

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 pages

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MRS. VICTORIA L

NICKNAME

LAST

SUFFIX

STIEWIG

OFFICE USE ONLY

Date Received

RECEIVED

OCT 04 2021

City Secretary
Port Aransas, TX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1820 S. 11TH ST PORT ARANSAS, TX 78373

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361) 746-8044

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MRS. VICTORIA L

NICKNAME

LAST

SUFFIX

STIEWIG

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1820 S. 11TH ST PORT ARANSAS, TX 78373

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361) 746-8044

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

09 / 01 / 2021

THROUGH

Month

Day

Year

10 / 04 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 02 / 2021

Primary

Runoff

ELECTION TYPE

Other

Description

General

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

PORT ARANSAS CITY COUNCIL PLACE 2

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

Additional Pages

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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	\$ 822.70
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,166.85
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	\$ 397.03
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 -

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)	\$ 1,672.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,397.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 850.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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.

Victoria Stewig
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

OR

(2) Unsworn Declaration

My name is VICTORIA STIEWIG, and my date of birth is 7-1-70.
 My address is 1820 S. 11TH ST PORT ARANSAS, TX 78373 US.
(street) (city) (state) (zip code) (country)
 Executed in NUECES County, State of TX, on the 4 day of Oct, 2021.
(month) (year)
Victoria Stewig
 Signature of Candidate/Officeholder (Declarant)

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATH LAUSENG / DSA LAW OFFICE OF HEATH LAUSENG	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 14633 SOUTH PADRE ISLAND DR. CC. TX 78418		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF EMPLOYED
Date 9/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITH McMULLIN	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code PO BOX 930 PORT ARANSAS, TX 78373		
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDY CLARK	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 501 MARCO LN PORT ARANSAS, TX 78373		
Principal occupation / Job title (See Instructions) RETAIL STORE OWNER		Employer (See Instructions) SELF-EMPLOYED
Date 9/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES & LINDA ZAHN	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code PO BOX 941 PORT ARANSAS, TX 78373		
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 STEWIG		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 9/29/21 GLENN MARTIN	6 Contributor address; City; State; Zip Code 1000 N. STATION PORT ARANSAS, TX 78373	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) OWNER WOODY'S BOAT BASIN		9 Employer (See Instructions) SELF-EMPLOYED
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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: <i>1 of 2</i>	
2 FILER NAME <i>VICTORIA STEWIG</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ -	
5 Date <i>9/20/21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LEZLIE KEEBLER</i>	8 Amount of Contribution \$ <i>822.70</i>	9 In-kind contribution description <i>FOOD + BEV</i>
7 Contributor address; City; State; Zip Code <i>118 CUT OFF RD FORT ARKANSAS TX 78573</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>OWNER MONTEGO BAY REST</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>SELF-EMPLOYED</i>	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> 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.

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: <i>2</i>
2 FILER NAME <i>VICTORIA STIEWIG</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>9/30/21</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>VICTORIA STIEWIG</i>	9 Loan Amount (\$) <i>1,000.00</i>
6 Is lender a financial institution? <i>Y (N)</i>	8 Lender address; City; State; Zip Code <i>1820 S. 11TH ST PORT ARANSAS, TX 78373</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>OWNER SURFSIDE RIA RESORT</i>		13 Employer (See Instructions) <i>SELF-EMPLOYED</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>9/20/21</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>VICTORIA STIEWIG</i>	Loan Amount (\$) <i>1,000.00</i>
Is lender a financial institution? <i>Y (N)</i>	Lender address; City; State; Zip Code <i>1820 S. 11TH ST PORT ARANSAS, TX 78373</i>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <i>OWNER SURFSIDE RIA RESORT</i>		Employer (See Instructions) <i>SELF-EMPLOYED</i>
Description of Collateral <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	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.

LOANS

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) VICTORIA STIEWIG	9 Loan Amount (\$) 1,000. ⁰⁰
6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	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 RV RESORT		13 Employer (See Instructions) SELF EMPLOYED
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
5 Date of loan 9/27/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) VICTORIA STIEWIG	9 Loan Amount (\$) 2,000. ⁰⁰
6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	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 RV RESORT		13 Employer (See Instructions) SELF EMPLOYED
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 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.

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

1 of 2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1 of 2	2 FILER NAME VICTORIA STIEWIG	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$

5 Date 10/4/21	6 Payee name TEXAS SIGN EXPRESS
7 Amount (\$) 194.85	8 Payee address; City; State; Zip Code 423 W AVE G P.A., TX 78323

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADV. 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	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name VICTORIA STIEWIG	Office sought PORT ARANSAS CITY COUNCIL 02	Office held
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5 Date 10/04/2021	6 Payee name VICTORIA STIEWIG
7 Amount (\$) 450.00	8 Payee address; City; State; Zip Code 1820 S. 17TH ST P.A., TX 78323

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT	Description REPAY VICTORIA STIEWIG LOAN
	(c) <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

2 of 2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2 of 2	2 FILER NAME VICTORIA STIEWIG	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$

5 Date 9/27/21	6 Payee name KRISTINA PARKKILL		
7 Amount (\$) 222 ⁰⁰	8 Payee address; 751 RANDY DR. WOODWAY, TX	City: TX	State; Zip Code 76712

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADV. EXPENSE	(b) Description TSHIRTS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name VICTORIA STIEWIG	Office sought PORT ARANSAS CITY COUNCIL	Office held
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Date 9/30/21	Payee name TROUT STREET		
Amount (\$) 300 ⁰⁰	Payee address; 104 W. COTTER A.A. TX	City: TX	State; Zip Code 78373

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT	Description MEET : GREET FOOD/BEV
	(c) <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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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 | 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: 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; City; State; Zip Code 2120 HWY 361 PORT ARANSAS, TX 78373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description PLYWOOD ≈ 4X4'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 Office sought Office held VICTORIA STIEWIG PORT ARANSAS CITY COUNCIL PLACE 2	
Date 9/17/21	Payee name ZARSKY LUMBER COMPANY	
Amount (\$) 214.57 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2120 HWY 361 PORT ARANSAS, TX 78373	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description PLYWOOD ≈ 4X4'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 Office sought Office held VICTORIA STIEWIG PORT ARANSAS CITY COUNCIL PLACE 2	
Date 9/17/21	Payee name ZARSKY LUMBER COMPANY	
Amount (\$) 176.18 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2120 HWY 361 PORT ARANSAS, TX 78373	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description PLYWOOD ≈ 4X4'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 Office sought Office held VICTORIA STIEWIG 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 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; City; State; Zip Code 1023 HWY 361, SUITE C PORT ARANSAS, TX 78373	
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 STIEWIG Office sought: PORT ARANSAS CITY COUNCIL PLACE 2 Office held:	
Date 9/13/21	Payee name PORT ARANSAS BUSINESS CENTER	
Amount (\$) 189.44 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1023 HWY 361, SUITE C PORT ARANSAS, TX 78373	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description BANNERS & SIGNS
	<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 Office sought: PORT ARANSAS CITY COUNCIL PLACE 2 Office held:	
Date 9/27/21	Payee name TEXAS SIGN EXPRESS	
Amount (\$) 194.85 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 423 W. AVE G. - PORT ARANSAS TX 78373	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description BANNERS & SIGNS
	<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 Office sought: PORT ARANSAS CITY COUNCIL PLACE 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.

3 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: 3 of 3	2 FILER NAME VICTORIA STIEWIG	3 Filer ID (Ethics Commission Filers)
4 Date 9/17/21	5 Payee name TEXAS SIGN EXPRESS	
6 Amount (\$) 292.27 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 423 W. AVE G PA, TX 78373	
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 STIEWIG	Office sought PORT ARANSAS CITY COUNCIL PLACE 2
4 Date 9/13/21	5 Payee name TEXAS SIGN EXPRESS	
6 Amount (\$) 402.69 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 423 W. AVE G PA, TX 78373	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING 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	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name VICTORIA STIEWIG	Office sought PORT ARANSAS CITY COUNCIL PL 2
4 Date 9/28/21	5 Payee name SOUTH JETTY	
6 Amount (\$) 2,019.60 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1726 TX 36d SUITE 1A PORT ARANSAS, TX 78373	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV. EXPENSE	Description POLITICAL ADV.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name VICTORIA STIEWIG	Office sought PORT ARANSAS CITY COUNCIL PL 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED