

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 6		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI VICTORIA L			
4 ORIGINAL REPORT TYPE		NICKNAME LAST SUFFIX STIEWIG		Date Hand-delivered or Date Postmarked Port Aransas, TX	
5 ORIGINAL PERIOD COVERED		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
		<input type="checkbox"/> Final report Other (specify) _____		Receipt #	
		Month Day Year 09 / 03 / 21		Amount \$	
		THROUGH Month Day Year 10 / 25 / 21		Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION
ADDED SEVEN EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE G. AMENDED TO ACCURATELY REFLECT ADDITION OF EXPENDITURES. CORRECTED THE DATE OF DECLARATION.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to mispre-sent the information contained in the report.
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.
Victoria Stewig
 Signature of Candidate/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 STIEWIG, and my date of birth is JULY 11 1970
 My address is 1820 S. 11TH ST (street) PORT ARANSAS, TX (city) 78373 (state) US (zip code) (country)
 Executed in NUECES County, State of TX, on the 27 day of JAN, 2022
Victoria Stewig
 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

**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)	\$ 1742.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,055.40
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	\$ 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.

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 JULY 1 1970
 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)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME VICTORIA STEWIG	20 Filer ID (Ethics Commission Filers)
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	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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
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	\$ 5205.40
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: add 1 of 3		2 FILER NAME VICTORIA STIEWIG		3 Filer ID (Ethics Commission Filers)	
4 Date 9/13/21		5 Payee name TEXAS SIGN EXPRESS			
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 402.69		7 Payee address: 423 W. AVE G PORT ARANSAS, TX 78373			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADV. 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 PL2		Office held	
Date 9/17/21		Payee name ZARSKY			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 292.67		Payee address: 2120 HWY 361 PORT ARANSAS, TX 78373			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV. EXPENSE		Description WOOD		
	<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 PL2		Office held	
Date 9/29/21		Payee name SOUTH JETTY NEWSPAPER			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 2019.60		Payee address: 1726 TX 361 PORT ARANSAS, TX 78373			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV. EXPENSE		Description POLITICAL AD		
	<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 PL2		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 | 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: add 2 of 3		2. FILER NAME: VICTORIA STIEWIG		3. Filer ID (Ethics Commission Filers)	
4. Date: 10/4/21		5. Payee name: TEXAS SIGN EXPRESS			
6. Amount (\$): 194.85 <input checked="" 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): 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	
9. Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: VICTORIA STIEWIG Office sought: PORT ARANSAS CITY COUNCIL PL 6 Office held:			
Date: 9/27/21		Payee name: KRISTINA PARKHILL			
Amount (\$): 222.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: 751 RANDY DR. WOODWAY, TX 76712 City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): ADVERTISING		Description: T-SHIRTS	
		<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 PL 2 Office held:			
Date: 9/30/21		Payee name: TROUT STREET			
Amount (\$): 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: 104 W. COTTER PORT ARANSAS, TX 78373 City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): EVENT		Description: FOOD/BBQ MEET & GREET	
		<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 PL 2 Office held:			

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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
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Transportation Equipment & Related Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: add 3 of 3 2 FILER NAME: VICTORIA STEWIG 3 Filer ID (Ethics Commission Filers)

4 Date: 9/30/21 5 Payee name: AMERICAN BANK

6 Amount (\$): .20 7 Payee address: 216 S. ALISTER City: PORT ARKANSAS, TX State: TX Zip Code: 78373

8 PURPOSE OF EXPENDITURE: (a) Category: ACCOUNTING/BANKING (b) Description: MISC FEE

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: VICTORIA STEWIG Office sought: PORT ARKANSAS CITY COUNCIL PL. 2 Office held:

Date: Payee name: Amount (\$): Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Description:

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: Payee name: Amount (\$): Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Description:

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED