

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

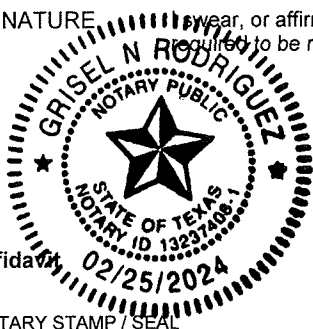
The C/OH Instruction Guide explains how to complete this form.			1. Filer ID (Ethics Commission Filers) 82-0933721		2. Total pages filed: 18	
3	CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR NICKNAME	FIRST Susan LAST Deigaard	MI SUFFIX	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 5px;">Date Received</div> <div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">OCT 25 2021</div> <div style="font-size: 0.8em; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="margin-top: 10px;">Date Processed</div> <div style="margin-top: 5px;">Date Imaged</div>	
	4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE						
6 CAMPAIGN TREASURER NAME						
ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE PO Box 1927 Bellaire TX 77402		AREA CODE PHONE NUMBER EXTENSION (713) 322-9009		7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		
8 CAMPAIGN TREASURER PHONE		9 REPORT TYPE		10 PERIOD COVERED		
AREA CODE PHONE NUMBER EXTENSION (713) 447-8484		<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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting limit <input type="checkbox"/> Final report (Attach- COH-FR)		Month Day Year    09/24/2021    THROUGH    Month Day Year    10/23/2021		
11 ELECTION		12 OFFICE		13 OFFICE SOUGHT (if known)		
ELECTION DATE    Month Day Year    11/02/2021 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		OFFICE HELD (if any)		N/A		
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.				
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Susan Deigaard		16 Filer ID (Ethics Commission Filers)	82-0933721
17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$0.00	
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$20,560.00	
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00	
	4	TOTAL POLITICAL EXPENDITURES	\$14,077.32	
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$47,097.52	
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00	

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.



*[Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me, by the said Susan Deigaard this the 25<sup>th</sup> day of October 20 21 to certify which, witness my hand and seal of office.

*[Signature]* *[Signature]* *[Signature]*  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ (month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - COH****FORM C/OH  
COVER SHEET PG 3**

19. FILER NAME Susan Deigaard	20. FILER ID (Ethics Commission Filers) 82-0933721
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$18,070.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$2,490.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$14,037.33
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$39.99
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 10/05/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dave Agerton 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2309	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Retired
4. Date 10/15/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alva Allen 6. Contributor address; City; State; ZIP Code Houston, TX 77025-1720	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Self Employed
4. Date 10/18/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michele Barth Still 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2429	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Volunteer		9 Employer (See Instructions) N/A
4. Date 10/22/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Samuel Brower 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2262	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Houston
4. Date 09/27/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Robin Burks 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2922	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self Employed--Robin J. Burks, Ph.D.-private

**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**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 09/29/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joshua Butler 6. Contributor address; City; State; ZIP Code Los Angeles, CA 90038-1006	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Assoc Vice President		9 Employer (See Instructions) City of Hope
4. Date 10/20/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sahel Chen 6. Contributor address; City; State; ZIP Code Houston, TX 77096-6232	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Political Scientist		9 Employer (See Instructions) Not Employed
4. Date 09/27/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marguerite Christman 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2408	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Bracewell LLP
4. Date 10/18/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Paul Colbert 6. Contributor address; City; State; ZIP Code Houston, TX 77035-3021	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
4. Date 10/11/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Adrien Daniel 6. Contributor address; City; State; ZIP Code Houston, TX 77077-5831	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) Self Employed

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 09/29/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Betty Deigaard 6. Contributor address; City; State; ZIP Code Atlanta, GA 30339-3771	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 09/30/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Suratha Elango 6. Contributor address; City; State; ZIP Code Houston, TX 77098-1388	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Pediatrician		9 Employer (See Instructions) Texas Children's Hospital, Baylor College of
4. Date 10/07/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Blake Ellis 6. Contributor address; City; State; ZIP Code Houston, TX 77007-3042	7. Amount of contribution (\$) \$75.00
8. Principal occupation / Job title (See Instructions) Nonprofit Executive		9 Employer (See Instructions) Phi Theta Kappa Honor Society
4. Date 10/03/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jennifer Fernandez 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2426	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) editor		9 Employer (See Instructions) Baylor College of Medicine
4. Date 09/29/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Marta Fonseca 6. Contributor address; City; State; ZIP Code Bryn Mawr, PA 19010-1801	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 10/11/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ralph Frates 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3360	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Retired
4. Date 10/13/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Veronica Garcia 6. Contributor address; City; State; ZIP Code Houston, TX 77006-2038	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Periscope Strategies, LLC
4. Date 10/12/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jennifer Gastineau 6. Contributor address; City; State; ZIP Code Houston, TX 77025-3729	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Harris Health
4. Date 09/30/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Joseph Greenberg 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3849	7. Amount of contribution (\$)  \$2,500.00
8. Principal occupation / Job title (See Instructions) Oil and Gas		9 Employer (See Instructions) Alta Resources, LLC
4. Date 09/30/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Paula Hutchinson 6. Contributor address; City; State; ZIP Code Portland St. Houston, TX 77004-5631	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Rice University

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 10/02/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ William Jaco 6. Contributor address; City; State; ZIP Code Houston, TX 77025-4150	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Statesman Business Advisors, LLC
4. Date 09/25/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Karen W LaVohn 6. Contributor address; City; State; ZIP Code Bellaire, TX 77401-2607	7. Amount of contribution (\$)  \$20.00
8. Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) The Kinkaid School
4. Date 10/13/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Judy Long 6. Contributor address; City; State; ZIP Code Houston, TX 77025-4150	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 10/01/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Chris Mitchell 6. Contributor address; City; State; ZIP Code Algonquin, IL 60102-6729	7. Amount of contribution (\$)  \$20.00
8. Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
4. Date 10/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jill Navarro 6. Contributor address; City; State; ZIP Code Houston, TX 77035-6017	7. Amount of contribution (\$)  \$10.00
8. Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Retired

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 10/18/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jill Navarro 6. Contributor address; City; State; ZIP Code Houston, TX 77035-6017	7. Amount of contribution (\$)  \$15.00
8. Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Retired
4. Date 10/03/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alicia Nuzzie 6. Contributor address; City; State; ZIP Code Houston, TX 77018-5132	7. Amount of contribution (\$)  \$150.00
8. Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) HCDVCC
4. Date 10/13/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alexander Obregon 6. Contributor address; City; State; ZIP Code Houston, TX 77025-4136	7. Amount of contribution (\$)  \$200.00
8. Principal occupation / Job title (See Instructions) Deputy City Controller		9 Employer (See Instructions) City of Houston
4. Date 10/15/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Linda Porter-Tucci 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3834	7. Amount of contribution (\$)  \$20.00
8. Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Houston Methodist
4. Date 09/27/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Christina Propst 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3523	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Pediatrician		9 Employer (See Instructions) Blue Fish Pediatrics

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 09/27/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tristan Propst 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3523	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Mayer Brown LLP
4. Date 10/01/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Patricia Rosenberg 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3621	7. Amount of contribution (\$)  \$300.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) volunteer
4. Date 10/02/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dustin Rynders 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3958	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Disability Rights Texas
4. Date 09/29/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Heather Sasser 6. Contributor address; City; State; ZIP Code Houston, TX 77035-3504	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) VideoEnvy
4. Date 10/10/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Doug Selman 6. Contributor address; City; State; ZIP Code Houston, TX 77019-2521	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 09/28/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Allison Serafin 6. Contributor address; City; State; ZIP Code Houston, TX 77018-3031	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) DWFF
4. Date 10/11/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Deanna Sheaffer 6. Contributor address; City; State; ZIP Code Houston, TX 77025-1115	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Families Empowered
4. Date 10/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Josephine Smith 6. Contributor address; City; State; ZIP Code Houston, TX 77019-6001	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 10/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Daniel Tejtcl 6. Contributor address; City; State; ZIP Code West University Place, TX 77005-2730	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) USAF
4. Date 09/29/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Weekley 6. Contributor address; City; State; ZIP Code Houston, TX 77055-7310	7. Amount of contribution (\$)  \$10,000.00
8. Principal occupation / Job title (See Instructions) Homebuilder		9 Employer (See Instructions) David Weekley Homes

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 09/26/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dianne Wells 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2834	7. Amount of contribution (\$)  \$10.00
8. Principal occupation / Job title (See Instructions) retired teacher		9 Employer (See Instructions) formerly HISD
4. Date 10/02/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cassie Wenmohs 6. Contributor address; City; State; ZIP Code Austin, TX 78735-6430	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Events		9 Employer (See Instructions) MMHPI
4. Date 10/02/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joe White 6. Contributor address; City; State; ZIP Code Houston, TX 77030-2016	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Singer/Computer Consultant		9 Employer (See Instructions) Self
4. Date 09/27/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michele Y 6. Contributor address; City; State; ZIP Code Houston, TX 77008-6264	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A2: not available	
2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721	
4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	

5 Date  10/13/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Laurie Bricker	8 Amount of contribution (\$)  \$365.00  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	9 In-Kind contribution description  Meet and Greet Event
	7 Contributor address; City; State; Zip Code  Houston, TX 77096-1412		
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) Consultant		11 Employer (FOR NON-JUDICIAL) (See Instructions) 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 parents (if any) (FOR JUDICIAL)			

5 Date  10/23/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ GPS Action PAC	8 Amount of contribution (\$)  \$2,000.00  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	9 In-Kind contribution description  Elite Change, IVR polling expense
	7 Contributor address; City; State; Zip Code  Houston, TX 77027-6047		
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		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 parents (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A2: not available	
2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721	
4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date  10/13/2021	6 Full name of contributor Dianne Johnson <input type="checkbox"/> out-of-state PAC  7 Contributor address; City; State; Zip Code Bellaire, TX 77401-3900	8 Amount of contribution (\$)  \$125.00  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	9 In-Kind contribution description Meet and Greet Event
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) Education consultant		11 Employer (FOR NON-JUDICIAL) (See Instructions) 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 parents (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.

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 10/14/2021	5 Payee name Campaign Strategies, Inc.	
6 Amount \$10,671.61	7 Payee address; City: State: Zip Code PO Box 3308 Houston, TX 77253-3308	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Mailing
	<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
4 Date 09/28/2021	5 Payee name Google Inc.	
6 Amount \$53.06	7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Google Compute Cloud (website)
	<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
4 Date 10/18/2021	5 Payee name Caleigh Manyak	
6 Amount \$600.00	7 Payee address; City: State: Zip Code 12903 Sugar Ridge Blvd Stafford, TX 77477-3116	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description campaign support services
	<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

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 10/06/2021	5 Payee name Belinda Moreira	
6 Amount \$850.00	7 Payee address; City: State: Zip Code 1301 Richmond Ave Apt 508 Houston, TX 77006-5499	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Consulting services
	<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
4 Date 10/04/2021	5 Payee name Sprint 2 Print	
6 Amount \$1,412.66	7 Payee address; City: State: Zip Code 8748 Clay Rd Ste 300 Houston, TX 77080-8106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description yard signs
	<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
4 Date 09/27/2021	5 Payee name Texas Campaigns	
6 Amount \$200.00	7 Payee address; City: State: Zip Code 9600 Glenfield Ct Apt 148 Houston, TX 77096-3869	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Distribute Campaign Materials
	<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

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 10/18/2021	5 Payee name Texas Campaigns	
6 Amount \$250.00	7 Payee address; City: State: Zip Code 9600 Glenfield Ct Apt 148 Houston, TX 77096-3869	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Distribute Campaign Materials
	<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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 09/26/2021	5 Payee name Amazon, LLC	
6 Amount \$24.01  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description office supplies
	(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
4 Date 10/20/2021	5 Payee name Zoom Video Communications, Inc	
6 Amount \$15.98  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 55 Almaden Blvd San Jose, CA 95113-1608	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Collaboration and Webinars
	(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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