

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

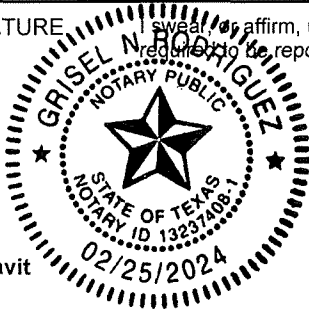
The C/OH Instruction Guide explains how to complete this form.		1. Filer ID (Ethics Commission Filers) 82-0933721		2. Total pages filed: 23	
3	CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR NICKNAME	FIRST Sue LAST Deigaard	MI SUFFIX	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <b>OFFICE USE ONLY</b>   Date Received   <div style="font-size: 24px; font-weight: bold; margin: 10px 0;">OCT 04 2021</div> Date Hand-delivered or Date Postmarked   <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> <div style="border-right: 1px solid black; width: 40%;">Receipt #</div> <div style="width: 60%;">Amount \$</div> </div> <div style="border-top: 1px solid black; margin-top: 10px;">Date Processed</div> <div style="border-top: 1px solid black; margin-top: 10px;">Date Imaged</div> </div>
	4	CANDIDATE/ OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX:    APT/SUITE #    CITY    STATE:    ZIP CODE PO Box 1927       Bellaire    TX    77402		
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE    PHONE NUMBER    EXTENSION (713) 322-9009			
6	CAMPAIGN TREASURER NAME	MS/MRS/MR Ms. NICKNAME	FIRST Jenny LAST Beech	MI SUFFIX	
	7	CAMPAIGN TREASURER ADDRESS (Residence or Business)			
STREET ADDRESS (NO PO BOX PLEASE):    APT/SUITE #    CITY    STATE:    ZIP CODE 1930 Addison       Houston    TX    77030					
8	CAMPAIGN TREASURER PHONE	AREA CODE    PHONE NUMBER    EXTENSION (713) 447-8484			
9	REPORT TYPE				
10 PERIOD COVERED		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 </div> <div> <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting limit </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Final report (Attach- COH-FR) </div> </div>			
11 ELECTION		<div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year  07/01/2021 </div> <div> <b>THROUGH</b> </div> <div> Month    Day    Year  09/23/2021 </div> </div>			
12 OFFICE		<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) </div> <div> 13 OFFICE SOUGHT (if known) N/A </div> </div>			
14	NOTICE FROM POLITICAL COMMITTEE(S)				
	<input type="checkbox"/> additional pages				
	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME		
			COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Sue 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)	\$31,565.00
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$15,662.51
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$42,728.25
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 SIGNATURE I swear or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me, by the said

*Sue Deigaard*

this the

*4<sup>th</sup>*

day of *October* *21* to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

*Griselda N. Rodriguez*  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *Susan Deigaard*, and my date of birth is *3-3-69*

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 Sue Deigaard	20. FILER ID (Ethics Commission Filers) 82-0933721
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$26,315.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$5,250.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$14,888.53
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	\$773.98
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 Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 09/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kristen Barker 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2406	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self Employed
4. Date 09/20/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Matthew Barnes 6. Contributor address; City; State; ZIP Code Houston, TX 77004-6330	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
4. Date 09/21/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jenny Willis Beech 6. Contributor address; City; State; ZIP Code Houston, TX 77030-1311	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
4. Date 09/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gillian Bergeron 6. Contributor address; City; State; ZIP Code Charleston, SC 29412-4844	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
4. Date 09/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carolyn Boyle 6. Contributor address; City; State; ZIP Code Austin, TX 78731-1141	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

**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 Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 09/23/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carolyn Boyle 6. Contributor address; City; State; ZIP Code Austin, TX 78731-1141	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 08/26/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ari Briskman 6. Contributor address; City; State; ZIP Code Los Angeles, CA 90066-4266	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) writer		9 Employer (See Instructions) various
4. Date 09/21/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Christopher Busby 6. Contributor address; City; State; ZIP Code Houston, TX 77061-1650	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) Student
4. Date 07/29/2021	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 08/29/2021	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 Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 09/10/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Leone Buyse 6. Contributor address; City; State; ZIP Code Houston, TX 77030-1216	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) The Shepherd School of Music at Rice
4. Date 09/23/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Andy Chan 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3647	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 09/10/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rhnea Chin 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2424	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Human Resources Rep.		9 Employer (See Instructions) Aramco Americas
4. Date 09/23/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Thomas Clingenpeel 6. Contributor address; City; State; ZIP Code Houston, TX 77005-1309	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) LyondellBasell
4. Date 08/25/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Keith Cooper 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3954	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Rice University

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 09/15/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Meredith Dang 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2918	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Urban planner		9 Employer (See Instructions) Kendig Keast Collaborative
4. Date 09/15/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Maren Fuller 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 07/01/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Maria Gomez 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
4. Date 09/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ GPS Action PAC 6. Contributor address; City; State; ZIP Code Houston, TX 77027-6047	7. Amount of contribution (\$) \$5,000.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/10/2021	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

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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 Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 09/16/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ James Guerra 6. Contributor address; City; State; ZIP Code Austin, TX 78731-3082	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) JG Consulting
4. Date 07/14/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lisa Hall 6. Contributor address; City; State; ZIP Code Houston, TX 77008-6832	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Houston Endowment
4. Date 09/23/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Belkis Hernandez 6. Contributor address; City; State; ZIP Code Houston, TX 77084-3234	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Researcher		9 Employer (See Instructions) Educo Research
4. Date 07/07/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Anupama Hiremaglur 6. Contributor address; City; State; ZIP Code Bellaire, TX 77401-5618	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Quanta
4. Date 09/15/2021	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 (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Stay at home mom		9 Employer (See Instructions) Self

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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 Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 07/01/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ William Huttenbach 6. Contributor address; City; State; ZIP Code Bellaire, TX 77401-4026	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Crain caton & james
4. Date 09/22/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dianne Johnson 6. Contributor address; City; State; ZIP Code Bellaire, TX 77401-3900	7. Amount of contribution (\$)  \$150.00
8. Principal occupation / Job title (See Instructions) Education consultant		9 Employer (See Instructions) Self Employed
4. Date 07/25/2021	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 08/25/2021	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 09/16/2021	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 (\$)  \$6,000.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 09/23/2021	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 (\$)  \$6,000.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 08/22/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Judy Levison 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2609	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) Baylor College of Medicine
4. Date 07/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kyle Lierman 6. Contributor address; City; State; ZIP Code Takoma Park, MD 20912-5846	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Civic Nation
4. Date 07/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ DENA LINDA 6. Contributor address; City; State; ZIP Code Houston, TX 77006-4084	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Speech and language pathologist		9 Employer (See Instructions) ISD
4. Date 09/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Misty Matin 6. Contributor address; City; State; ZIP Code Houston, TX 77025-1703	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Assistant		9 Employer (See Instructions) Plains All American Pipeline

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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 Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 09/15/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Donald McAdams 6. Contributor address; City; State; ZIP Code Bellaire, TX 77401-5007	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
4. Date 09/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Amy Moss 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2402	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Chamberlain Hrdlicka
4. Date 09/17/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ KELLY OBRIEN 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2002	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) DOCTOR		9 Employer (See Instructions) MEDICAL CLINIC OF HOUSTON
4. Date 09/21/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jim Postl 6. Contributor address; City; State; ZIP Code Houston, TX 77056-2316	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 09/23/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jessica Rankosky 6. Contributor address; City; State; ZIP Code Houston, TX 77025-4316	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 08/22/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dustin Rynders 6. Contributor address; City; State; ZIP Code Houston, TX 77005-3958	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Disability Rights Texas
4. Date 09/20/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Barbara Samuels 6. Contributor address; City; State; ZIP Code Houston, TX 77004-7071	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) UHCL
4. Date 09/20/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jennifer Smith Enos 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2313	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Ensign Natural Resources
4. Date 09/22/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Denise Smith 6. Contributor address; City; State; ZIP Code Houston, TX 77005-2035	7. Amount of contribution (\$)  \$125.00
8. Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Houston Bike Share
4. Date 09/22/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jason Spencer 6. Contributor address; City; State; ZIP Code Houston, TX 77018-4626	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Harris County Sheriff's Office

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

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 08/11/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Juliet Stipeche 6. Contributor address; City; State; ZIP Code Houston, TX 77023-4816	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) EBS Benefit Advisors
4. Date 09/19/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tamara Thompson 6. Contributor address; City; State; ZIP Code Houston, TX 77030-1809	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Chaplain		9 Employer (See Instructions) Memorial Hermann
4. Date 09/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ AG Unterharnscheidt 6. Contributor address; City; State; ZIP Code Houston, TX 77025-3229	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 09/09/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Josh & Susie Vanlandingham 6. Contributor address; City; State; ZIP Code Houston, TX 77035-2410	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Affiliated Engineers, Inc.
4. Date 09/23/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marian Von Maszewski 6. Contributor address; City; State; ZIP Code Houston, TX 77025-2513	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) MD Anderson Cancer Center

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 09/21/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tammi Wallace 6. Contributor address; City; State; ZIP Code Houston, TX 77006-2712	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) EnFocus Strategies
4. Date 09/23/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Leslie Wang 6. Contributor address; City; State; ZIP Code Houston, TX 77030-1103	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) Rice University
4. Date 09/20/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Watson 6. Contributor address; City; State; ZIP Code Houston, TX 77030-4232	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 07/01/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kenneth Williams 6. Contributor address; City; State; ZIP Code Houston, TX 77016-6808	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

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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 Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721	
4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date  09/23/2021	6 Full name of contributor GPS Action PAC <input type="checkbox"/> out-of-state PAC  7 Contributor address; City; State; Zip Code Houston, TX 77027-6047	8 Amount of contribution (\$)  \$5,250.00  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	9 In-Kind contribution description Courtney Grigsby Consultation
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)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 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      Travel Out of District  
 Committee      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 Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 09/23/2021	5 Payee name Campaign Strategies, Inc.	
6 Amount \$11,179.64	7 Payee address; City: State: Zip Code PO Box 3308 Houston, TX 77253-3308	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Mailing
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 08/31/2021	5 Payee name William Deigaard	
6 Amount \$675.00	7 Payee address; City: State: Zip Code 3502 Elmridge St Houston, TX 77025-4112	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) OTHER (enter a category not listed above)	(b) Description reimburse: VAN Access
	<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 07/06/2021	5 Payee name Google Inc.	
6 Amount \$12.79	7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Google G-Suite
	<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		Travel Out of District
Committee			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 Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721	
4 Date 07/30/2021		5 Payee name Google Inc.			
6 Amount \$61.71		7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Google Compute Cloud (website)	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 08/06/2021		5 Payee name Google Inc.			
6 Amount \$12.79		7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Google G-Suite	
		<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 08/30/2021		5 Payee name Google Inc.			
6 Amount \$53.74		7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Google Compute Cloud (website)	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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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 Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 09/07/2021	5 Payee name Google Inc.	
6 Amount \$16.28	7 Payee address; City; State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Google G-Suite
	<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 08/12/2021	5 Payee name Houston Independent School District	
6 Amount \$300.00	7 Payee address; City; State: Zip Code 4400 W 18th St Houston, TX 77092-8501	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Filing fee to be on HISD Election Ballot
	<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 07/06/2021	5 Payee name NGP VAN, Inc	
6 Amount \$106.60	7 Payee address; City; State: Zip Code PO Box 392264 Pittsburgh, PA 15251-9264	
8 <b>PURPOSE OF EXPENDITURE</b>	(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
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 Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 08/02/2021	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 <b>PURPOSE OF EXPENDITURE</b>	(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
4 Date 08/03/2021	5 Payee name NGP VAN, Inc	
6 Amount \$106.60	7 Payee address; City; State: Zip Code PO Box 392264 Pittsburgh, PA 15251-9264	
8 <b>PURPOSE OF EXPENDITURE</b>	(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
4 Date 09/03/2021	5 Payee name NGP VAN, Inc	
6 Amount \$106.60	7 Payee address; City; State: Zip Code PO Box 392264 Pittsburgh, PA 15251-9264	
8 <b>PURPOSE OF EXPENDITURE</b>	(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
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 Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 07/13/2021	5 Payee name Paragon Payment Solutions	
6 Amount \$121.00	7 Payee address; City: State: Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 08/02/2021	5 Payee name Paragon Payment Solutions	
6 Amount \$75.00	7 Payee address; City: State: Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 08/02/2021	5 Payee name Paragon Payment Solutions	
6 Amount \$109.22	7 Payee address; City: State: Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 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 Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 09/02/2021	5 Payee name Paragon Payment Solutions	
6 Amount \$48.83	7 Payee address; City: State: Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 08/19/2021	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 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description yard signs
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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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 Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 08/19/2021	5 Payee name Texas Democratic Party	
6 Amount \$675.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 116 Austin, TX 78767-0116	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER (enter a category not listed above)	(b) Description VAN Access from Texas Democrats (voter data)
	(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 08/27/2021	5 Payee name USPS Bellaire	
6 Amount \$83.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5350 Bellaire Blvd Bellaire, TX 77401-3951	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Campaign PO Box
	(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 Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 09/20/2021	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 <b>PURPOSE OF EXPENDITURE</b>	(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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