

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)

2 Total pages filed:

13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MRS VICTORIA** MI
NICKNAME **STEWIE** LAST SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED

OCT 25 2021

City Secretary
Port Aransas, TX

11:58 PM

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: **1820 S. 11TH ST** APT / SUITE #: CITY: STATE: ZIP CODE **PA, TX 78373**

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE **(361) 746** PHONE NUMBER **8044** EXTENSION

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MRS VICTORIA** MI
NICKNAME **STEWIE** LAST SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): **1820 S. 11TH ST** APT / SUITE #: CITY: STATE: ZIP CODE **PA, TX 78373**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE **(361) 746** PHONE NUMBER **8044** EXTENSION

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year **10 / 04 / 2021** THROUGH Month Day Year **10 / 25 / 2021**

11 ELECTION

ELECTION DATE: Month Day Year **11 / 02 / 2021**
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

PORT ARANSAS CITY COUNCIL

14 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

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	\$ 850.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 892.70
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 6,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 450.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5,888.09
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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:		2 FILER NAME VICTORIA STIEWIG		3 Filer ID (Ethics Commission Filers)	
4 Date 10/17/21		5 Payee name SHORTY'S			
6 Amount (\$) 74.50 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: 823 TARPON ST City: PA, TX State: TX Zip Code: 78373			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE		(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 VICTORIA STIEWIG PA CITY COUNCIL PLACE 2			
		Office sought		Office held	
Date 10/5/21		Payee name VICTORIA STIEWIG			
Amount (\$) 454.65 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: TEXAS SIGN EXPERTS 513 N. ALISTER City: PA, TX State: TX Zip Code: 78373			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADV. EXPENSE		Description SIGNS/BANNERS	
		<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 VICTORIA STIEWIG PA CITY COUNCIL PLACE 2			
		Office sought		Office held	
Date 10/6/21		Payee name ISLAND WINE			
Amount (\$) 55.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: 1726 SH 361 City: PA, TX State: TX Zip Code: 78373			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/BEV.		Description FOOD	
		<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 VICTORIA STIEWIG PA CITY COUNCIL PLACE 2			
		Office sought		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1? 1 of 2

2 FILER NAME
VICTORIA STIEWIG

3 Filer ID (Ethics Commission Filers)

4 Date
9/20/21

5 Full name of contributor out-of-state PAC (ID#: _____)
HEATH LAUSENG / USA LAW OFFICE OF HEATH LAUSENG

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
14633 SOUTH PRIDE ISLAND PK. CC. TX 77848

200.00

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)
SELF EMPLOYED

Date
9/23/21

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
PO BOX 930 PORT ARANSAS TX 78373

250.00

Principal occupation / Job title (See Instructions)
REAL ESTATE BROKER / PORT ARANSAS REALTY

Employer (See Instructions)
SELF-EMPLOYED

Date
9/28/21

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
501 PARK LN PORT ARANSAS TX 78373

100.00

Principal occupation / Job title (See Instructions)
RETAIL STORE OWNER

Employer (See Instructions)
SELF-EMPLOYED

Date
9/29/21

Full name of contributor out-of-state PAC (ID#: _____)
CHARLES & LINDA ZAHN

Amount of contribution (\$)

Contributor address; City; State; Zip Code
PO BOX 941 PORT ARANSAS TX 78373

100.00

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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2 of 2

2 FILER NAME

VICTORIA STIEWIG

3 Filer ID (Ethics Commission Filers)

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

9/29/21

GLENN MARTIN

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

1000 N. STATION PORT ARANSAS, TX 78373

8 Principal occupation / Job title (See Instructions)

OWNER WOODY'S BOAT BASIN

9 Employer (See Instructions)

SELF-EMPLOYED

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)

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1 of 1

2 FILER NAME
VICTORIA STEWIG

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor out-of-state PAC (ID#: _____)
9/20/21 LEZLIE KEEBLER

8 Amount of Contribution \$

9 In-kind contribution description

822.70

FOOD - BEV

7 Contributor address; City; State; Zip Code
118 2LT OFF RD FORT HRAVISH TX 75745

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

OWNER MONTELO BARRREST

SELF-EMPLOYED

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME VICTORIA STEWIG		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/6/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ISLAND WINE	8 Amount of Contribution \$ 26.00	9 In-kind contribution description FOOD
7 Contributor address; City: State: Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER/LAURA WHITE		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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 10/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TEXAS SIGNS	Amount of Contribution \$ 200	In-kind contribution description SIGN
Contributor address; City: State: Zip Code 423 W ADEG PA TX 7823		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

VICTORIA STEWIG

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

10/16/20

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

DESERTED ISLAND ICE CREAM

8 Amount of Contribution \$

12.75

9 In-kind contribution description

ICE CREAM

7 Contributor address; City; State; Zip Code

100 WHITE PINE 78373

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

OWNER ERIN ANSCIN

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

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

10/23/20

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

BRON'S PARTS & BACKYARD

Amount of Contribution \$

11.25

In-kind contribution description

BOUTIQUE

Contributor address; City; State; Zip Code

314 E AVE G DA TX 78373

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

OWNER BRON LOYLE

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

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.

LOANS

Emailed 5:52 pm 10/14

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

2 of 2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

VICTORIA STIEWIG

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

9/13/21

7 Name of lender

VICTORIA STIEWIG

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

1,000.00

6 Is lender a financial institution?
Y N

8 Lender address:

1820 S. 11TH ST PORT ARANSAS TX 78373

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

OWNER SURFSIDE RV RESORT

13 Employer (See Instructions)

SELF EMPLOYED

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address:

City:

State:

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

9/27/21

Name of lender

VICTORIA STIEWIG

out-of-state PAC (ID# _____)

Loan Amount (\$)

2,000.00

Is lender a financial institution?
Y N

Lender address:

1820 S 11TH ST PORT ARANSAS TX 78373

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

OWNER SURFSIDE RV RESORT

Employer (See Instructions)

SELF EMPLOYED

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address:

City:

State:

Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

Emailed 5:52pm 10/14

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1 of 2

2 FILER NAME

VICTORIA STIEWIG

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

9/30/21

7 Name of lender

VICTORIA STIEWIG

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

9 Loan Amount (\$)

1,000.00

6 Is lender a financial institution?

Y (N)

8 Lender address;

City;

State; Zip Code

1820 S. 11TH ST PORT ARANSAS, TX 78373

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

OWNER SURFSIDE RIA RESORT

13 Employer (See Instructions)

SELF-EMPLOYED

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

9/20/21

Name of lender

VICTORIA STIEWIG

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

Loan Amount (\$)

1,000.00

Is lender a financial institution?

Y (N)

Lender address;

City;

State; Zip Code

1820 S. 11TH ST PORT ARANSAS, TX 78373

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

OWNER SURFSIDE RIA RESORT

Employer (See Instructions)

SELF-EMPLOYED

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

VICTORIA STEWART

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

1/25/21

7 Name of lender

VICTORIA STEWART

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

1,500.00

6 Is lender a financial institution?

Y N

8 Lender address;

1901 S. STATION ST #4
PA TX 78373

City:

State:

Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

SELF OWN SURFSIDE RD

13 Employer (See instructions)

SELF

14 Description of Collateral

none

N/A

15

Check if personal funds were deposited into political account (See instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

SELF

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;

1901 S. STATION #4 PA TX 78373

City:

State:

Zip Code

20 Principal Occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address;

City:

State:

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;

City:

State:

Zip Code

Principal Occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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:		2 FILER NAME VICTORIA STEWIG		3 Filer ID (Ethics Commission Filers)	
4 Date 10/4/21		5 Payee name TEXAS SIGNS			
6 Amount (\$) 194.85 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: 43 W AVE G PA TX 78373 City: State: Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) AD. EXPENSE		(b) Description SIGNS	
		(c) <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 VICTORIA STEWIG		Office sought PA CITY COUNCIL PLD	
		Office held			
Date 10/4/21		Payee name VICTORIA STEWIG			
Amount (\$) 450.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: 1820 S. 11TH ST PA TX 78373 City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) LOAN REIMBURSE		Description CISO	
		<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 10/6/21		Payee name ZARSKY			
Amount (\$) 12.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: 2020 SH 361 PA TX 78373 City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CARD EXPENSE		Description WTRD	
		<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 VICTORIA STEWIG		Office sought PA CITY COUNCIL PAGE 2	
		Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

1 of 3

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 G: 1 of 3	2 FILER NAME VICTORIA L STIEWIG	3 Filer ID (Ethics Commission Filers)
4 Date: 9/10/21	5 Payee name ZARSKY LUMBER COMPANY	
6 Amount (\$): 113.20 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 2120 HWY 361 City: PORT ARANSAS, TX State: TX Zip Code: 78373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description PLYWOOD & LIXY'S
	(c) <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 VICTORIA STIEWIG	
Date: 9/17/21	Payee name ZARSKY LUMBER COMPANY	Office sought PORT ARANSAS CITY COUNCIL PLACE 2
Amount (\$): 214.57 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2120 HWY 361 City: PORT ARANSAS, TX State: TX Zip Code: 78373	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description PLYWOOD & LIXY'S
	<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 VICTORIA STIEWIG	
Date: 9/17/21	Payee name ZARSKY LUMBER COMPANY	Office sought PORT ARANSAS CITY COUNCIL PLACE 2
Amount (\$): 176.18 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2120 HWY 361 City: PORT ARANSAS, TX State: TX Zip Code: 78373	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description PLYWOOD & LIXY'S
	<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 VICTORIA STIEWIG	
Date: 9/17/21	Payee name ZARSKY LUMBER COMPANY	Office sought PORT ARANSAS CITY COUNCIL PLACE 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

2 of 3

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: 2 of 3	2 FILER NAME VICTORIA A STIEWIG		3 Filer ID (Ethics Commission Filers)
4 Date 9/20/21	5 Payee name PORT ARANSAS BUSINESS CENTER		
6 Amount (\$) 344.23 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 1023 HWY 361, SUITE C PORT ARANSAS, TX 78373 City: State: Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description SIGNS & BANNERS
	(c) <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 VICTORIA A STIEWIG Office sought Office held PORT ARANSAS CITY COUNCIL PLACE 2		
4 Date 9/13/21	5 Payee name PORT ARANSAS BUSINESS CENTER		
6 Amount (\$) 157.44 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 1023 HWY 361, SUITE C PORT ARANSAS, TX 78373 City: State: Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description BANNERS & SIGNS
	(c) <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 VICTORIA A STIEWIG Office sought Office held PORT ARANSAS CITY COUNCIL PLACE 2		
4 Date 9/27/21	5 Payee name TEXAS SIGN EXPRESS		
6 Amount (\$) 194.85 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 423 W. AVE G PORT ARANSAS TX 78373 City: State: Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description BANNERS & SIGNS
	(c) <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 VICTORIA A STIEWIG Office sought Office held PORT ARANSAS CITY COUNCIL PLACE 2		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0-

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

\$ 1,742.70

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5,838.09

CONTRIBUTION
BALANCE

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

\$ 400.00

OUTSTANDING
LOAN TOTALS

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

\$ 1,534.71

18 SIGNATURE

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(2) Unsworn Declaration

My name is VICTORIA STEWIG, and my date of birth is 7-1-70

My address is 1820 S 11TH ST (street)

Executed in WUECF County, State of TX, on the 4 day of oct, 2021 (month) (year)

Signature of Candidate/Officeholder (Declarant)

