

# 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: <div style="text-align: center; font-size: 2em;">7</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <b>VICTORIA</b> MI: <b>L</b> NICKNAME: _____ LAST: <b>STIEWIG</b> SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received: <b>RECEIVED</b> <div style="color: red; font-weight: bold; font-size: 1.2em;">JAN 27 2022</div> City Secretary Port Aransas, TX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>1820 S. 11TH ST PORT ARANSAS, TX</b> APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: <b>78373</b>	Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed: _____ Date Imaged: _____	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <b>(361)</b> PHONE NUMBER: <b>746-8044</b> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <b>VICTORIA</b> MI: <b>L</b> NICKNAME: _____ LAST: <b>STIEWIG</b> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>1820 S. 11TH ST PORT ARANSAS, TX</b> APT / SUITE #: _____ CITY: _____ STATE: <b>TX</b> ZIP CODE: <b>78373</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <b>361</b> PHONE NUMBER: <b>746-8044</b> EXTENSION: _____		
9 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: <b>10 / 25 / 2021</b> THROUGH Month Day Year: <b>1 / 27 / 2022</b>		
11 ELECTION	ELECTION DATE Month Day Year: <b>11 / 02 / 2021</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>PORT ARANSAS CITY COUNCIL PC12</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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	

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# 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.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,304.60
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.

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 STEWIG 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 27 day of JANUARY, 2022.  
(month) (year)  
Victoria Stewig  
 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)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME VICTORIA STIEWIG	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/24/2021	<b>5</b> Payee name AMERICAN BANK	
<b>6</b> Amount (\$) 1.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: AMERICAN BANK 216 S. ALISTER PORT ARANSAS, TX 78373 City: PORT ARANSAS, TX State: TX Zip Code: 78373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	<b>(b)</b> Description PAPER STATEMENT FEE
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: VICTORIA STIEWIG Office sought: PA CITY COUNCIL PLACE 2 Office held:	
<b>10/29/21</b>	<b>5</b> Payee name AMERICAN BANK	
<b>20.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: 216 S. ALISTER PORT ARANSAS, TX 78373 City: PORT ARANSAS, TX State: TX Zip Code: 78373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	<b>(b)</b> Description MAINTENANCE FEE
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>11/1/21</b>	Candidate / Officeholder name: VICTORIA STIEWIG Office sought: PA CITY COUNCIL PL 2 Office held:	
<b>77.04</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>5</b> Payee name HER HER #57 1145 WALDRON RD. C.G. TX 78418 City: C.G. TX State: TX Zip Code: 78418	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	<b>(b)</b> Description CHEESE FRUIT CRACKERS MEET & GREET
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>11/1/21</b>	Candidate / Officeholder name: VICTORIA STIEWIG Office sought: PA CITY COUNCIL PL. 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.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                                  |                                |  |
|--|----------------------------------|--------------------------------|--|
| Advertising Expense                        | Travel Expense                   | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                             | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense            | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gifts/Awards/Memorabilia Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                   |                                | 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: <b>VICTORIA STIEWIG</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>11/1/2021</b>		5 Payee name: <b>STINGRAYS</b>			
6 Amount (\$): <b>73.56</b> <small>Reimbursement from political contributions intended</small>		7 Payee address: <b>401 BEACH ST P.A., TX 78373</b> <small>City: State: Zip Code</small>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>		(b) Description: <b>MEET &amp; GREET</b>	
		<small>(c) Check if travel outside of Texas. Complete Schedule T</small>		<small>Check if Austin, TX, officeholder living expense</small>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <b>VICTORIA STIEWIG PA CITY COUNCIL PL 2</b> <small>Office sought Office held</small>			
Date: <b>11/1/2021</b>		Payee name: <b>BAREFOOT BEANS</b>			
Amount (\$): <b>38.35</b> <small>Reimbursement from political contributions intended</small>		Payee address: <b>345 N. ALISTER PA, TX 78373</b> <small>City: State: Zip Code</small>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>		Description: <b>MEET &amp; GREET</b>	
		<small>Check if travel outside of Texas. Complete Schedule T</small>		<small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <b>VICTORIA STIEWIG PA CITY COUNCIL PL. 2</b> <small>Office sought Office held</small>			
Date: <b>11/30/21</b>		Payee name: <b>AMERICAN BANK</b>			
Amount (\$): <b>1.75</b> <small>Reimbursement from political contributions intended</small>		Payee address: <b>216 S. ALISTER PA, TX 78373</b> <small>City: State: Zip Code</small>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>ACCOUNTING/BANKING</b>		Description: <b>PAPER STATEMENT FEE</b>	
		<small>Check if travel outside of Texas. Complete Schedule T</small>		<small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <b>VICTORIA STIEWIG P.A. CITY COUNCIL PL. 2</b> <small>Office sought Office held</small>			

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.

## 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  
Fuel  
Food/Beverage Expense  
Gift/Wrap/Memorial 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 G: 1		2 FILER NAME: <b>VICTORIA STIEWIG</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>11/30/21</b>		5 Payee name: <b>AMERICAN BANK</b>			
6 Amount (\$): <b>20.00</b> <small>Reimbursement from political contributions intended</small>		7 Payee address: <b>216 S. ALISTER P.A. TX 78373</b> City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>ACCOUNTING/BANKING</b>		(b) Description: <b>MAINTENANCE FEE</b>		
	(c) <input type="checkbox"/> Does it meet outside of Texas. Complete schedule I.		Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <b>VICTORIA STIEWIG PA CITY COUNCIL PL 2</b> Office sought: Office held:			
Date: <b>12/31/21</b>		Payee name: <b>AMERICAN BANK</b>			
Amount (\$): <b>20.00</b> <small>Reimbursement from political contributions intended</small>		Payee address: <b>216 S. ALISTER PA. TX 78373</b> City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>ACCOUNTING/BANKING</b>		Description: <b>MAINTENANCE FEE</b>		
	(c) <input type="checkbox"/> Does it meet outside of Texas. Complete schedule I.		Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <b>VICTORIA STIEWIG PA CITY COUNCIL PL 2</b> Office sought: Office held:			
Date: <b>12/31/21</b>		Payee name: <b>AMERICAN BANK</b>			
Amount (\$): <b>1.75</b> <small>Reimbursement from political contributions intended</small>		Payee address: <b>216 S. ALISTER P.A. TX 78373</b> City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>ACCOUNTING/BANKING</b>		Description: <b>PAPER STATEMENT FEE</b>		
	(c) <input type="checkbox"/> Does it meet outside of Texas. Complete schedule I.		Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <b>VICTORIA STIEWIG PA CITY COUNCIL PL 2</b> Office sought: Office held:			

ATTACH LABELS ON BACK 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.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                             |                                |  |
|--|-----------------------------|--------------------------------|--|
| Advertising Expense                        | Travel Expense              | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Print                       | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense       | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Award/Memorial 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: <b>VICTORIA STEWIG</b>	3 Filer ID (Ethics Commission Filers)
4 Date: <b>1/28/2022</b>	5 Payee name: <b>VICTORIA STEWIG</b>	
6 Amount (\$): <b>1,268.51</b> <small>Reimbursement from political contributions intended</small>	7 Payee address: <b>1820 S. 11th St P.A., TX 78873</b> <small>City: State: Zip Code</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>LOAN REPAY/REIMBURSE</b>	(b) Description: <b>PAY BACK LOAN</b>
	<small>(c) Check if used outside of Texas. Complete Schedule T</small>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>VICTORIA STEWIG PA CITY COUNCIL PL 2</b> <small>Office sought Office held</small>	
Date	Payee name	
Amount (\$)	Payee address: <small>City: State: Zip Code</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>(c) Check if used outside of Texas. Complete Schedule T</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <small>Office sought Office held</small>	
Date	Payee name	
Amount (\$)	Payee address: <small>City: State: Zip Code</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>(c) Check if used outside of Texas. Complete Schedule T</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <small>Office sought Office held</small>	

ATTACH A PERSONAL COPY OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

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

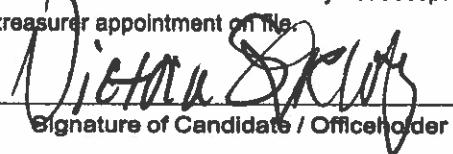
1 C/OH NAME

VICTORIA STEWIG

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 of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

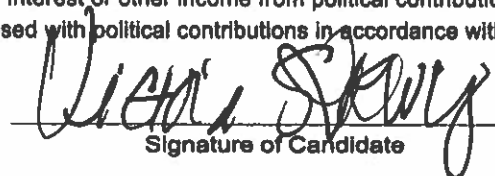
Check only one:

- 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 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 of Officeholder