<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Candidate/OFFICEHOLDER NAME</strong></td>
<td>First: Victoria, Last: Stiewig, Nickname: L, Suffix: MI</td>
</tr>
<tr>
<td><strong>Candidate/OFFICEHOLDER Mailing Address</strong></td>
<td>1820 S. 11TH ST Port Aransas, TX 78373</td>
</tr>
<tr>
<td><strong>Candidate/OFFICEHOLDER Phone</strong></td>
<td>Area Code: (361), Phone Number: 746-6044</td>
</tr>
<tr>
<td><strong>Campaign Treasurer Name</strong></td>
<td>First: Victoria, Last: Stiewig, Nickname: L, Suffix: MI</td>
</tr>
<tr>
<td><strong>Campaign Treasurer Address</strong></td>
<td>1820 S. 11TH ST Port Aransas, TX 78373</td>
</tr>
<tr>
<td><strong>Campaign Treasurer Phone</strong></td>
<td>Area Code: (361), Phone Number: 746-6044</td>
</tr>
<tr>
<td><strong>Report Type</strong></td>
<td>Final Report (Attach C/OH-FR)</td>
</tr>
<tr>
<td><strong>Period Covered</strong></td>
<td>10/25/2021 through 1/27/2022</td>
</tr>
<tr>
<td><strong>Office</strong></td>
<td>Port Aransas City Council, PL2</td>
</tr>
<tr>
<td><strong>Notice from Political Committee(s)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Form C/OH Cover Sheet PG 1**

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020
CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 C/OH NAME

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
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. $0
4. TOTAL POLITICAL EXPENDITURES $638.60

EXPENDITURE TOTALS

CONTRIBUTION BALANCE
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD $0

OUTSTANDING LOAN TOTALS
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD $0

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 ____________________________ and my date of birth is ____________.
My address is ____________________________ (street)
Executed in ____________________________ County, State of ____________ on the __________ day of __________, 20________.

[Signature of Candidate/Officeholder (Declarant)]
# 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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting/Banking</td>
<td></td>
</tr>
<tr>
<td>Paper Statement Fee</td>
<td></td>
</tr>
<tr>
<td>Maintenance Fee</td>
<td></td>
</tr>
<tr>
<td>Food/Beverage</td>
<td></td>
</tr>
<tr>
<td>Cheese Fruit Crackers</td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount ($)</th>
<th>Payee Name</th>
<th>Payee Address</th>
<th>City; State; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10/24/2021</strong></td>
<td><strong>1.25</strong></td>
<td><strong>AMERICAN BANK</strong></td>
<td><strong>216 S. ALISTER</strong></td>
<td><strong>PORT ARANSAS, TX 78373</strong></td>
</tr>
<tr>
<td><strong>10/29/2021</strong></td>
<td><strong>20.00</strong></td>
<td><strong>AMERICAN BANK</strong></td>
<td><strong>216 S. ALISTER</strong></td>
<td><strong>PORT ARANSAS, TX 78373</strong></td>
</tr>
<tr>
<td><strong>11/1/2021</strong></td>
<td><strong>77.00</strong></td>
<td><strong>HFS</strong></td>
<td><strong>1145 WALORON RD. C.C. TX 78418</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

---

**Forms provided by Texas Ethics Commission**

www.ethics.state.tx.us

Revised 8/17/2020
# Political Expenditures Made from Personal Funds

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

## Schedule G

<table>
<thead>
<tr>
<th>ADVERTISING EXPENSES</th>
<th>ACCOUNTING/BANKING</th>
<th>CONSULTING EXPENSES</th>
<th>CONTRIBUTIONS/DONATIONS MADE BY CANDIDATE/OFFICER/HOLDER/POLITICAL COMMITTEE</th>
<th>CREDIT/DEBT PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Expenditure Categories for Box 6(a)

- Legal Services
- Legal Services/Travel Expense
- Office Supplies/Travel Expenses
- Political Expense
- Solicitation/Fundraising Expense
- Transportation Equipment & Related Expense
- Travel in District
- Travel Out Of District
- Other (enter a category not listed above)

### 1. Total pages Schedule G:

**2**

### 2. Filer Name:

**VICTORIA STIEWIG**

### 3. Filer ID (Ethics Commission Filers)

### 4. Date:

**1/1/2021**

### 5. Payee Name:

**STINGRAUS**

### 6. Amount ($):

**73.50**

### 7. Description:

**MOTION: GLEET**

### 8. Purpose of Expenditure:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food/Beverage</td>
<td>Motion: Gleet</td>
</tr>
</tbody>
</table>

### 9. Complete ONLY if direct expenditure to benefit O/C:

**VICTORIA STIEWIG, PA. CITY COUNCIL A1**

### 10. Date:

**1/1/2021**

### 11. Payee Name:

**BAREFOOT BEANS**

### 12. Amount ($):

**38.25**

### 13. Description:

**MOTION: GLEET**

### 14. Purpose of Expenditure:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food/Beverage</td>
<td>Motion: Gleet</td>
</tr>
</tbody>
</table>

### 15. Complete ONLY if direct expenditure to benefit O/C:

**VICTORIA STIEWIG, PA. CITY COUNCIL A1**

### 16. Date:

**3/1/2021**

### 17. Payee Name:

**AMERICAN BANK**

### 18. Amount ($):

**1.25**

### 19. Description:

**ACCOUNTING/BANKING**

### 20. Purpose of Expenditure:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting/Banking</td>
<td>Paper Statement Fee</td>
</tr>
</tbody>
</table>

### 21. Complete ONLY if direct expenditure to benefit O/C:

**VICTORIA STIEWIG, PA. CITY COUNCIL A1**

**ATTACH ADDITIONAL SHEETS IF NEEDED**
### Political Expenditures Made From Personal Funds

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

#### Schedule G

**Accounting/Banking**

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee Name</th>
<th>Amount ($)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/12/21</td>
<td>American Bank</td>
<td>19.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/12/21</td>
<td>American Bank</td>
<td>19.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/12/21</td>
<td>American Bank</td>
<td>1.75</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Purpose of Expenditure**

- **Accounting/Banking**
- **Maintenance Fee**

**Note:** If the expenditure is related to a campaign or candidate's personal financial affairs, please specify in the "Purpose of Expenditure" column.
### SCHEDULE G

**Political Expenditures Made From Personal Funds**

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

#### Expenditure Categories for Box 9(a)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Expense</td>
<td>Rent</td>
</tr>
<tr>
<td>Accounting/Bookkeeping</td>
<td>Financial Statement Preparation Expense</td>
</tr>
<tr>
<td>Consulting Expense</td>
<td>Legal Services</td>
</tr>
<tr>
<td>Contributions/Expenditures Made By Candidate/Officer/Political Committee</td>
<td>Solicitation/Fundraising Expense</td>
</tr>
<tr>
<td>Credit Card Payment</td>
<td>Transportation Equipment &amp; Related Expenses</td>
</tr>
<tr>
<td></td>
<td>Travel in District</td>
</tr>
<tr>
<td></td>
<td>Travel Out Of District</td>
</tr>
<tr>
<td></td>
<td>Other (enter category not listed above)</td>
</tr>
</tbody>
</table>

The information in this column helps complete this form.

### 1. Total pages Schedule G: 2

#### 2. Filer Name

**VICTORIA STIEWIG**

#### 3. Filer ID (Ethics Commission Filers)

### 4. Date

**12/21/2022**

#### 5. Payee Name

**VICTORIA STIEWIG**

### 6. Amount ($)

**$17,360**

#### 7. Payee Address:

**1820 S. 11TH ST, P.A., TX 78233**

#### 8. City:

**P.A.**

#### 9. State:

**TX**

#### 10. Zip Code:

**78233**

### 11. Purpose of Expenditure

**Loan Repay/Reimburse Pay Back Loan**

#### 12. Category

**Payback expenses:**

#### 13. Description

**Complete ONLY if direct expenditure to benefit C/OH**

#### 14. Candidate Name

**VICTORIA STIEWIG**

#### 15. Office Sought

**PA City Council PC 2**

#### 16. Office Held

**PA City Council PC 2**

---

### Complete Only If Direct Expenditure to Benefit C/OH

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reimbursement from political contributions intended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Purpose of Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

---

**Note:** This form is a screenshot of the original document. The text was extracted and formatted to maintain the integrity of the original content. Additional details are within the form fields as shown.
CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME
   
   VICTORIA STIFLING

2 Filer ID (Ethics Commission Filers)
   
   

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

[Signature]

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
   ** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

[Signature]

Signature of Candidate

5 OFFICEHOLDER
   ** Complete this section only if you are an officeholder **

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

[Signature]

Signature of Officeholder