

# 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: 12		
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX		
		Susan		OFFICE USE ONLY Date Received <b>JAN 15 2019</b> Date Hand-delivered or Date Postmarked	
		Deigaard			
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS /PO BOX:	APT/SUITE #	CITY		STATE:
		ZIP CODE			
<input type="checkbox"/> Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(713) 322-9099				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX		
		Nellie		Date Processed	
		Naidoo		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS:	APT/SUITE #	CITY	STATE:	
		ZIP CODE			
		4660 Beechnut Street	Suite 201	Houston TX 77096	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(832) 721-4945				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach- COH-FR)				
10 PERIOD COVERED	Month	Day	Year	Month	
		07/01/2018		THROUGH	
				12/31/2018	
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
		11/07/2017			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
		District V HISD Trustee			
<b>GO TO PAGE 2</b>					

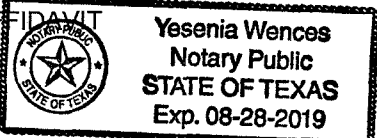
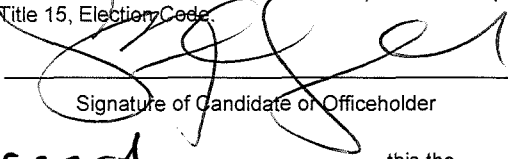
**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME	Susan Deigaard	15 Filer ID (Ethics Commission Filers) 82-0933721
--------------	----------------	--

16 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	

17 CONTRIBUTION TOTALS	1 TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$0.00
EXPENDITURE TOTALS	3 TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$0.00
	4 TOTAL POLITICAL EXPENDITURES	\$848.77
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$6,634.86
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 AFFIDAVIT	 <p><b>Yesenia Wences</b> Notary Public STATE OF TEXAS Exp. 08-28-2019</p>	<p>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.</p> <p style="text-align: center;"> Signature of Candidate or Officeholder</p> <p>Sworn to and subscribed before me, by the said <u>Sue Deigaard</u> this the <u>15<sup>th</sup></u> day of <u>January</u> 20<u>19</u> to certify which, witness my hand and seal of office.</p> <p><u>[Signature]</u> <u>Yesenia Wences</u> <u>Notary</u> Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>
--------------	---	---

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

19. FILER NAME Susan Deigaard	20. FILER ID (Ethics Commission Filers) 82-0933721
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$818.11
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	\$30.66
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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1. Total pages Schedule F1:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 08/01/2018	5 Payee name Google Inc.	
6 Amount \$13.23	7 Payee address; City; State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google G-Suite
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 08/01/2018	5 Payee name Google Inc.	
6 Amount \$13.93	7 Payee address; City; State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Compute Cloud (website)
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 09/04/2018	5 Payee name Google Inc.	
6 Amount \$10.66	7 Payee address; City; State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google G-Suite
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1. Total pages Schedule F1:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 09/04/2018	5 Payee name Google Inc.	
6 Amount \$14.16	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Compute Cloud (website)
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/02/2018	5 Payee name Google Inc.	
6 Amount \$9.13	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Compute Cloud (website)
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/02/2018	5 Payee name Google Inc.	
6 Amount \$10.66	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google G-Suite
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1. Total pages Schedule F1:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 11/01/2018	5 Payee name Google Inc.	
6 Amount \$0.45	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Compute Cloud (website)
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 11/01/2018	5 Payee name Google Inc.	
6 Amount \$10.66	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google G-Suite
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 12/03/2018	5 Payee name Google Inc.	
6 Amount \$0.43	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Compute Cloud (website)
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1. Total pages Schedule F1:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 12/03/2018	5 Payee name Google Inc.	
6 Amount \$10.66	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google G-Suite
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 07/02/2018	5 Payee name NGP VAN, Inc	
6 Amount \$2.50	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) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Account for NGPVan
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 07/02/2018	5 Payee name NGP VAN, Inc	
6 Amount \$100.00	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1. Total pages Schedule F1:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
-----------------------------	---------------------------------	--

4 Date 08/02/2018	5 Payee name NGP VAN, Inc
----------------------	------------------------------

6 Amount \$2.50	7 Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251-9264
--------------------	---

<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Account for NGPVan
-------------------------------	--	---

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

4 Date 08/02/2018	5 Payee name NGP VAN, Inc
----------------------	------------------------------

6 Amount \$100.00	7 Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251-9264
----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance
-------------------------------	--	--

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

4 Date 09/04/2018	5 Payee name NGP VAN, Inc
----------------------	------------------------------

6 Amount \$2.50	7 Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251-9264
--------------------	---

<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Account for NGPVan
-------------------------------	--	---

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1. Total pages Schedule F1:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 09/04/2018	5 Payee name NGP VAN, Inc	
6 Amount \$100.00	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/01/2018	5 Payee name NGP VAN, Inc	
6 Amount \$97.25	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) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Account for NGPVan
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/02/2018	5 Payee name NGP VAN, Inc	
6 Amount \$100.00	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1. Total pages Schedule F1:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 11/02/2018	5 Payee name NGP VAN, Inc	
6 Amount \$2.50	7 Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251-9264	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Account for NGPVan
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 11/02/2018	5 Payee name NGP VAN, Inc	
6 Amount \$100.00	7 Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251-9264	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 12/03/2018	5 Payee name NGP VAN, Inc	
6 Amount \$2.50	7 Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251-9264	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Account for NGPVan
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1. Total pages Schedule F1:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 12/03/2018	5 Payee name NGP VAN, Inc	
6 Amount \$100.00	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 07/16/2018	5 Payee name The Rocket Science Group, LLC	
6 Amount \$14.39	7 Payee address; City; State: Zip Code 675 Ponce De Leon Ave NE Atlanta, GA 30308-1884	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Marketing Service
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G:	2. FILER NAME Susan Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 07/01/2018	5 Payee name Google Inc.	
6 Amount \$13.23  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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 <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 07/03/2018	5 Payee name Google Inc.	
6 Amount \$17.43  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED