

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

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)	\$73,180.00
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$53,174.86
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$64,659.89
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.



SECUSHA MONIQUE LUCKY
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 08/23/23
NOTARY ID 13214112

[Handwritten 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 3rd day of Dec 20 21 to certify which, witness my hand and seal of office.

Secusha Monique Lucky Secusha Monique Lucky Notary
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	\$70,990.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$2,190.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$52,989.23
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	\$185.63
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 10/25/2021	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 10/26/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael Falick 6. Contributor address; City; State; ZIP Code Houston, TX 77002-5604	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Rothfelder & Falick, LLP
4. Date 10/28/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Emma Bloomberg 6. Contributor address; City; State; ZIP Code New York, NY 10013-2460	7. Amount of contribution (\$) \$400.00
8. Principal occupation / Job title (See Instructions) nonprofit		9 Employer (See Instructions) Murmuation
4. Date 10/28/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Pamela Haber 6. Contributor address; City; State; ZIP Code Greensboro, NC 27410-5905	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Self
4. Date 10/28/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Arthur Rock 6. Contributor address; City; State; ZIP Code San Francisco, CA 94105-2533	7. Amount of contribution (\$) \$5,000.00
8. Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Arthure Rock & Co.

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**

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 10/28/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Diana Tang 6. Contributor address; City; State; ZIP Code Houston, TX 77004-5138	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Nonprofit Manager		9 Employer (See Instructions) LEE
4. Date 10/28/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Arlo Weltge 6. Contributor address; City; State; ZIP Code Bellaire, TX 77401-4826	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTHealth
4. Date 10/29/2021	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 11/03/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Shelly Anello 6. Contributor address; City; State; ZIP Code Houston, TX 77007-7642	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Hewlett Packard Enterprise
4. Date 11/03/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alan Bernstein 6. Contributor address; City; State; ZIP Code Bellaire, TX 77401-5733	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) public communications director		9 Employer (See Instructions) Hawes Hill and Assoc.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 11/03/2021	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.,
4. Date 11/03/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Melissa Fordyce 6. Contributor address; City; State; ZIP Code Houston, TX 77024-6504	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Not Employed
4. Date 11/03/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jessica Freedson 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2906	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Prosperity Bank
4. Date 11/03/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Laura Hobeika 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2940	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
4. Date 11/03/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lara Powers 6. Contributor address; City; State; ZIP Code Houston, TX 77098-5225	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) operations manager		9 Employer (See Instructions) Books Between Kids

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 11/03/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Eileen Singleton 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2517	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Lab manager		9 Employer (See Instructions) Rice University
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Neha Agrawal 6. Contributor address; City; State; ZIP Code Houston, TX 77005-1923	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Clinical pharmacist		9 Employer (See Instructions) Umb cmc
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Anette Carlisle 6. Contributor address; City; State; ZIP Code Amarillo, TX 79102-1321	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bea Davies 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2909	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) Data analyst		9 Employer (See Instructions) UTMDACC
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brandon Dudley 6. Contributor address; City; State; ZIP Code Houston, TX 77021-1212	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) harris county

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brian Duncan 6. Contributor address; City; State; ZIP Code Houston, TX 77025-1322	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Memorial Hermann
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alan Foster 6. Contributor address; City; State; ZIP Code Houston, TX 77098-5459	7. Amount of contribution (\$) \$10.00
8. Principal occupation / Job title (See Instructions) Video producer		9 Employer (See Instructions) self employed, AFSvideo Productions
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Barbara Foxhall 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3622	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) ESL Instructor		9 Employer (See Instructions) St. John the Divine
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Richard Grandy 6. Contributor address; City; State; ZIP Code Houston, TX 77006-6570	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ann Jackson 6. Contributor address; City; State; ZIP Code Houston, TX 77030-1809	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Suzy Lattin 6. Contributor address; City; State; ZIP Code Houston, TX 77025-1938	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) Dietitian		9 Employer (See Instructions) UT Health
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Karen LaVohn 6. Contributor address; City; State; ZIP Code 3ellaire, TX 77401-2607	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) Teachet		9 Employer (See Instructions) The Kinkaid School
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kendrick Roberts 6. Contributor address; City; State; ZIP Code Houston, TX 77009-7513	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) n/a		9 Employer (See Instructions) none
4. Date 11/04/2021	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) Retired
4. Date 11/04/2021	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 (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Video Production		9 Employer (See Instructions) VideoEnvy

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jessica Vasan 6. Contributor address; City; State; ZIP Code Houston, TX 77005-1954	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 11/04/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael Webster 6. Contributor address; City; State; ZIP Code Houston, TX 77030-1216	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) musician/professor		9 Employer (See Instructions) rice university
4. Date 11/04/2021	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
4. Date 11/04/2021	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) N/A
4. Date 11/05/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Thomas Gederberg 6. Contributor address; City; State; ZIP Code Houston, TX 77025-3815	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Boeing

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 11/05/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Winston Kile 6. Contributor address; City; State; ZIP Code Houston, TX 77096-1320	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/05/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Caroline Leech 6. Contributor address; City; State; ZIP Code Houston, TX 77025-1212	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Author		9 Employer (See Instructions) Self Employed
4. Date 11/06/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Karen George 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2622	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Ralph S. O'Connor & Associates
4. Date 11/06/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Andrea Greer 6. Contributor address; City; State; ZIP Code Houston, TX 77009-6629	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) fundraising consultant		9 Employer (See Instructions) Andrea Greer Consulting
4. Date 11/06/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Don Macune 6. Contributor address; City; State; ZIP Code Houston, TX 77006-6028	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Electrical Engineer		9 Employer (See Instructions) Paisano Labs

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 11/06/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Laura Williams 6. Contributor address; City; State; ZIP Code Houston, TX 77025-4010	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) MD Anderson
4. Date 11/07/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Chris Conrad 6. Contributor address; City; State; ZIP Code Houston, TX 77096-1303	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) Harris County District Attorney's Office
4. Date 11/07/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ralph and Sarah Frates 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3360	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Retired
4. Date 11/07/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Martha Huebel 6. Contributor address; City; State; ZIP Code Houston, TX 77035-2424	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/07/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael Turner 6. Contributor address; City; State; ZIP Code Houston, TX 77030-1104	7. Amount of contribution (\$) \$120.00
8. Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Harris County

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2. FILER NAME Susan Deigaard			3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 11/07/2021	5. Full name of contributor Marian Von Maszewski <input type="checkbox"/> out-of-state PAC 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2513	7. Amount of contribution (\$) \$50.00	
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) MD Anderson Cancer Center	
4. Date 11/08/2021	5. Full name of contributor Robin Burks <input type="checkbox"/> out-of-state PAC 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.,	
4. Date 11/08/2021	5. Full name of contributor Lauren Carlson <input type="checkbox"/> out-of-state PAC 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3529	7. Amount of contribution (\$) \$25.00	
8. Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Not Employed	
4. Date 11/08/2021	5. Full name of contributor Maren Fuller <input type="checkbox"/> out-of-state PAC 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3959	7. Amount of contribution (\$) \$100.00	
8. Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) BCM	
4. Date 11/08/2021	5. Full name of contributor Maria Gomez <input type="checkbox"/> out-of-state PAC 6. Contributor address; City; State; ZIP Code Houston, TX 77008-4247	7. Amount of contribution (\$) \$100.00	
8. Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Rice University	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4. Date 11/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Andrew Kelly 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2306	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) Energy Intelligence
4. Date 11/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Theresa Koehler 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2850	7. Amount of contribution (\$) \$10.00
8. Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) McGovern Medical School
4. Date 11/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Janice Schessler 6. Contributor address; City; State; ZIP Code Bellaire, TX 77401-4905	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elaine Schroller 6. Contributor address; City; State; ZIP Code Bellaire, TX 77401-5618	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
4. Date 11/08/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Barbara Yantis 6. Contributor address; City; State; ZIP Code Houston, TX 77025-3052	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2. FILER NAME Susan Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 11/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Janet Clark 6. Contributor address; City; State; ZIP Code Houston, TX 77005-1621	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Emily Clement 6. Contributor address; City; State; ZIP Code Bellaire, TX 77401-2706	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Matthew Clower 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3128	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Partners
4. Date 11/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Daniel Engle 6. Contributor address; City; State; ZIP Code Houston, TX 77030-1073	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) St. Luke's Day School
4. Date 11/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sylvia Mayer 6. Contributor address; City; State; ZIP Code Houston, TX 77005-1131	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) S. Mayer Law

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

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 11/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Angela Romeo 6. Contributor address; City; State; ZIP Code Houston, TX 77008-3435	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) VHA
4. Date 11/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Susan Waldman 6. Contributor address; City; State; ZIP Code Houston, TX 77096-1229	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) CommonSpirit Health System
4. Date 11/10/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Judy Lee 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2744	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/10/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Amy Maddux 6. Contributor address; City; State; ZIP Code Houston, TX 77008-6437	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Shipley Snell Montgomery
4. Date 11/10/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Soctt McClelland 6. Contributor address; City; State; ZIP Code Houston, TX 77056-2011	7. Amount of contribution (\$) \$3,000.00
8. Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) HEB

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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 11/10/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marci Rosenberg 6. Contributor address; City; State; ZIP Code Bellaire, TX 77401-4230	7. Amount of contribution (\$) \$5,000.00
8. Principal occupation / Job title (See Instructions) Small Business Owner		9 Employer (See Instructions) Marci Rosenberg, LLC
4. Date 11/11/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Daryl B Carter 6. Contributor address; City; State; ZIP Code Houston, TX 77019-4449	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Law Office of Daryl B. Carter
4. Date 11/11/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gary Gartner 6. Contributor address; City; State; ZIP Code Houston, TX 77056-4006	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Gartner Consulting Company
4. Date 11/11/2021	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 11/11/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Traci Jensen 6. Contributor address; City; State; ZIP Code Houston, TX 77008-4147	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Museum Director		9 Employer (See Instructions) Quanta Services

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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 11/11/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Leadership for Educational Equity 6. Contributor address; City; State; ZIP Code Washington, DC 20001	7. Amount of contribution (\$) \$20,000.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 11/11/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Robert Rivera 6. Contributor address; City; State; ZIP Code Houston, TX 77018-4028	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) St. James Lutheran Family Life Services
4. Date 11/11/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sandhya Sabhnani 6. Contributor address; City; State; ZIP Code Houston, TX 77254-1518	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self Employed
4. Date 11/12/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Virginia Clark 6. Contributor address; City; State; ZIP Code Houston, TX 77005-1730	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/13/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Glennys Johns 6. Contributor address; City; State; ZIP Code Houston, TX 77025-4105	7. Amount of contribution (\$) \$500.00
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 11/13/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Moya Varner 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2339	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
4. Date 11/15/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Eva Engelhart 6. Contributor address; City; State; ZIP Code Bellaire Tx 77410 Houston, TX 77063	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) Ross Banks
4. Date 11/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Roshni Arora 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2822	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Guidehouse
4. Date 11/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lyn G Binder 6. Contributor address; City; State; ZIP Code Houston, TX 77006-6036	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Heidi Kaplan 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3128	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) Associate Professor		9 Employer (See Instructions) McGovern Medical School

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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 11/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Teresa ODonnell 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2827	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/17/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Anne Furse 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3428	7. Amount of contribution (\$) \$300.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/18/2021	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 (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Mayer Brown LLP
4. Date 11/18/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Doris A Sing 6. Contributor address; City; State; ZIP Code Houston, TX 77004-7138	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) Music teacher		9 Employer (See Instructions) St Andrews Presbyterian Church, Houston
4. Date 11/19/2021	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.,

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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 11/19/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Leadership for Educational Equity 6. Contributor address; City; State; ZIP Code Washington, DC 20001	7. Amount of contribution (\$) \$10,000.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 11/19/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nancy Lomax 6. Contributor address; City; State; ZIP Code Houston, TX 77025-3535	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not Employed
4. Date 11/19/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ James Medford 6. Contributor address; City; State; ZIP Code Houston, TX 77006-6482	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/19/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Courtney Scobie 6. Contributor address; City; State; ZIP Code Houston, TX 77096-4901	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Ajamie LLP
4. Date 11/19/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rob Wubbenhorst 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2604	7. Amount of contribution (\$) \$30.00
8. Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) SABIC

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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 11/20/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Stegink 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2418	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 11/21/2021	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 (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) HCDVCC
4. Date 11/22/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Karen Taylor 6. Contributor address; City; State; ZIP Code Houston, TX 77005	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Enterprise
4. Date 11/23/2021	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 (\$) \$100.00
8. Principal occupation / Job title (See Instructions) science write		9 Employer (See Instructions) Baylor College of Medicine
4. Date 11/24/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alex Morua 6. Contributor address; City; State; ZIP Code Carmine, TX 78932	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

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 11/24/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Cyril Rajan 6. Contributor address; City; State; ZIP Code Bellaire, TX 77401-5501	7. Amount of contribution (\$) \$100.00	
8. Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Williams Companies	
4. Date 11/25/2021	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 11/25/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Wright Williams 6. Contributor address; City; State; ZIP Code Houston, TX 77025-1104	7. Amount of contribution (\$) \$75.00	
8. Principal occupation / Job title (See Instructions) Clinical Psychologist		9 Employer (See Instructions) Department of Veterans Affairs	
4. Date 11/26/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Darshan Anandu 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3647	7. Amount of contribution (\$) \$250.00	
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Gi Specialists of Houston	
4. Date 11/29/2021	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	

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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 11/29/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Neil Verma 6. Contributor address; City; State; ZIP Code Bellaire, TX 77401-3710	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Storable, Inc.
4. Date 11/30/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ William Brunger 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2831	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
4. Date 12/01/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Stephen Chao 6. Contributor address; City; State; ZIP Code Houston, TX 77064-8873	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Univ of Texas
4. Date 12/01/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kevin Puleo 6. Contributor address; City; State; ZIP Code Washington, DC 20003-3131	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Organizer		9 Employer (See Instructions) Cause Campaign Partners

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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 11/02/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Jenny Beech 7 Contributor address; City; State; Zip Code 1930 Addison Rd 1930 Addison Rd. Houston, TX 77030-1311	8 Amount of contribution (\$) \$60.00	9 In-Kind contribution description Rental of Southside Place Fire Truck Park <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) Consultant		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self	
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 11/23/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC GPS Action PAC 7 Contributor address; City; State; Zip Code 3104 Edloe St Ste 320 Houston, TX 77027-6047	8 Amount of contribution (\$) \$2,130.00	9 In-Kind contribution description Paid canvassers <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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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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 10/25/2021	5 Payee name Campaign Strategies, Inc.	
6 Amount \$418.93	7 Payee address; City; State: Zip Code PO Box 3308 Houston, TX 77253-3308	
8 PURPOSE OF EXPENDITURE	(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 10/25/2021	5 Payee name Campaign Strategies, Inc.	
6 Amount \$418.93	7 Payee address; City; State: Zip Code PO Box 3308 Houston, TX 77253-3308	
8 PURPOSE OF EXPENDITURE	(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 10/25/2021	5 Payee name Campaign Strategies, Inc.	
6 Amount \$10,628.50	7 Payee address; City; State: Zip Code PO Box 3308 Houston, TX 77253-3308	
8 PURPOSE OF EXPENDITURE	(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

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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 10/28/2021	5 Payee name Nalleli Alvarado	
6 Amount \$80.00	7 Payee address; City: State: Zip Code 10810 Telephone Rd Trlr 419 Houston, TX 77075-4546	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 10/28/2021	5 Payee name Campaign Strategies, Inc.	
6 Amount \$493.93	7 Payee address; City: State: Zip Code PO Box 3308 Houston, TX 77253-3308	
8 PURPOSE OF EXPENDITURE	(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 10/28/2021	5 Payee name Campaign Strategies, Inc.	
6 Amount \$2,838.49	7 Payee address; City: State: Zip Code PO Box 3308 Houston, TX 77253-3308	
8 PURPOSE OF EXPENDITURE	(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

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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 10/28/2021	5 Payee name Campaign Strategies, Inc.	
6 Amount \$10,411.94	7 Payee address; City: State: Zip Code PO Box 3308 Houston, TX 77253-3308	
8 PURPOSE OF EXPENDITURE	(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 10/28/2021	5 Payee name Democracy Engine, LLC	
6 Amount \$281.71	7 Payee address; City: State: Zip Code 2125 14th St NW Washington, DC 20009-4464	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Payment Processing Fee
	<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 10/28/2021	5 Payee name Citali I Gonzale	
6 Amount \$240.00	7 Payee address; City: State: Zip Code 9331 East Fwy # K77012 Houston, TX 77029-1714	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 10/28/2021	5 Payee name Google Inc.	
6 Amount \$53.10	7 Payee address; City; State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 PURPOSE OF EXPENDITURE	(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 10/28/2021	5 Payee name Maria Jiminez	
6 Amount \$160.00	7 Payee address; City; State: Zip Code 5173 Ingomar Way Houston, TX 77053-3320	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 10/28/2021	5 Payee name Maria Jiminez	
6 Amount \$240.00	7 Payee address; City; State: Zip Code 5173 Ingomar Way Houston, TX 77053-3320	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 10/28/2021	5 Payee name Jessenia F Lamas	
6 Amount \$160.00	7 Payee address; City: State: Zip Code 1502 Allendale Rd Apt 6 Pasadena, TX 77502-3347	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 10/28/2021	5 Payee name Maria Loredo	
6 Amount \$240.00	7 Payee address; City: State: Zip Code 1407 W Ellaine Ave Pasadena, TX 77506-4115	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 10/28/2021	5 Payee name Nora Martinez	
6 Amount \$80.00	7 Payee address; City: State: Zip Code 1202 W Ellaine Ave Pasadena, TX 77506-4112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 10/28/2021	5 Payee name Zulema Perez	
6 Amount \$324.00	7 Payee address; City; State: Zip Code 5208 Bell St Houston, TX 77023-2004	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 10/28/2021	5 Payee name Johanna Sanchez	
6 Amount \$80.00	7 Payee address; City; State: Zip Code 10166 Valley Breeze Dr Houston, TX 77078-3722	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 11/01/2021	5 Payee name Nalleli Alvarado	
6 Amount \$240.00	7 Payee address; City; State: Zip Code 10810 Telephone Rd Trlr 419 Houston, TX 77075-4546	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 11/01/2021	5 Payee name Ruth Castillo	
6 Amount \$240.00	7 Payee address; City; State: Zip Code 5208 Bell St # B Houston, TX 77023-2004	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 11/01/2021	5 Payee name Citali I Gonzale	
6 Amount \$320.00	7 Payee address; City; State: Zip Code 9331 East Fwy # K77012 Houston, TX 77029-1714	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 11/01/2021	5 Payee name Maria Jiminez	
6 Amount \$320.00	7 Payee address; City; State: Zip Code 5173 Ingomar Way Houston, TX 77053-3320	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 11/01/2021	5 Payee name Maria Loreda	
6 Amount \$80.00	7 Payee address; City: State: Zip Code 1407 W Ellaine Ave Pasadena, TX 77506-4115	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 11/01/2021	5 Payee name David R Martinez Velazco	
6 Amount \$80.00	7 Payee address; City: State: Zip Code 933 E Avenue K Houston, TX 77012	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 11/01/2021	5 Payee name Nora Martinez	
6 Amount \$160.00	7 Payee address; City: State: Zip Code 1202 W Ellaine Ave Pasadena, TX 77506-4112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 11/01/2021	5 Payee name Odena Meliado	
6 Amount \$80.00	7 Payee address; City; State: Zip Code 9523 E Avenue L Houston, TX 77012-2849	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 11/01/2021	5 Payee name Carmen Montes	
6 Amount \$80.00	7 Payee address; City; State: Zip Code 701 Preston Ave Apt 231 Pasadena, TX 77503-1982	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 11/01/2021	5 Payee name NGP VAN, Inc	
6 Amount \$159.90	7 Payee address; City; State: Zip Code PO Box 392264 Pittsburgh, PA 15251-9264	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Compliance
	<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
	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 F1:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 11/01/2021	5 Payee name Zulema Perez	
6 Amount \$432.00	7 Payee address; City; State: Zip Code 5208 Bell St Houston, TX 77023-2004	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 11/01/2021	5 Payee name Johanna Sanchez	
6 Amount \$320.00	7 Payee address; City; State: Zip Code 10166 Valley Breeze Dr Houston, TX 77078-3722	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	<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 11/02/2021	5 Payee name Paragon Payment Solutions	
6 Amount \$226.11	7 Payee address; City; State: Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Payment Processing Fee
	<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
 Consulting Expense Food/Beverage Expense Printing Expense Expense
 Contributions/Donations Made By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Travel In District
 Candidate/Officeholder/Political Legal Services Other (enter a category not listed above)
 Committee
 Credit Card Payment

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 11/03/2021	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 PURPOSE OF EXPENDITURE	(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
4 Date 11/05/2021	5 Payee name InFocus Campaigns, LLC	
6 Amount \$6,757.23	7 Payee address; City: State: Zip Code PO Box 10726 Fort Worth, TX 76114-0726	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Phonebanking
	<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 11/05/2021	5 Payee name Caleigh Manyak	
6 Amount \$900.00	7 Payee address; City: State: Zip Code 12903 Sugar Ridge Blvd Stafford, TX 77477-3116	
8 PURPOSE OF EXPENDITURE	(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 11/09/2021	5 Payee name Caleigh Manyak	
6 Amount \$250.00	7 Payee address; City: State: Zip Code 12903 Sugar Ridge Blvd Stafford, TX 77477-3116	
8 PURPOSE OF EXPENDITURE	(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
4 Date 11/10/2021	5 Payee name Sprint 2 Print	
6 Amount \$1,742.83	7 Payee address; City: State: Zip Code 8748 Clay Rd Ste 300 Houston, TX 77080-8106	
8 PURPOSE OF EXPENDITURE	(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 11/15/2021	5 Payee name Caleigh Manyak	
6 Amount \$500.00	7 Payee address; City: State: Zip Code 12903 Sugar Ridge Blvd Stafford, TX 77477-3116	
8 PURPOSE OF EXPENDITURE	(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 11/17/2021	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 PURPOSE OF EXPENDITURE	(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
4 Date 11/19/2021	5 Payee name Campaign Strategies, Inc.	
6 Amount \$11,270.87	7 Payee address; City; State: Zip Code PO Box 3308 Houston, TX 77253-3308	
8 PURPOSE OF EXPENDITURE	(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 11/22/2021	5 Payee name Caleigh Manyak	
6 Amount \$735.00	7 Payee address; City; State: Zip Code 12903 Sugar Ridge Blvd Stafford, TX 77477-3116	
8 PURPOSE OF EXPENDITURE	(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 11/28/2021	5 Payee name Google Inc.	
6 Amount \$53.35	7 Payee address; City; State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 PURPOSE OF EXPENDITURE	(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 11/30/2021	5 Payee name Sprint 2 Print	
6 Amount \$392.41	7 Payee address; City; State: Zip Code 8748 Clay Rd Ste 300 Houston, TX 77080-8106	
8 PURPOSE OF EXPENDITURE	(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

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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 11/02/2021	5 Payee name Danny's Market	
6 Amount \$3.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4680 Beechnut St Houston, TX 77096-1804	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Ice
	(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 11/02/2021	5 Payee name Russos NY Pizzeria	
6 Amount \$129.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8236 Kirby Dr Ste 160 Houston, TX 77054-1618	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Pizza
	(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 11/02/2021	5 Payee name Walmart	
6 Amount \$22.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11210 W Airport Blvd Stafford, TX 77477-3068	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description refreshments
	(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 11/13/2021	5 Payee name Target	
6 Amount \$13.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8500 Main St Houston, TX 77025-2703	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Paper
	(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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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 11/20/2021	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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