TX 78749

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/23/18

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

FRITZ BYRNE HEAD & GILSTRAP

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code

221 W. 6TH ST., STE. 960, AUSTIN, TX 78701

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.

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	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 F1: 3	2 FILER NAME SUSAN STEEG	3 Filer ID (Ethics Commission Filers)
4 Date 1/29/18	5 Payee name DELWIN GOSS	
6 Amount (\$) \$2,250	7 Payee address; City; State; Zip Code 6410 PONCA ST. AUSTIN, TX 78741	
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 SIGN INSTALLATION
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2/1/18	Payee name Ace Printing	
Amount (\$) \$2,286	Payee address; City; State; Zip Code 7807 DOWCASTER AUSTIN, TX 78745	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN PRINTING
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2/1/18	Payee name Facebook, Inc.	
Amount (\$) \$129	Payee address; City; State; Zip Code 1601 1601 Willow Rd. Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA ADS
	9 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 3	2 FILER NAME SUSAN STEEG	3 Filer ID (Ethics Commission Filers)
4 Date 2/19/18	5 Payee name KELLY GRAPHICS	
6 Amount (\$) \$6,333	7 Payee address; City; State; Zip Code 1409 QUAKER RIDGE AUSTIN, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILERS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/19/18	Payee name COSTCO WALMART	
Amount (\$) \$149	Payee address; City; State; Zip Code 4301 W. WM CANNON AUSTIN, TX 78749	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/20/18	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$46	Payee address; City; State; Zip Code 6104 OLD FREDERICKSBURG RD. AUSTIN, TX 78749	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 3	2 FILER NAME SUSAN STEEG	3 Filer ID (Ethics Commission Filers)
4 Date 2/22/18	5 Payee name ACE PRINTING	
6 Amount (\$) \$ 158	7 Payee address; City; State; Zip Code 7807 DONCASTER AUSTIN, TX 78745	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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