CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

1						2. Total pages	filed:	
3	CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST Susan LAST Deigaard		82-0933721	MI	Date Received	0:3 2021
4 5	CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE/	ADDRESS /PO BOX: PO Box 1927 AREA CODE PH	APT/SUITE # Bo	CITY ellaire	STATE: TX	ZIP CODE 77402	DEC	
5	OFFICEHOLDER PHONE	(713) 322-	-9009	Danis de la constanción	EXTENSION		Receipt#	Amount \$
6	CAMPAIGN TREASURER NAME	MS/MRS/MR Ms. NICKNAME	FIRST Jenny LAST Beech			MI SUFFIX	Date Processed Date Imaged	
7	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO B 1930 Addison		1	CITY Houston	STATE: TX	ZIP CODE 77030	
8	CAMPAIGN TREASURER PHONE	AREA CODE F (713) 447-	PHONE NUMBER -8484		EXTENSION	١		
L	REPORT TYPE	✓ January 15 ☐ July 15	30th day before			ceeded Modified porting limit	appointment Final report (er campaign tresurer (officeholder only) 'Attach- COH-FR)
	PERIOD COVERED	10/24/2021	Year		OUGH	Month	Day Year 12/01/2021	·
	ELECTION	ELECTION DATE Month Day 12/11/2021	Year E	LECTION TO Primary General	✓ R	Special	Other	
	OFFICE	OFFICE HELD (if any) HISD Tru	ustee District V		13	-	IT (if known) D Trustee District V	
` `	NOTICE FROM POLITICAL COMMITTEE(S) additional pages	THIS BOX IS FOR NOTICE OF P SUPPORT THE CANDIDATE / OI KNOWLEDGE OR CONSENT. C/ OF SUCH EXPENDITURES. COMMITTEE TYPE GENERAL SPECIFIC	FFICEHOLDER, THESE	E EXPENDITUI ICEHOLDERS ME	RES MAY HAVE E	BEEN MADE WITHOU'	T THE CANDIDATE'S OR	OFFICEHOLDER'S
			COMMITTEE CAN	VPAIGN TRE	EASURER NAMI	E		****
			COMMITTEE CAN	MPAIGN TRE	EASURER ADDI	RESS	A TOTAL CONTRACTOR OF THE STATE	
	GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	FINANCE REPORT		CO	VER SHEET PG 2			
15 C/OH NAME	Susan Deigaard		16 F	ller ID (Ethics Commission Filers) 82-0933721			
17 CONTRIBUTION TOTALS	EDGES, LOANS, ONICALLY)	\$0.00					
	2 TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS,			\$73,180.00			
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL E	XPENDITURES		\$0.00			
	4 TOTAL POLITICAL EXPENDITURE	s		\$53,174.86			
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAST	DAY	\$64,659.89			
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING P		THE	\$0.00			
(1) Affidavit	SECUSHA MONIQUE LUCKY NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 08/23/23 NOTARY ID 1321 Please complete either option below:						
NOTARY STAMP / SEAL	(Deigaard		ard.			
Sworn to and subscribed day of Del 20 2	to certify which, witness my hand a		this th	e <u>210.</u>			
Secusha Monique Locky Secusha Monique Lucky Notary Signature of officer administering oath OR							
(2) Unsworn Declaration		OIX					
My name is		, and my date	of birth is				
My address is	(-1		21200				
Evenuted in	(street)	(city)		(zip code) (country)			
Executed in	County, State of	on the	day of(month	20 (year)			
		Signat	ure of Candidate/O	fficeholder (Declarant)			

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19.	FILER NAME Susan Deigaard	20. FILER ID (Ethi 82-093372	ics Commission Filers)
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 CONTRIB	JTIONS	\$52,989.23
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	IBUTIONS	\$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 BUSI	NESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS R TO FILER	ETURNED	\$0.00

SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: not available	
FILER NAME Susan Deigaard				3. Filer ID (Ethics Commission Filers) 82-0933721	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/25/2021	Karen W LaVohn			\$20.00	
	6. Contributor address;	City; State;	ZIP Code		
	Bellaire, TX 774	101-2607			
Principal occup Teacher	pation / Job title (See Instructions	s)		ver (See Instructions) ne Kinkaid School	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/26/2021	Michael Falick			\$100.00	
	6. Contributor address;	City; State;	ZIP Code		
	Housto	on, TX 77002-5604			
8. Principal occup	pation / Job title (See Instructions	s)		ver (See Instructions)	_
Attorney				othfelder & Falick, LLP	
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/28/2021	Emma Bloomberg			\$400.00	
	Contributor address;	City; State;	ZIP Code		
	New York, NY	10013-2460			
Principal occup nonprofit	pation / Job title (See Instructions	s)	1 ' '	ver (See Instructions) urmuation	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/28/2021	Pamela Haber			\$200.00	
	6. Contributor address;	City; State;	ZIP Code		
	Greensboro, NO	27410-5905			
Principal occupation / Job title (See Instructions) Manager 9			9 Employ Se	ver (See Instructions) elf	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/28/2021	Arthur Rock			\$5,000.00	
	6. Contributor address;	Cíty; State;	ZIP Code	,	
	San Francisco, CA	94105-2533			
8. Principal occup	oation / Job title (See Instructions	s)	9 Employ	ver (See Instructions)	
Self employed	i		Ar	thure Rock & Co.	

SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: not available	
FILER NAME Susan Deigaard				3. Filer ID (Ethics Commission F 82-0933721	ilers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/28/2021	Diana Tang				\$200.00
	Contributor address;	City; State;	ZIP Code		4200.00
	Houston, TX 77	004-5138			
8. Principal occur	pation / Job title (See Instruction	s)	9 Employ	/er (See Instructions)	
Nonprofit Ma	mager		LI	EE	
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/28/2021	Arlo Weltge				\$100.00
	Contributor address;	City; State;	ZIP Code		
	Bellaire, TX 7740	01-4826			
8. Principal occup	pation / Job title (See Instruction	s)	9 Employ	ver (See Instructions)	
Physician			U'	THealth	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/29/2021	Joshua Butler				\$25.00
	6. Contributor address;	City; State;	ZIP Code		
	Los A	ngeles, CA 90038-10	06		
Principal occup Assoc Vice Principal	pation / Job title (See Instruction	s)		ver (See Instructions)	
	5. Full name of contributor		CI	ty of Hope	
4. Date		out-of-state PAC		7. Amount of contribution (\$)	
11/03/2021	Shelly Anello				\$100.00
	Contributor address;	City; State;	ZIP Code		
	Houston, TX 770	007-7642			
	pation / Job title (See Instruction	s)		ver (See Instructions)	
Executive 4. Date	Full name of contributor			7. Amount of contribution (\$)	
		out-of-state PAC		7. Amount of contribution (\$)	
11/03/2021	Alan Bernstein				\$250.00
	Contributor address;	City; State;	ZIP Code		
	Bellaire, TX 7740				
	oation / Job title (See Instruction	s)	1	er (See Instructions)	
public communications director Hawes Hill and Assoc.					

SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: not available	
FILER NAME Susan Deigaard	I			3. Filer ID (Ethics Commission F 82-0933721	ilers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/03/2021	Robin Burks				\$500.00
	6. Contributor address;	City; State	; ZIP Code		φ500.00
	Houston, TX 770	05-2922			
8. Principal occu Psychologist	pation / Job title (See Instruction	ns)		yer (See Instructions) elf Employed, Robin J. Burks, Ph.D.,	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/03/2021	Melissa Fordyce				\$250.00
	6. Contributor address;	City; State	ZIP Code		\$250.00
	Houston, TX 770	024-6504			
	pation / Job title (See Instruction	ns)		yer (See Instructions)	
Homemaker			N	ot Employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
[1/03/202 [Jessica Freedson				\$50.00
	6. Contributor address;	City; State	ZIP Code		
	Houston	ı, TX 77025-2906			
Principal occu Attorney	pation / Job title (See Instruction	ns)	1 .	yer (See Instructions) rosperity Bank	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/03/2021	Laura Hobeika				\$250.00
	6. Contributor address;	City; State;	ZIP Code		
	Houston, TX 770	005-2940			
 Principal occur Unemployed 	pation / Job title (See Instruction	s)	1	ver (See Instructions) nemployed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/03/2021	Lara Powers				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	Houston, TX 77	7098-5225			
8. Principal occu	pation / Job title (See Instruction	is)	9 Employ	/er (See Instructions)	
operations ma	anager		Ве	ooks Between Kids	

SCHEDULE A1

The Ins	struction Guide explains how to complete this fo	Total pages Schedule A1: not available	
FILER NAME Susan Deigaard			3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/03/2021	Eileen Singleton		\$50.00
	6. Contributor address; City; State;	ZIP Code	-
	Houston, TX 77025-2517		
Principal occur Lab manager	pation / Job title (See Instructions)		ver (See Instructions) ice University
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/04/2021	Neha Agrawal		\$100.00
	6. Contributor address; City; State;	ZIP Code	
	Houston, TX 77005-1923		
8. Principal occup Clinical phan	pation / Job title (See Instructions)		rer (See Instructions)
4. Date	E Full some of contributor		7. Amount of contribution (\$)
			7. Amount of contribution (\$)
11/04/2021	Anette Carlisle		\$250.00
	6. Contributor address; City; State;	ZIP Code	
	Amarillo, TX 79102-1321		
8. Principal occup Consultant	pation / Job title (See Instructions)	1	er (See Instructions) of Employed
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution (\$)
11/04/2021	Bea Davies		\$25.00
	6. Contributor address; City; State;	ZIP Code	
	Houston, TX 77025-2909		
			er (See Instructions)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/04/2021	Brandon Dudley		\$200.00
	6. Contributor address; City; State;	ZIP Code	
	Houston, TX 77021-1212		
	pation / Job title (See Instructions)	1 ' '	er (See Instructions)
Attorney		rris county	

SCHEDULE A1

The In:	struction Guide explains how to complete this fo	Total pages Schedule A1: not available	
FILER NAME Susan Deigaard			3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/04/2021	Brian Duncan		\$100.00
	6. Contributor address; City; State;	ZIP Code	P 100.00
	Houston, TX 77025-1322		
Principal occu Physical The	pation / Job title (See Instructions) rapist	1 ' '	/er (See Instructions) lemorial Hermann
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
11/04/2021	Alan Foster		\$10.00
	6. Contributor address; City; State;	ZIP Code	
	Houston, TX 77098-5459		
	pation / Job title (See Instructions)		ver (See Instructions)
Video produc			If employed, AFSvideo Productions
4. Date	5. Full name of contributorcut-of-state PAC _		7. Amount of contribution (\$)
11/04/2021	Barbara Foxhall		\$100.00
	6. Contributor address; City; State;	ZIP Code	
	Houston, TX 77005-3622		
Principal occup ESL Instructor	pation / Job title (See Instructions) or		ver (See Instructions) . John the Divine
4. Date	Full name of contributor Out-of-state PAC		7. Amount of contribution (\$)
11/04/2021	Richard Grandy		\$100.00
	6. Contributor address; City; State;	ZIP Code	
	Houston, TX 77006-6570		
			rer (See Instructions) etired
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution (\$)
11/04/2021	Ann Jackson		\$100.00
	6. Contributor address; City; State;	ZIP Code	
	Houston, TX 77030-1809		
8. Principal occup Retired	pation / Job title (See Instructions)		ver (See Instructions)

SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: not available	
FILER NAME Susan Deigaard				3. Filer ID (Ethics Commission Fi 82-0933721	lers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/04/2021	Suzy Lattin				\$25.00
	Contributor address;	City; State;	ZIP Code		420,00
	Houston, T	X 77025-1938			
8. Principal occur Dietitian	pation / Job title (See Instruction	s)		yer (See Instructions) T Health	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/04/2021	Karen LaVohn				\$25.00
	Contributor address;	City; State;	ZIP Code		420100
	3ellaire, TX 77-	101-2607			
8. Principal occup	pation / Job title (See Instruction	s)	9 Employ	/er (See Instructions)	
Teachet			TI	he Kinkaid School	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/04/2021	Kendrick Roberts				\$50.00
	Contributor address;	City; State;	ZIP Code		
	Housto	on, TX 77009-7513			
8. Principal occup n/a	oation / Job title (See Instruction	s)		ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/04/2021	Patricia Rosenberg				\$300.00
	6. Contributor address;	City; State;	ZIP Code		
	Houston, TX 770	05-3621			
Principal occup Retired	pation / Job title (See Instruction	s)	1	ver (See Instructions) etired	4
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	***************************************
11/04/2021	Heather Sasser				\$50.00
	6. Contributor address;	City; State;	ZIP Code		400100
	Houston, TX 77	035-3504			
	pation / Job title (See Instruction	s)		ver (See Instructions)	
Video Production				ideoEnvy	

SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: not available	
FILER NAME Susan Deigaard				3. Filer ID (Ethics Commission 82-0933721	Filers)
4. Date	5. Full name of contributorout	of-state PAC		7. Amount of contribution (\$)	
11/04/2021	Jessica Vasan				\$50.00
	6. Contributor address; City	; State;	ZIP Code		4-000
	Houston, TX 77005-195	4			
Principal occu Not Employe	pation / Job title (See Instructions)		1	ver (See Instructions) of Employed	
4. Date	5. Full name of contributor out-	of-state PAC		7. Amount of contribution (\$)	<u> </u>
11/04/2021	Michael Webster				\$100.00
	Contributor address; City;	State;	ZIP Code		41000
	Houston, TX 77030-1216	í			
, ,	pation / Job title (See Instructions)			ver (See Instructions)	
musician/pro				ce university	
4. Date	5. Full name of contributorout-	of-state PAC		7. Amount of contribution (\$)	
11/04/2021	David Weekley				\$10,000.00
	Contributor address; City;	State;	ZIP Code		
	Houston, TX 77055-	7310	1		
8. Principal occup Homebuilder	pation / Job title (See Instructions)			ver (See Instructions) avid Weekley Homes	
4. Date	5. Full name of contributor out-	of-state PAC		7. Amount of contribution (\$)	
11/04/2021	Dianne Wells				\$10.00
	6. Contributor address; City;	State;	ZIP Code		
	Houston, TX 77005-28	34			
Principal occupation / Job title (See Instructions) retired teacher 9 Emp			9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributor out-	of-state PAC		7. Amount of contribution (\$)	
11/05/2021	Thomas Gederberg				\$100.00
	6. Contributor address; City;	State;	ZIP Code		
	Houston, TX 77025-38	315			
	pation / Job title (See Instructions)			er (See Instructions)	
Engineer E				peing	

SCHEDULE A1

The Ins	struction Guide explains how to complete this fo	Total pages Schedule A1: not available		
FILER NAME Susan Deigaard			 Filer ID (Ethics Commission File 82-0933721 	ers)
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/05/2021	Winston Kile			\$200.00
	6. Contributor address; City; State;	ZIP Code		4200100
	Houston, TX 77096-1320			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
Retired		Re	etired	
4. Date	Full name of contributor		7. Amount of contribution (\$)	
11/05/2021	Caroline Leech			\$250.00
	6. Contributor address; City; State;	ZIP Code		
	Houston, TX 77025-1212			
8. Principal occup	pation / Job title (See Instructions)		er (See Instructions)	
Author			of Employed	
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution (\$)	
11/06/2021	Karen George			\$100.00
	6. Contributor address; City; State;	ZIP Code		
	Houston, TX 77005-2622			
Principal occup Executive	oation / Job title (See Instructions)		er (See Instructions) alph S. O'Connor & Associates	
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution (\$)	
11/06/2021	Andrea Greer			\$100.00
	6. Contributor address; City; State;	ZIP Code		*******
	Houston, TX 77009-6629			
,	pation / Job title (See Instructions)		er (See Instructions)	
fundraising co			ndrea Greer Consulting	
4. Date	5. Full name of contributorout-of-state PAC _		7. Amount of contribution (\$)	
11/06/2021	Don Macune			\$100.00
	6. Contributor address; City; State;	ZIP Code		;
	Houston, TX 77006-6028			
	oation / Job title (See Instructions)	er (See Instructions)		
Electrical Eng	uneer	Pa	isano Labs	

SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: not available		
FILER NAME Susan Deigaard				3. Filer ID (Ethics Commission Filers) 82-0933721		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
11/06/2021	Laura Williams			\$100.00		
	Contributor address;	City; State;	ZIP Code			
	Houston, T	X 77025-4010				
8. Principal occup Nurse	pation / Job title (See Instruction	es)	1	yer (See Instructions) ID Anderson		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
11/07/2021	Chris Conrad			\$1,000.00		
	Contributor address;	City; State;	ZIP Code	,		
	Houston, TX 7709	96-1303				
8. Principal occup	pation / Job title (See Instruction	s)		yer (See Instructions)		
attorney			H	arris County District Attorney's Office		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
11/07/2021	Ralph and Sarah Frates			\$500.00		
	Contributor address;	City; State;	ZIP Code			
	Houston, T	X 77005-3360				
Principal occur Physician	pation / Job title (See Instruction	s)	1 ' '	yer (See Instructions) etired		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
11/07/2021	Martha Huebel			\$20.00		
	Contributor address;	City; State;	ZIP Code			
	Houston, TX	77035-2424				
Principal occup Retired	pation / Job title (See Instruction	s)		yer (See Instructions) etired		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
11/07/2021	Michael Turner			\$120.00		
	6. Contributor address;	City; State;	ZIP Code			
	Houston, TX 77	030-1104				
	. Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Engineer				arris County		

SCHEDULE A1

The Ins	struction Guide explains how to	Total pages Schedule A1: not available			
FILER NAME Susan Deigaard				3. Filer ID (Ethics Commission Filers) 82-0933721	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/07/2021	Marian Von Maszewski			\$50.	00
	6. Contributor address;	City; State;	ZIP Code		
	Houston, TX 77	025-2513			
Principal occu Physician	pation / Job title (See Instructions)		1	ver (See Instructions) D Anderson Cancer Center	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
1 1/08/2021	Robin Burks			\$500.	00
	Contributor address;	City; State;	ZIP Code		
	Houston, TX 77005-	2922			
	pation / Job title (See Instructions)		I .	er (See Instructions)	
Psychologist				If Employed, Robin J. Burks, Ph.D.,	
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/08/2021	Lauren Carlson			\$25.0	00
	Contributor address;	City; State;	ZIP Code		
	Houston, TX 770	05-3529			
8. Principal occup Homemaker	pation / Job title (See Instructions)		1	er (See Instructions) ot Employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/08/2021	Maren Fuller			\$100.0	00
	6. Contributor address;	City; State;	ZIP Code		
	Houston, TX 770	05-3959			
Principal occup physician	pation / Job title (See Instructions)			er (See Instructions) CM	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/08/2021	Maria Gomez			\$100.0	00
	6. Contributor address;	City; State;	ZIP Code		
	Houston	n, TX 77008-4247			
8. Principal occur	pation / Job title (See Instructions)		9 Employ	er (See Instructions)	
Psychologist			Rio	ce University	

SCHEDULE A1

The Ins	struction Guide explains how	Total pages Schedule A1: not available			
FILER NAME Susan Deigaard				3. Filer ID (Ethics Commission File 82-0933721	rs)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/08/2021	Andrew Kelly				\$25.00
	6. Contributor address;	City; State;	ZIP Code		Ψ25.00
	Houston, T	X 77025-2306			
8. Principal occu Editor	pation / Job title (See Instruction	ns)		yer (See Instructions) nergy Intelligence	***************************************
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/08/2021	Theresa Koehler				\$10.00
	6. Contributor address;	City; State;	ZIP Code		******
	Houston, TX 770	005-2850			
8. Principal occu	pation / Job title (See Instruction	is)	9 Employ	yer (See Instructions)	
Professor			M	lcGovern Medical School	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/08/2021	Janice Schessler				\$50.00
	Contributor address;	City; State;	ZIP Code		
	Bellaire, T	X 77401-4905			
8. Principal occup Retired	pation / Job title (See Instruction	s)		ver (See Instructions) etired	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/08/2021	Elaine Schroller				\$50.00
	Contributor address;	City; State;	ZIP Code		
	3ellaire, TX 77401-	5618			
Principal occup Writer	pation / Job title (See Instruction	s)		ver (See Instructions) elf Employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/08/2021	Barbara Yantis				\$100.00
	Contributor address;	City; State;	ZIP Code		
		Houston, TX 77025-3	3052		
	pation / Job title (See Instruction	s)		ver (See Instructions)	
Retired			Re	etired	

SCHEDULE A1

The Ins	struction Guide explains how to	Total pages Schedule A1: not available			
FILER NAME Susan Deigaard				3. Filer ID (Ethics Commission Fi 82-0933721	lers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/09/2021	Janet Clark				\$500.00
	6. Contributor address;	City; State;	ZIP Code		***************************************
	Houston, TX 776	005-1621			
8. Principal occu Retired	pation / Job title (See Instructions	3)		/er (See Instructions) etired	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/09/2021	Emily Clement				\$50.00
	6. Contributor address;	City; State;	ZIP Code		******
	Bellaire, TX 774	01-2706			
8. Principal occup	pation / Job title (See Instructions	5)		ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/09/2021	Matthew Clower			, ,	\$100.00
	Contributor address;	City; State;	ZIP Code		\$100.00
	Houston, TX 770	005-3128			
8. Principal occup Physician	pation / Job title (See Instructions)	1 ' '	ver (See Instructions) adiology Partners	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/09/2021	Daniel Engle				\$100.00
	Contributor address;	City; State;	ZIP Code		
	Housto	n, TX 77030-1073			
8. Principal occup Teacher	pation / Job title (See Instructions)	, ,	rer (See Instructions) . Luke's Day School	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/09/2021	Sylvia Mayer	-			\$100.00
	Contributor address;	City; State;	ZIP Code		#100.00
	Houston, TX 7700	5-1131			
	pation / Job title (See Instructions)		er (See Instructions)	
Attorney			S.	Mayer Law	

SCHEDULE A1

The ins	struction Guide explains how t	Total pages Schedule A1: not available				
FILER NAME Susan Deigaard					3. Filer ID (Ethics Commission F 82-0933721	ilers)
4. Date	5. Full name of contributor	out-of-state	e PAC _		7. Amount of contribution (\$)	
11/09/2021	Angela Romeo					\$50.00
!	6. Contributor address;	City;	State;	ZIP Code		450.00
	Houston, TX 7700	08-3435				
Principal occup Psychologist	pation / Job title (See Instructions	3)		1	ver (See Instructions) HA	
4. Date	5. Full name of contributor	out-of-state	PAC _		7. Amount of contribution (\$)	
11/09/2021	Susan Waldman					\$100.00
	6. Contributor address;	City; S	State;	ZIP Code		4
	Houston, TX 7709	6-1229				
8. Principal occur	pation / Job title (See Instructions	5)			ver (See Instructions)	
Analyst				Co	ommonSpirit Health System	
4. Date	5. Full name of contributor	out-of-state	PAC _		7. Amount of contribution (\$)	
11/10/2021	Judy Lee					\$250.00
	Contributor address;	City;	State;	ZIP Code		
	Houston, TX 7700)5-2744				
8. Principal occup Retired	pation / Job title (See Instructions	s)			er (See Instructions)	
4. Date	5. Full name of contributor	out-of-state	PAC _		7. Amount of contribution (\$)	
11/10/2021	Amy Maddux					\$100.00
	Contributor address;	City;	State;	ZIP Code		
	Houston, TX 77	7008-6437				
Principal occup Attorney	pation / Job title (See Instructions	3)		, ,	er (See Instructions) hipley Snell Montgomery	
4. Date	5. Full name of contributor	Out-of-state	PAC		7. Amount of contribution (\$)	
11/10/2021	Soctt McClelland	cut-oi-state			(+)	## 000 00
	Contributor address;	City; S	State;	ZIP Code		\$3,000.00
	Houston, TX 7	-	•			
8. Principal occur	pation / Job title (See Instructions	······································		9 Employ	er (See Instructions)	
President				н		

SCHEDULE A1

The Instruction Guide explains how to complete this form.					Total pages Schedule A1: not available	
FILER NAME Susan Deigaard					3. Filer ID (Ethics Commission 82-0933721	Filers)
4. Date	5. Full name of contributor	out-of-s	tate PAC		7. Amount of contribution (\$)	
11/10/2021	Marci Rosenberg					\$5,000.00
	6. Contributor address;	City;	State;	ZIP Code		72,00000
	Bellaire, TX 7	7401-4230				
8. Principal occu Small Busine	pation / Job title (See Instruction	ıs)			yer (See Instructions) Iarci Rosenberg, LLC	
4. Date	5. Full name of contributor	out-of-si	tate PAC		7. Amount of contribution (\$)	
11/11/2021	Daryl B Carter					\$500.00
	6. Contributor address;	City;	State;	ZIP Code		
	Houston, TX 770	019-4449				
8. Principal occu	pation / Job title (See Instruction	s)			/er (See Instructions)	
Lawyer				La	aw Office of Daryl B. Carter	
4. Date	5. Full name of contributor	out-of-st	ate PAC _		7. Amount of contribution (\$)	
11/11/2021	Gary Gartner					\$100.00
	6. Contributor address;	City;	State;	ZIP Code		
·	Houston	, TX 77056-	4006			
8. Principal occup Consultant	pation / Job title (See Instruction	s)		1	ver (See Instructions) artner Consulting Company	
4. Date	5. Full name of contributor	out-of-st	ate PAC _		7. Amount of contribution (\$)	
11/11/2021	Joseph Greenberg			:		\$2,500.00
	6. Contributor address;	City;	State;	ZIP Code		•
	Houston, TX 7	7005-3849				
	pation / Job title (See Instruction	s)		1	ver (See Instructions)	
Oil and Gas				Al	ta Resources, LLC	
4. Date	5. Full name of contributor	out-of-st	ate PAC _		7. Amount of contribution (\$)	
11/11/2021	Traci Jensen					\$100.00
	Contributor address;	City;	State;	ZIP Code		
	Houston, TX 77	008-4147				
	pation / Job title (See Instruction	s)			er (See Instructions)	
Museum Dire	ector			Qı	uanta Services	

SCHEDULE A1

The Ins	struction Guide explains how	Total pages Schedule A1: not available		
FILER NAME Susan Deigaard				3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)
11/11/2021	Leadership for Educational Equit	у		\$20,000.00
	6. Contributor address;	City; State;	ZIP Code	
	Wa	ashington, DC 20001		
8. Principal occu	pation / Job title (See Instruction	es)	9 Employ	yer (See Instructions)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)
11/11/2021	Robert Rivera			\$100.00
	Contributor address;	City; State;	ZIP Code	
	Houston, TX 770	18-4028		
	pation / Job title (See Instruction	s)		ver (See Instructions)
Director			St	. James Lutheran Family Life Services
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)
11/11/2021	Sandhya Sabhnani			\$25.00
	6. Contributor address;	City; State;	ZIP Code	
	Houston, TX 772	254-1518		
Principal occup Self	pation / Job title (See Instruction	s)		ver (See Instructions) elf Employed
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)
11/12/2021	Virginia Clark			\$250.00
	6. Contributor address;	City; State;	ZIP Code	
	Houston, TX 77	7005-1730		
8. Principal occup Retired	pation / Job title (See Instruction	s)		ver (See Instructions) etired
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)
11/13/2021	Glennys Johns			\$500.00
	Contributor address;	City; State;	ZIP Code	
	Houston, TX 770	25-4105		
8. Principal occup Teacher	pation / Job title (See Instruction	s)		ver (See Instructions) etired

SCHEDULE A1

The Ins	struction Guide explains how to	Total pages Schedule A1: not available			
FILER NAME Susan Deigaard				 Filer ID (Ethics Commission Filer 82-0933721 	s)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/13/2021	Moya Varner				\$100.00
	6. Contributor address;	City; State;	ZIP Code		4.00.00
	Houston, TX 77	005-2339			
8. Principal occup Self Employe	pation / Job title (See Instructions)			ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/15/2021	Eva Engelhart				\$100.00
	Contributor address;	City; State;	ZIP Code		
	Bellaire Tx 77410 Ho	uston, TX 77063			
8. Principal occur	pation / Job title (See Instructions)		1	er (See Instructions)	
attorney				oss Banks	
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/16/2021	Roshni Arora				\$500.00
	Contributor address;	City; State;	ZIP Code		
	Houston, TX 7	7005-2822			
8. Principal occup Consultant	pation / Job title (See Instructions)			er (See Instructions) aidehouse	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/16/2021	Lyn G Binder				\$250.00
	Contributor address;	City; State;	ZIP Code		
	Houston, TX 77006-	6036			
8. Principal occup Retired	pation / Job title (See Instructions)		1 ' -	er (See Instructions) stired	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/16/2021	Heidi Kaplan				\$25.00
	6. Contributor address;	City; State;	ZIP Code		
	Houston, TX 7700	5-3128			
	oation / Job title (See Instructions)			er (See Instructions)	
Associate Pro	fessor		Me	cGovern Medical School	

SCHEDULE A1

The Ins	struction Guide explains how	Total pages Schedule A1: not available		
FILER NAME Susan Deigaard				3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)
11/16/2021	Teresa ODonnell			\$100.00
	6. Contributor address;	City; State;	ZIP Code	\$100.00
	Houston, T	X 77005-2827		
Principal occup Retired	pation / Job title (See Instruction	s)	1	yer (See Instructions) etired
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)
11/17/2021	Anne Furse			\$300.00
	Contributor address;	City; State;	ZIP Code	\$300.00
	Houston, T	X 77005-3428		
8. Principal occup Retired	pation / Job title (See Instruction	s)		/er (See Instructions) etired
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)
11/18/2021	Tristan Propst			\$500.00
	6. Contributor address;	City; State;	ZIP Code	,
	Houston, TX 770	005-3523		
Principal occup Attorney	pation / Job title (See Instruction	s)	, , ,	ver (See Instructions) ayer Brown LLP
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)
11/18/2021	Doris A Sing		,	\$25.00
	6. Contributor address;	City; State;	ZIP Code	
	Hous	ston, TX 77004-7138		
Principal occup Music teacher	pation / Job title (See Instruction	s)	1	ver (See Instructions) Andrews Presbyterian Church, Houston
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)
11/19/2021	Robin Burks			\$500.00
	6. Contributor address;	City; State;	ZIP Code	
	Houston, TX 7700	5-2922		
	pation / Job title (See Instructions	s)		er (See Instructions)
Psychologist			Se	elf Employed, Robin J. Burks, Ph.D.,

SCHEDULE A1

The Instruction Guide explains how to complete this form.					Total pages Schedule A1: not available		
FILER NAME Susan Deigaard						3. Filer ID (Ethics Commission Filers) 82-0933721	
4. Date	5. Full name of contributor	out-of-	state PAC			7. Amount of contribution (\$)	_
11/19/2021	Leadership for Educational Equit	ty				\$10,000.00	
	6. Contributor address;	City;	State;	Zi	P Code	\$10,000.00	
	w	ashington, E	OC 20001				
8. Principal occu	pation / Job title (See Instruction	ns)			9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-	state PAC			7. Amount of contribution (\$)	_
11/19/2021	Nancy Lomax					\$500.00	
	6. Contributor address;	City;	State;	ZII	² Code		
	Houston	, TX 77025	-3535				
8. Principal occu	pation / Job title (See Instruction	ıs)			9 Employ	yer (See Instructions)	_
Not eployed					N	ot Employed	
4. Date	5. Full name of contributor	out-of-	state PAC _			7. Amount of contribution (\$)	
11/19/2021	James Medford					\$50.00	
	6. Contributor address;	City;	State;	ZII	Code		
	Houston, 7	ΓX 77006-6	482				
Principal occur Retired	pation / Job title (See Instruction	ıs)				yer (See Instructions) etired	
4. Date	5. Full name of contributor	out-of-s	state PAC			7. Amount of contribution (\$)	_
11/19/2021	Courtney Scobie					\$100.00	
	6. Contributor address;	City;	State;	ZIF	Code		
	Houston, TX 77	096-4901					
Principal occur Attorney	pation / Job title (See Instruction	s)				ver (See Instructions) jamie LLP	
4. Date	5. Full name of contributor	out-of-s	state PAC			7. Amount of contribution (\$)	_
11/19/2021	Rob Wubbenhorst					\$30.00	
	6. Contributor address;	City;	State;	ZIF	Code	000000	
	Houston, TX	77005-2604	1				
8. Principal occup Manager	pation / Job title (See Instruction	s)		1		ver (See Instructions) ABIC	_

SCHEDULE A1

The Ins	struction Guide explains how to complete this	Total pages Schedule A1: not available		
FILER NAME Susan Deigaard			3. Filer ID (Ethics Commission Fi 82-0933721	llers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/20/2021	John Stegink			\$50.00
	6. Contributor address; City; State	; ZIP Code		7-0100
	Houston, TX 77025-2418			
8. Principal occu Retired	pation / Job title (See Instructions)	, ,	yer (See Instructions) etired	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/21/2021	Alicia Nuzzie			\$100.00
	6. Contributor address; City; State	; ZIP Code		
	Houston, TX 77018-5132			
	pation / Job title (See Instructions)		er (See Instructions)	
Project Mana		H-	CDVCC	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/22/2021	Karen Taylor			\$100.00
	6. Contributor address; City; State	; ZIP Code		
	Houston, TX 77005			
8. Principal occup Executive	pation / Job title (See Instructions)	1	ver (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/23/2021	Jennifer Fernandez	•		\$100.00
	6. Contributor address; City; State	ZIP Code		
	Houston, TX 77025-2426			
	pation / Job title (See Instructions)	1 ' '	/er (See Instructions)	
science write	E. Full name of contributor		aylor College of Medicine	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/24/2021	Alex Morua			\$250.00
	6. Contributor address; City; State	; ZIP Code		
	Carmine, TX 78932			
	pation / Job title (See Instructions)		ver (See Instructions)	
Retired		Re	etired	

SCHEDULE A1

The Instruction Guide explains how to complete this form.						Total pages Schedule A1: not available
FILER NAME Susan Deigaard						3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date	5. Full name of contributor	out-of-	state PAC			7. Amount of contribution (\$)
11/24/2021	Cyril Rajan					\$100.00
	6. Contributor address;	City;	State;	ZI	P Code	\$100.00
	Bellaire, TX 77	401-5501				
8. Principal occu Manager	pation / Job title (See Instructions	s)				yer (See Instructions) /illiams Companies
4. Date	5. Full name of contributor	Out-of-s	state PAC			7. Amount of contribution (\$)
11/25/2021	Karen W LaVohn					\$20.00
	6. Contributor address;	City;	State;	ZI	P Code	
	Bellaire, TX 774	01-2607				
	pation / Job title (See Instructions	5)				yer (See Instructions)
Teacher					T	he Kinkaid School
4. Date	5. Full name of contributor	out-of-s	state PAC _			7. Amount of contribution (\$)
11/25/2021	Wright Williams					\$75.00
	6. Contributor address;	City;	State;	ZII	P Code	
	Houston, T	X 77025-11	04			
8. Principal occu	pation / Job title (See Instructions	s)			9 Employ	yer (See Instructions)
Clinical Psyc					D	epartment of Veterans Affairs
4. Date	Full name of contributor	out-of-s	state PAC			7. Amount of contribution (\$)
11/26/2021	Darshan Anandu					\$250.00
	6. Contributor address;	City;	State;	ZII	P Code	
	Houston, TX 7700	5-3647				
8. Principal occu	pation / Job title (See Instructions	3)			9 Employ	ver (See Instructions)
Physician					G	i Specialists of Houston
4. Date	Full name of contributor	out-of-s	state PAC _			7. Amount of contribution (\$)
11/29/2021	Joshua Butler					\$25.00
	6. Contributor address;	City;	State;	ZII	Code	
	Los An	geles, CA	90038-100)6		
}	pation / Job title (See Instructions	3)				ver (See Instructions)
Assoc Vice P	resident			ľ	Ci	ity of Hope

SCHEDULE A1

The Ins	struction Guide explains how to c	Total pages Schedule A1: not available			
FILER NAME Susan Deigaard				3. Filer ID (Ethics Commission 8 82-0933721	Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/29/2021	Neil Verma				\$250.00
	6. Contributor address;	City; State;	ZIP Code		
	Bellaire, TX 77401	-3710			
8. Principal occur	pation / Job title (See Instructions)		1	er (See Instructions)	
Attorney			St	orable, Inc.	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/30/2021	William Brunger				\$250.00
	6. Contributor address;	City; State;	ZIP Code		
	Houston, TX 77005	-2831			
8. Principal occup	pation / Job title (See Instructions)		9 Employ	ver (See Instructions)	
Consultant			Se	elf Employed	
4. Date	Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/01/2021	Stephen Chao				\$25.00
	6. Contributor address;	City; State;	ZIP Code		
	Houston,	TX 77064-8873			
8. Principal occup	pation / Job title (See Instructions)		9 Employ	ver (See Instructions)	
Physician			Uı	niv of Texas	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/01/2021	Kevin Puleo				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	Washington, DC 20003	-3131			
8. Principal occup	pation / Job title (See Instructions)		9 Employ	ver (See Instructions)	
Organizer			Ca	ause Campaign Partners	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1. T	Total pages Schedule A2: not available			
2. FILER NAME Susan Deigaard			3. F	iler ID (Ethics Comn 82-0933721	nission Filers)		
4. TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIBU	ITIONS			\$0.00		
5 Date	6 Full name of contributor aut	me of contributorout-of-state PAC			9 In-Kind contribution description		
11/02/2021	Jenny Beech			contribution (\$)	·		
11/02/2021	7 Contributor address; City; State; Zip Code			\$60.00	Rental of Southside Place Fire Truck Park		
[1930 Addison Rd 1930 Addison Rd. Houston, TX	77030-1311			ino ridok i dik		
				Check if travel outsid	le of Texas, complete Schedule T		
10 Principal occu	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR	NON-	JUDICIAL) (See Instructi	ons)		
Consultant		Self					
12 Contributor's p	principal occupation (FOR JUDICIAL)	13 Contributor's jol	13 Contributor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's e	employer/law firm (FOR JUDICIAL)	15 Law firm of cont	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor is	s a child, law firm of parents (if any) (FOR JUDICIAL)						
5 Date	6 Full name of contributor out	-of-state PAC		8 Amount of	9 In-Kind contribution		
	GPS Action PAC			contribution (\$)	description		
11/23/2021	7 Contributor address; City; State; Zip Code			\$2,130.00	Paid canvassers		
	3104 Edloe St Ste 320 Houston, TX 77027-6047			\$2,150.00			
			! Check if travel outside of Texas, complete Schedule T				
10 Principal occu	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR	NON-	IUDICIAL) (See Instruction	ons)		
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's jot	13 Contributor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of cont	ributor'	s spouse (if any) (FOR J	UDICIAL)		
16 If contributor is	s a child, law firm of parents (if any) (FOR JUDICIAL)						

	EXPENDIT	URE CATEGORIES	FOR BOX	8(a)	
Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contra		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guid	de explains how to co	mplete this	form.	
Total pages Schedule F1:	2. FILER NAME Susan Deigaard		3. Fil	ler ID (Ethics Commission Filers) 82-0933721	
4 Date	5 Payee name				_
10/25/2021	Campaign Strategies, Inc.				
6 Amount \$418.93	7 Payee address;	City;	State:	Zip Code	
	PO Box 3308 Houston, TX 772	53-3308			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	_
PURPOSE OF	Advertising Expense		Mailing		
EXPENDITURE	Check if travel outside of Texas, cor	nplete Schedule T	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
4 Date	5 Payee name				_
10/25/2021	Campaign Strategies, Inc.				
6 Amount \$418.93	7 Payee address;	City;	State:	Zip Code	
	PO Box 3308 Houston, TX 772	53-3308			
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descri	ption	_
PURPOSE OF	Advertising Expense		Mailing		
EXPENDITURE					
0.00.00.00.00.00	Check if travel outside of Texas, con	·		k if Austin, TX, officeholder living expense	_
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	'	Office sough	nt Office held	
4 Date	5 Payee name				MCACH.
10/25/2021	Campaign Strategies, Inc.				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$10,628.50	DO D 4400 H . DV 000	52 2200			
	PO Box 3308 Houston, TX 772.	53-3308			
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descrip	ption	-
PURPOSE OF	Advertising Expense		Mailing		
EXPENDITURE	Check if travel outside of Texas, con	nplete Schedule T	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
,	ATTACH ADDITIONAL COP	IES OF THIS SCHE	EDULE AS	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contraction	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.	
1. Total pages Schedule F1:				ler ID (Ethics Commission Filers)	
	Susan Deigaard			82-0933721	
4 Date	5 Payee name				
10/28/2021	Nalleli Alvarado				
6 Amount \$80.00	7 Payee address;	City;	State:	Zip Code	
	10810 Telephone Rd Trlr 419 H	Iouston, TX 77075-4546	5		
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descri	ption	
PURPOSE OF	Salaries/Wages/Contract Labor	,	Blockwalk	ing	
EXPENDITURE			<u> </u>		
	Check if travel outside of Texas, con			k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sough	nt Office held	
4 Date	5 Payee name				
10/28/2021	Campaign Strategies, Inc.				
6 Amount \$493.93	7 Payee address;	City;	State:	Zip Code	
	PO Box 3308 Houston, TX 7725	53-3308			
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descri	ption	
PURPOSE	Advertising Expense	x and top of this deflection	Mailing		
OF EXPENDITURE	Traversing Expense		I		
	Check if travel outside of Texas, com	nplete Schedule T	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	C	Office sough	t Office held	
4 Date	5 Payee name		A		
10/28/2021	Campaign Strategies, Inc.				
6 Amount \$2,838.49	7 Payee address;	City;	State:	Zip Code	
. ,	PO Box 3308 Houston, TX 7725	53-3308			
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descri	otion	
PURPOSE OF	Advertising Expense	it the top of this seriedale)	Mailing		
EXPENDITURE	Check if travel outside of Texas, com	nplete Schedule T	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	C	Office sough	t Office held	
	ATTACH ADDITIONAL COP	IES OF THIS SCHE	DULE AS	NEEDED	

	EXPENDIT	TURE CATEGORIES	FOR BOX	8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Office Overhead/Rental Fees Polling Expense Food/Beverage Expense Printing Expense By Gift/Awards/Memorials Expense Salaries/Wages/Contract L Legal Services		Transportati Expense act Labor Travel In Dis Travel Out c		
Credit Card Payment	The Instruction Guid	de explains how to co	mplete this		
Total pages Schedule F1:	2. FILER NAME Susan Deigaard		3. F	iler ID (Ethics C 82-0933721	ommission Filers)
	5 Payee name				
10/28/2021	Campaign Strategies, Inc.	Cit.	04-4		7:- 0-1-
6 Amount \$10,411.94	7 Payee address; PO Box 3308 Houston, TX 772	City; 253-3308	State:		Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	iption	
PURPOSE OF	Advertising Expense		Mailing		
EXPENDITURE	Check if travel outside of Texas, con	mplete Schedule T	Chec	ck if Austin, TX, office	eholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ht	Office held
4 Date	5 Payee name				
10/28/2021	Democracy Engine, LLC				
6 Amount \$281.71	7 Payee address; 2125 14th St NW Washington,	City; DC 20009-4464	State:		Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	iption	
PURPOSE OF	Solicitation/Fundraising Expense	at the top of this concadio,	1	Processing Fee	
EXPENDITURE					
0.0	Check if travel outside of Texas, cor				cholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sougl	л	Office held
4 Date	5 Payee name				
10/28/2021	Citali I Gonzale				
6 Amount \$240.00	7 Payee address; 9331 East Fwy # K77012 Hous	City; ton, TX 77029-1714	State:		Zip Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	iption	
PURPOSE OF	Salaries/Wages/Contract Labor		Blockwalk	cing	
EXPENDITURE	Check if travel outside of Texas, cor	mplete Schedule T	Chec	ck if Austin, TX, office	holder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	·	Office sough		Office held
	ATTACH ADDITIONAL COP	PIES OF THIS SCHE	DULE AS	S NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Event Expense Office Overhead/Rental Solicitation/Fur Accounting/Banking Fees Polling Expense Transportation Consulting Expense Food/Beverage Expense Printing Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Travel In District Committee Credit Card Payment The Instruction Guide explains how to complete this form.					
	de explains how to co				
FILER NAME Susan Deigaard		3. Fi	ler ID (Ethics Commission Filers) 82-0933721		
5 Payee name					
Google Inc.					
7 Payee address;	City;	State:	Zip Code		
1000 Ampinineatte Fkwy Mou	mani view, CA 94043-	1331			
(a) Category (See categories listed	at the top of this schedule)	(b) Descri			
Office Overhead/Rental Expense		Google Co	empute Cloud (website)		
Check if travel outside of Texas, co			k if Austin, TX, officeholder living expense		
Candidate/Officeholder name		Office sough	nt Office held		
5 Payee name					
Maria Jiminez					
7 Payee address;	City;	State:	Zip Code		
5173 Ingomar Way Houston, T	X 77053-3320				
(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption		
Salaries/Wages/Contract Labor	,	Blockwalk	ing		
	·	Check if Austin, TX, officeholder living expense			
Candidate/Officeholder name		Office sough	t Office held		
5 Payee name					
Maria Jiminez					
7 Payee address;	City;	State:	Zip Code		
5173 Ingomar Way Houston, T	X 77053-3320				
(a) Category (see seterories listed	at the ten of this coheduta'	(h) Descri	otion		
Salaries/Wages/Contract Labor	at the top of this schedule)	Blockwalk			
Check if travel outside of Texas. con	mplete Schedule T	Chec	k if Austin, TX, officeholder living expense		
Candidate/Officeholder name					
ATTACH ADDITIONAL COF	PIES OF THIS SCHI	EDULE AS	NEEDED		
	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Gui 2. FILER NAME Susan Deigaard 5 Payee name Google Inc. 7 Payee address; 1600 Amphitheatre Pkwy Mou (a) Category (See categories listed Office Overhead/Rental Expense Check if travel outside of Texas, co Candidate/Officeholder name 5 Payee name Maria Jiminez 7 Payee address; 5173 Ingomar Way Houston, T (a) Category (See categories listed Salaries/Wages/Contract Labor Check if travel outside of Texas, co Candidate/Officeholder name 5 Payee name Maria Jiminez 7 Payee address; 5173 Ingomar Way Houston, T (a) Category (See categories listed Salaries/Wages/Contract Labor Check if travel outside of Texas, co Candidate/Officeholder name Check if travel outside of Texas, co Candidate/Officeholder name	Event Expense Fees Food/Beverage Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to co 2. FILER NAME Susan Deigaard 5 Payee name Google Inc. 7 Payee address; City; 1600 Amphitheatre Pkwy Mountain View, CA 94043- (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas, complete Schedule T Candidate/Officeholder name 5 Payee name Maria Jiminez 7 Payee address; City; 5173 Ingomar Way Houston, TX 77053-3320 (a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas, complete Schedule T Candidate/Officeholder name 5 Payee name Maria Jiminez 7 Payee address; City; 5173 Ingomar Way Houston, TX 77053-3320 (a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas, complete Schedule T Candidate/Officeholder name 5 Payee name Maria Jiminez 7 Payee address; City; 5173 Ingomar Way Houston, TX 77053-3320 (a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas, complete Schedule T Candidate/Officeholder name	Event Expense Fees Food/Beverage Expense Goff/dewards/Memorials Expense Legal Services The Instruction Guide explains how to complete this 2. FILER NAME Susan Deigaard 5. Payee name Google Inc. 7. Payee address; City; State: 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name 5. Payee name Maria Jiminez 7. Payee address; City; State: 5. City; State: Candidate/Officeholder name 6. City; State: 5. City; State: Check if travel outside of Texas, complete Schedule T Check The Address; City; State: 6. Category Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T State: 5. Payee name Maria Jiminez 7. Payee address; City; State: 5. City; State: 6. Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T Check if travel outside of Texas, complete Schedule T		

	EXPENDIT	URE CATEGORIES	FOR E	3OX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Office Overhead/Rental Fees Polling Expense Printing Expense By Gift/Awards/Memorials Expense Salaries/Wages/Contract L Legal Services			Transportation Equipment & R Expense		
Credit Card Payment	The Instruction Guid	de explains how to co	mplete	,		
Total pages Schedule F1:	2. FILER NAME Susan Deigaard			3. Filer ID (E 82-093	Ethics Commission Filers) 33721	
4 Date	5 Payee name					
10/28/2021	Jessenia F Lamas					
6 Amount	7 Payee address;	City;	St	ate:	Zip Code	
\$160.00	1502 Allendale Rd Apt 6 Pasad	ena, TX 77502-3347				
8	(a) Category (See categories listed	at the top of this schedule)	(b) D	escription		
PURPOSE OF	Salaries/Wages/Contract Labor			Blockwalking		
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Т.	Check if Austin	, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office s	sought	Office held	
4 Date	5 Payee name					
10/28/2021	Maria Loredo					
	7 Payee address;	City;	St	ate:	Zip Code	
\$240.00	1407 W Ellaine Ave Pasadena,	TX 77506-4115				
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(' '	escription		
PURPOSE OF	Salaries/Wages/Contract Labor		Bloc	kwalking		
EXPENDITURE	Cohest its and a state of Tour	and the Cab adula T] Ob a ale 16 A aki	TV effect to the factor of the	
9 Complete ONLY if direct	Candidate/Officeholder name	· · · · · · · · · · · · · · · · · · ·	Office s	<u> </u>	, TX, officeholder living expense Office held	
expenditure to benefit C/OH	Candidate/Onicendider flame		Office c	ougnt	Office rigid	
4 Date	5 Payee name	AND CHARLES AND CHARLES OF THE CONTRACT OF THE		**************************************		
10/28/2021	Nora Martinez					
6 Amount	7 Payee address;	City;	St	ate:	Zip Code	
\$80.00						
	1202 W Ellaine Ave Pasadena,	TX 77506-4112				
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	1 ' '	escription		
PURPOSE OF	Salaries/Wages/Contract Labor		Block	kwalking		
EXPENDITURE		contain Colombia T		l cu 1 : 16 A 11 :-	TV -65 - b - L1 - 15 - t	
9 Complete ONLY if direct	Candidate/Officeholder name		Office s	<u> </u>	, TX, officeholder living expense Office held	
expenditure to benefit C/OH	Candidate/Officeriolder Haffle		SHIPE S	Jought	Onice rigid	
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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office Overhead/Rental Fees Polling Expense Food/Beverage Expense Printing Expense By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services The Instruction Guide explains how to complete		ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
	2. FILER NAME	e explains now to cor			
Total pages Schedule F1:	Susan Deigaard		3. FII	ler 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 7702.	3-2004			
8 PURPOSE	(a) Category (See categories listed a	at the top of this schedule)	(b) Descrip	•	
OF	Salaries/Wages/Contract Labor	Salaries/Wages/Contract Labor Blockwalking			
EXPENDITURE	Check if travel outside of Texas, con	nplete Schedule T	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	C	Office sough	nt Office held	
4 Date	5 Payee name				
10/28/2021	Johanna Sanchez				
6 Amount \$80.00	7 Payee address; 10166 Valley Breeze Dr Housto	City;	State:	Zip Code	
	10100 Valley Breeze Di Housio	n, 1X //0/6-3/22			
8 PURPOSE	(a) Category (See categories listed a	at the top of this schedule)	(b) Descrip		
OF	Salaries/Wages/Contract Labor		Blockwalk	ing	
EXPENDITURE	Check if travel outside of Texas, com	nplete Schedule T	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough		
4 Date	5 Payee name		HANNE SALKER SALKER		
11/01/2021	Nalleli Alvarado				
6 Amount \$240.00	7 Payee address; 10810 Telephone Rd Trlr 419 H	City; ouston, TX 77075-4546	State:	Zip Code	
8 PURPOSE	(a) Category (See categories listed a	at the top of this schedule)	(b) Descrip	i di	
OF	Salaries/Wages/Contract Labor		Diockwalki		
EXPENDITURE	Check if travel outside of Texas, com	nplete Schedule T	Checl	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sough	t Office held	
,	ATTACH ADDITIONAL COP	IES OF THIS SCHE	DULE AS	NEEDED	

	EXPENDIT	URE CATEGORIES	FOR BOX	8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contra	lling Expense Transportation Eq nting Expense Expense			
Credit Card Payment	The Instruction Guid	de explains how to co	mplete this	form.	
Total pages Schedule F1:	2. FILER NAME Susan Deigaard		3. Fil	ler ID (Ethics Commission Filers) 82-0933721	
4 Date	5 Payee name				
11/01/2021	Ruth Castillo				
6 Amount \$240.00	7 Payee address;	City;	State:	Zip Code	
	5208 Bell St # B Houston, TX	77023-2004			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	
PURPOSE OF	Salaries/Wages/Contract Labor				
EXPENDITURE	Check if travel outside of Texas, cor	mplete Schedule T	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
4 Date	5 Payee name				
11/01/2021	Citali I Gonzale				
6 Amount \$320.00	7 Payee address;	City;	State:	Zip Code	
}	9331 East Fwy # K77012 Hous	ton, TX 77029-1714			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	ption	
PURPOSE OF	Salaries/Wages/Contract Labor		Blockwalk	ing	
EXPENDITURE			<u> </u>		
	Check if travel outside of Texas, cor	·		k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	ot Office held	
4 Date	5 Payee name				
11/01/2021	Maria Jiminez				
	7 Payee address;	City;	State:	Zip Code	
\$320.00	5172 I	V 77052 2220			
	5173 Ingomar Way Houston, T	X //033-3320			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip		
PURPOSE OF	Salaries/Wages/Contract Labor		Blockwalk	ing	
EXPENDITURE			<u></u>		
	Check if travel outside of Texas, cor			k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	4	Office sough	t Office held	
,	ATTACH ADDITIONAL COP	IES OF THIS SCHE	EDULE AS	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	/ Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contraction	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
Total pages Schedule F1:	2. FILER NAME Susan Deigaard		3. Fil	er ID (Ethics Commission Filers) 82-0933721
4 Date	5 Payee name			02-0733721
11/01/2021	Maria Loredo			
6 Amount \$80.00	7 Payee address;	City;	State:	Zip Code
	1407 W Ellaine Ave Pasadena,	TX 77506-4115		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion
PURPOSE OF	Salaries/Wages/Contract Labor		Blockwalk	ing
EXPENDITURE	Check if travel outside of Texas, cor	nplete Schedule T	Check	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
11/01/2021	David R Martinez Velazco			
6 Amount \$80.00	7 Payee address;	City;	State:	Zip Code
	933 E Avenue K Houston, TX 7	77012		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	
OF	Salaries/Wages/Contract Labor		Blockwalk	ing
EXPENDITURE	Check if travel outside of Texas, con	nplete Schedule T	Check	c if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sough	t Office held
4 Date	5 Payee name			
11/01/2021	Nora Martinez			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$160.00	1202 W Ellaine Ave Pasadena,	TX 77506-4112		
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descrip	otion
PURPOSE OF	Salaries/Wages/Contract Labor		Blockwalki	ing
EXPENDITURE	Check if travel outside of Texas, con	anlata Sahadula T	[]Chaol	s if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	
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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Fees Pol		_abor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) orm.	
1. Total pages Schedule F1:	2. FILER NAME		3. File	r ID (Ethics Commission Filers)	
	Susan Deigaard		t	82-0933721	
4 Date	5 Payee name				
11/01/2021	Odena Meliado				
6 Amount \$80.00		City;	State:	Zip Code	
	9523 E Avenue L Houston, TX 770	012-2849			
8	(a) Category (See categories listed at the	e top of this schedule) (t	o) Descrip	tion	
PURPOSE OF	Salaries/Wages/Contract Labor		Blockwalkir	ng	
EXPENDITURE					
	Check if travel outside of Texas, complete			if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Off	ice sought	Office held	
4 Date	5 Payee name				
11/01/2021	Carmen Montes				
6 Amount \$80.00	7 Payee address; 701 Preston Ave Apt 231 Pasadena	City; , TX 77503-1982	State:	Zip Code	
8 PURPOSE	(a) Category (See categories listed at the) Descrip		
OF	Salaries/Wages/Contract Labor		Blockwalkir	g	
EXPENDITURE	Check if travel outside of Texas, complet	te Schedule T	if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Offi	ice sought	Office held	
4 Date	5 Payee name				
11/01/2021	NGP VAN, Inc				
6 Amount \$159.90	7 Payee address;	City;	State:	Zip Code	
	PO Box 392264 Pittsburgh, PA 152	251-9264			
8	(a) Category (See categories listed at the	e top of this schedule) (b) Descript	ion	
PURPOSE OF	Solicitation/Fundraising Expense		Compliance		
EXPENDITURE	Check if travel outside of Texas, complet	e Schedule T	Check	f Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Officeholder name	Offi	ice sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHED	ULE AS	NEEDED	

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 Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form.					
1. Total pages Schedule F1:	2. FILER NAME		3. Fi	iler ID (Ethics Commission Filers)	
	Susan Deigaard			82-0933721	
4 Date	5 Payee name				
11/01/2021	Zulema Perez				
6 Amount \$432.00	7 Payee address;	City;	State:	Zip Code	
	5208 Bell St Houston, TX 7702	:3-2004			
8	(a) Category (See categories listed	-1 the ten of this schedule)	(b) Descri	intion	
PURPOSE		at the top of this schedule;	Blockwalk	•	
OF EXPENDITURE	Salaries/Wages/Contract Labor				
EXPENDITORE	Check if travel outside of Texas, cor	nplete Schedule T	Chec	ck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	ht Office held	
4 Date	5 Payee name				
11/01/2021	Johanna Sanchez				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$320.00	10166 Valley Breeze Dr Housto	on, TX 77078-3722			
8 BUDDOCE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	
PURPOSE OF	Salaries/Wages/Contract Labor		Blockwalk	cing	
EXPENDITURE					
O Committee ONIV is also at	Check if travel outside of Texas, cor			ck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
4 Date	5 Payee name		Cassan		
11/02/2021	Paragon Payment Solutions				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$226.11	2141 E Broadway Rd Ste 202 T	'empe, AZ 85282-1895			
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descri	ption	
PURPOSE OF	Solicitation/Fundraising Expense	,	1'''	Processing Fee	
EXPENDITURE	Check if travel outside of Texas, con	nplete Schedule T	Chec	sk if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	1	Office sough	nt Office held	
	ATTACH ADDITIONAL COP	IES OF THIS SCHE	EDULE AS	S NEEDED	

	EXPENDIT	URE CATEGORIES	FOR BO	OX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra		Transportatio Expense Travel In Dist Travel Out of	
Credit Card Payment	The Instruction Guid	de explains how to co	mplete t		a datagory not noted above,
Total pages Schedule F1:	2. FILER NAME Susan Deigaard		3.	Filer ID (Ethics 82-0933721	Commission Filers)
4 Date 11/03/2021	5 Payee name Texas Campaigns				
6 Amount \$250.00	7 Payee address; 9600 Glenfield Ct Apt 148 Hou	City; ston, TX 77096-3869	Stat	ie:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed and Advertising Expense	at the top of this schedule)	, ,	scription oute Campaign Mate	rials
	Check if travel outside of Texas, con	nplete Schedule T			ficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office so	ught	Office held
4 Date	5 Payee name				
11/05/2021	InFocus Campaigns, LLC				
6 Amount \$6,757.23	7 Payee address; PO Box 10726 Fort Worth, TX	City; 76114-0726	Stat	e.	Zip Code
8 PURPOSE OF	(a) Category (See categories listed and Advertising Expense	at the top of this schedule)	1	scription panking	
EXPENDITURE	Check if travel outside of Texas, con	nptete Schedule T		Check if Austin, TX, off	iceholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office so	ught	Office held
4 Date	5 Payee name				
11/05/2021	Caleigh Manyak				
6 Amount \$900.00	7 Payee address; 12903 Sugar Ridge Blvd Staffor	City;	Stat	e:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed a	at the top of this schedule)	1, ,	scription gn support services	
EXPENDITURE	Check if travel outside of Texas, con	nplete Schedule T	Пс	heck if Austin, TX, off	iceholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office so	ught	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCH	EDULE	AS NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	titing/Banking Fees Polling Expense ting Expense Food/Beverage Expense utions/Donations Made By Gift/Awards/Memorials Expense ttee Printing Expense Printing Expense Salaries/Wages/Contract Labor		Transportation Expense Travel In Distric Travel Out of D Other (enter a		
1. Total pages Schedule F1: 2. FILER NAME 3. Filer ID (Ethics Commission Filers)					
	Susan Deigaard		82-0933721	,,	
4 Date	5 Payee name				
11/09/2021	Caleigh Manyak				
6 Amount \$250.00	7 Payee address; City;	State) :	Zip Code	
	12903 Sugar Ridge Blvd Stafford, TX 77477-31	16			
8	(a) Category (See categories listed at the top of this sch	edule) (b) Des	cription		
PURPOSE OF	Salaries/Wages/Contract Labor		campaign support services		
EXPENDITURE					
	Check if travel outside of Texas, complete Schedule T			ceholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ight	Office held	
4 Date	5 Payee name				
11/10/2021	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	(a) Category (See categories listed at the top of this scho	edule) (b) Dese	cription		
PURPOSE OF	Advertising Expense	yard sig	ns		
EXPENDITURE					
	Check if travel outside of Texas, complete Schedule T			eholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ght	Office held	
4 Date	5 Payee name				
11/15/2021	Caleigh Manyak				
6 Amount	7 Payee address; City;	State	ı:	Zip Code	
\$500.00					
	12903 Sugar Ridge Blvd Stafford, TX 77477-31	16			
8	(a) Category (See categories listed at the top of this sche	edule) (b) Desc	 cription		
PURPOSE	Salaries/Wages/Contract Labor		campaign support services		
OF Salaries/Wages/Contract Labor					
	Check if travel outside of Texas, complete Schedule T		eck if Austin, TX, offic	eholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ght	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE A	AS NEEDED		

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services		Office Overhead/Rental Polling Expense Printing Expense e Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guid	e explains how to con	nplete this	s form.		
Total pages Schedule F1:	2. FILER NAME Susan Deigaard		3. F	iler ID (Ethics C 82-0933721	ommission Filers)	
4 Date 11/17/2021	5 Payee name Texas Campaigns					
6 Amount	7 Payee address;	City;	City; State: Zip Code			
\$250.00	9600 Glenfield Ct Apt 148 Hous	ston, TX 77096-3869				
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descr	ription		
PURPOSE OF	Advertising Expense Distribute Campaign Materials		ls			
EXPENDITURE	Check if travel outside of Texas, com				eholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office soug	iht	Office held	
4 Date	5 Payee name					
11/19/2021	Campaign Strategies, Inc.					
6 Amount	7 Payee address;	City;	State:		Zip Code	
\$11,270.87	PO Box 3308 Houston, TX 7725	3-3308				
8 PURPOSE	(a) Category (See categories listed at	t the top of this schedule)	(b) Descr	iption		
PURPOSE OF	Advertising Expense		Mailing			
EXPENDITURE	Charle if traval autaida of Tayan age	nieta Cabadula T	[]ch-	alvis Avada TV ass	halda fi. tanana	
9 Complete ONLY if direct	Check if travel outside of Texas, complete Candidate/Officeholder name		Office soug		eholder living expense Office held	
expenditure to benefit C/OH	Candidate/Officeriolder flame		Jinee soug	THE .	Office field	
4 Date	5 Payee name				Charles and the Control of Contro	
11/22/2021	Caleigh Manyak					
6 Amount	7 Payee address;	City;	State:		Zip Code	
\$735.00	12903 Sugar Ridge Blvd Stafford	d, TX 77477-3116				
8	(a) Category (See categories listed at	t the top of this schedule)	(b) Descri	iption		
PURPOSE OF	Salaries/Wages/Contract Labor		campaign	support services		
EXPENDITURE			<u> </u>			
9 Complete ONLY if direct	Candidate/Officeholder name		Chec Office sough		cholder living expense Office held	
expenditure to benefit C/OH	Candidate/Officeholder name		mice sougi		Office neid	
	ATTACH ADDITIONAL COPI	ES OF THIS SCHE	DULE AS	S NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	act Labo	Transpo Expense or Travel I Travel C Other (6	tion/Fundraising Expense ortation Equipment & Related e n District Out of District enter a category not listed above)
1. Total pages Schedule F1:	2. FILER NAME			•	thics Commission Filers)
[Susan Deigaard			82-093	3/21
4 Date	5 Payee name				
11/28/2021	Google Inc.	0''			
6 Amount \$53.35	7 Payee address; 1600 Amphitheatre Pkwy Mour	City; ntain View, CA 94043		tate:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Google Control (Control (•	iption ompute Cloud (website)	
EXPENDITURE	Check if travel outside of Texas, col	mplete Schedule T		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	5 Payee name				
11/30/2021	Sprint 2 Print				
6 Amount \$392.41	7 Payee address; 8748 Clay Rd Ste 300 Houston,	City; , TX 77080-8106	S	tate:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Advertising Expense	at the top of this schedule)	1''	escription signs	
EXPENDITURE	Check if travel outside of Texas, cor	mplete Schedule T		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 Accounting/Banking Consulting Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

Credit Card Payment

Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Legal Services

Office Overhead/Rental Expense Polling Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Travel Out of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G:	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 Reimbursement from political contributions intended	7 Payee address; City; 4680 Beechnut St Houston, TX 77096-1804	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense (C) Check if travel outside of Texas, complete Schedule T	(b) Description Ice 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 Reimbursement from ✓ political contributions intended	7 Payee address; City; 8236 Kirby Dr Ste 160 Houston, TX 77054-1618	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Pizza		
	(C) Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

Credit Card Payment

Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Legal Services

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Rela

Polling Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District

Travel Out of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G:	2. FILER NAME	3. Filer ID (Ethics Commission Filers) 82-0933721		
	Susan Deigaard			
4 Date	5 Payee name			
11/02/2021	Walmart			
6 Amount	7 Payee address; City;	State;	Zip Code	
\$22.88				
Reimbursement from political contributions intended	11210 W Airport Blvd Stafford, TX 77477-3068			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense	refreshments		
EXI ENDITORE	(C) Check if travel outside of Texas, complete Schedule T	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	5 Payee name			
11/13/2021	Target			
6 Amount	7 Payee address; City;	State;	Zip Code	
\$13.62	9500 Main Ct Hanner TV 77025 2702			
Reimbursement from political contributions intended	8500 Main St Houston, TX 77025-2703			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Printing Expense	Paper		
EXI ENDITORE	(C) Check if travel outside of Texas, complete Schedule T	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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political

Committee

Credit Card Payment

Event Expense

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Rela Polling Expense

Printing Expense Salaries/Wages/Contract Labor Transportation Equipment & Related

Expense Travel In District Travel Out of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	. Total pages Schedule G:	2. FILER NAME		3. Filer ID (I	Ethics Commission Filers)
		Susan Deigaard		82-09:	33721
4	Date	5 Payee name			
	11/20/2021	Zoom Video Communications, Inc			
6	Amount	7 Payee address;	City;	State;	Zip Code
	\$15.98 Reimbursement from political contributions intended	55 Almaden Blvd San Jose,	CA 95113-1608		
8	PURPOSE OF EXPENDITURE	(a) Category (See categories li Solicitation/Fundraising Expens	sted at the top of this schedule)	(b) Description Collaboration and W	'ebinars
		(C) Check if travel outside of Texa	as, complete Schedule T	Check if Austin, 1	TX, officeholder living expense
	omplete ONLY if direct spenditure to benefit C/OH	Candidate/Officeholder nan	ne	Office sought	Office held