## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

					T	* *-
The C/OH Instruction	Guide explains how to	complete this form.	1 Filer ID (Ethics Commis 82-0933721	ssion Filers)	2 Total pages	filed:
CANDIDATE/ 3 OFFICEHOLDER NAME	MS/MRS/MR Ms. NICKNAME	FIRST Sue LAST Deigaard	02-0733721	MI SUFFIX	OFFICE U	3. 2023
CANDIDATE / 4 OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS /PO BOX: 3502 Elmridge Street	APT/SUITE # CITY Houston	r STATE: TX	ZIP CODE 77025	Date Hand-delivered	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PH (713) 322-	ONE NUMBER 9009	EXTENSIO	N	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 E		Houston	STATE: TX	ZIP CODE 77030	
8 CAMPAIGN TREASURER PHONE	AREA CODE (713) 447-	PHONE NUMBER 8484	EXTENSIC	DN 		
9 REPORT TYPE	☐ January 15  ✓ July 15	30th day before elect	⊟E×	unoff ceeded Modified eporting limit	appointmen Final report	er campaign tresurer t (officeholder only) (Attach- COH-FR)
10 PERIOD COVERED	Month Day \ 01/01/2023	Year T⊢	HROUGH	Month	Day Yes 06/30/2023	ar
11 ELECTION	ELECTION DATE Month Day 12/11/2021	Year ELECTIO Prima	ary 🗸	Runoff	Other	
12 OFFICE	OFFICE HELD (if any)	District V Trustee (HI	SD) 1	3 OFFICE SOUGH N/A	IT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	SUPPORT THE CANDIDATE / C	POLITICAL CONTRIBUTIONS AC PFICEHOLDER. THESE EXPENI CANDIDATES AND OFFICEHOLD COMMITTEE NAME	DITURES MAY HAVE	BEEN MADE WITHOU	T THE CANDIDATE'S OF	R OFFICEHOLDER'S
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN	TREASURER NAI	ME		
		COMMITTEE CAMPAIGN	TREASURER ADI	DRESS		
		GO TO PA	AGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Ms. Sue Deigaard	16 Filer ID (Ethics Commission Filers) 82-0933721			
17 CONTRIBUTION TOTALS		RIBUTIONS (OTHER THAN PLEDGES, LOANS, ITRIBUTIONS MADE ELECTRONICALLY) \$0.00			
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OF	GUARANTEES OF LOANS) \$0.00			
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPE	NDITURES \$0.00			
	4 TOTAL POLITICAL EXPENDITURES	\$1,438.11			
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAST DAY \$6,300.89			
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PERI				
(1) Affidavit NOTARY STAMP / SEAL					
Sworn to and subscribed day of20	before me by to certify which, witness my hand and	seal of office.			
Signature of officer admin	•	er administering oath Title of officer administering oath			
(2) Unsworn Declaratio	n				
My name is Sue Deig	aard	, and my date of birth isMarch, 3, 1969			
My address is 3502 E	Imridge Street (street)	Houston Texas 77025 USA (city) (state) (zip code) (country)			
Executed in Harris	County, State of Texas	on the 16 day of July 20 2023 (year)  Signature of Cantilitate/Officeholder (Declarant)			

### **SUBTOTALS - COH**

#### FORM C/OH COVER SHEET PG 3

	FILER NAME . Sue Deigaard	20 Filer ID (Ethi 82-0933	cs Commission Filers) 721
21 9	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL 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 CONTRIB	BUTIONS	\$1,380.93
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$57.18
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	rributions	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS TO FILER	RETURNED	\$0.00

	EXPENDIT	URE CATEGORIES	FOR BOX	8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	I act Labor	Solicitation/Fundraising Transportation Equipm Expense Travel In District Travel Out of District Other (enter a categor form.	nent & Related
•	2 FILER NAME			er ID (Ethics Commis	eion Filare)
not available	Ms. Sue Deigaard			82-0933721	31011 1 11013)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				02-0755721	
4 Date	5 Payee name				
01/05/2023	Google Inc.	City;	Ctotor	7in C	
6 Amount (\$) \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mou		State: 1351	Zip C	oue
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descr Google G-S	•	
EXPENDITURE	(C) Check if travel outside of Texa	s, Complete Schedule T.	Chec	ck if Austin, TX, officeholder	livina expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough		office held
4 Date	5 Payee name				
01/05/2023	Google Inc.				
6 Amount (\$) \$54.73	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ıntain View, CA 94043-	State:	Zip C	ode
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descr Google Con	iption npute Cloud (website)	
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Che	ck if Austin, TX, officeholder	living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	ht C	Office held
4 Date	5 Payee name				
02/06/2023	Google Inc.				
6 Amount (\$) \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; intain View, CA 94043-	State: -1351	Zip C	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	l at the top of this schedule)	(b) Descr Google G-S	•	
EVLENDIIOKE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Che	ck if Austin, TX, officeholder	living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	ht C	Office held
	ATTACH ADDITIONAL COL	DIES OE THIS SOU	EDIII E A	S NEEDED	· · · · · · · · · · · · · · · · · · ·

	EXPENDIT	URE CATEGORIES	FOR BOX	B(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 The Instruction Guid	Loan/Repayment/Reim Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contral de explains how to co	l 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:	2 FILER NAME			er ID (Ethics Commission Filers)
not available	Ms. Sue Deigaard		0 1 11	82-0933721
4 Date	5 Payee name			
02/06/2023	Google Inc.			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$55.17	1600 Amphitheatre Pkwy Mou	•	1351	·
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Office Overhead/Rental Expense		Google Con	npute Cloud (website)
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	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			
03/06/2023	Google Inc.			
6 Amount (\$) \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-	State: 1351	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descri Google G-S	•
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	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			
03/06/2023	Google Inc.			
6 Amount (\$) \$49.60	7 Payee address; 1600 Amphitheatre Pkwy Mou	City;	State:	Zip Code
	•			
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descri Google Con	ption npute Cloud (website)
EXPENDITURE	(C) Check if travel outside of Texa	s, Complete 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	
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED

	EXPENDIT	URE 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 The Instruction Guit	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	I oct 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:	2 FILER NAME			er ID (Ethics Commission Filers)
not available	Ms. Sue Deigaard			82-0933721
4 Date	5 Payee name			02 0,00,121
04/05/2023	Google Inc.			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$44.77	1600 Amphitheatre Pkwy Mou			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Office Overhead/Rental Expense		Google G-S	uite
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.		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			
04/05/2023	Google Inc.			
6 Amount (\$) \$54.93	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descr Google Con	ption npute Cloud (website)
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	ck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	nt Office held
4 Date	5 Payee name			
05/05/2023	Google Inc.			
6 Amount (\$) \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mou	City;	State:	Zip Code
8	(a) Category (See categories listed		(b) Descr	intion
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense		Google G-S	
EM EMPHONE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	ck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	nt Office held
	ATTACH ADDITIONAL COI	PIES OF THIS SCH	EDULE AS	S NEEDED

	EXPENDIT	URE CATEGORIES	FOR BOX	B(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	Loan/Repayment/Reimb Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract		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:     not available	2 FILER NAME Ms. Sue Deigaard		3 File	er ID (Ethics Commission Filers) 82-0933721
4 Date	5 Payee name			
05/05/2023	Google Inc.			
6 Amount (\$) \$53.27	7 Payee address;	City;	State:	Zip Code
	1600 Amphitheatre Pkwy Mou	ntain View, CA 94043-	1351	
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE	Office Overhead/Rental Expense		Google Con	pute Cloud (website)
OF EXPENDITURE				
	(C) Check if travel outside of Texa	•	innand .	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			
06/05/2023	Google Inc.			
6 Amount (\$) \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-	State: 1351	Zip Code
8 PURPOSE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descri	•
OF	Office Overheits/Centar Expense		Google G-3	unte
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete 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	office held
4 Date	5 Payee name			
06/05/2023	Google Inc.			
6 Amount (\$) \$55.01	7 Payee address;	City;	State:	Zip Code
	1600 Amphitheatre Pkwy Mou	ntain View, CA 94043-	1351	
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descr Google Con	ption pute Cloud (website)
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete 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 COI	PIES OF THIS SCHI	EDULE AS	S NEEDED

	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 The Instruction Gui	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	I ect 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:	2 FILER NAME			er ID (Ethics Commission Filers)	
not available	Ms. Sue Deigaard		13 1 116	82-0933721	
<del></del>				02-0733721	
4 Date	5 Payee name				
03/03/2023	NGP VAN, Inc	City	Ctata	7in Code	
6 Amount (\$) \$159.90	7 Payee address; PO Box 392264 Pittsburgh, PA	City; \(\lambda\) 15251-9264	State:	Zip Code	
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	otion	
PURPOSE	Solicitation/Fundraising Expense		Compliance		
OF EXPENDITURE					
	(C) Check if travel outside of Texa	s. Complete 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	t Office held	
4 Date	5 Payee name				
04/03/2023	NGP VAN, Inc				
6 Amount (\$) \$159.90	7 Payee address; PO Box 392264 Pittsburgh, PA	City; A 15251-9264	State:	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	d at the top of this schedule)	(b) Descri Compliance	ption	
EXPENDITURE	(C) Check if travel outside of Texa	as. Complete 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				
05/03/2023	NGP VAN, Inc				
6 Amount (\$) \$159.90	7 Payee address; PO Box 392264 Pittsburgh, PA	City; A 15251-9264	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Solicitation/Fundraising Expense	d at the top of this schedule)	(b) Descri Compliance	•	
	(C) Check if travel outside of Texa	as. Complete 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 CO	DIES OF THIS SOL		NEEDED	

	EXPENDIT	URE CATEGORIES I	FOR BOX	B(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/Reimb Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to cor	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
-			<del> </del>	<u> </u>
1 Total pages Schedule F1:	2 FILER NAME  Ms. Sue Deigaard		Ja Pili	er ID (Ethics Commission Filers) 82-0933721
not available				62-0733721
4 Date 06/05/2023	5 Payee name NGP VAN, Inc			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$159.90	PO Box 392264 Pittsburgh, PA		otato.	Zip Gode
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Solicitation/Fundraising Expense		Compliance	
EXPENDITURE	(C) Check if travel outside of Texa	o Complete Schadule T	Choc	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	
expenditure to benefit C/OH	Carididate / Officeriolder flame		Onioc sougi	n omo nod
4 Date	5 Payee name			
01/03/2023	Paragon Payment Solutions			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$25.00	2141 E Broadway Rd Ste 202 T	Гетре, AZ 85282-1895		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Solicitation/Fundraising Expense		Payment Pro	ocessing Fee
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	
expenditure to benefit C/OH			· ·	
4 Date	5 Payee name			
02/02/2023	Paragon Payment Solutions			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$25.00	2141 E Broadway Rd Ste 202	Гетре, АZ 85282-1895		
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Descri Payment Pro	
EXPENDITURE	(C) Check if travel outside of Texa	s, Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	1 200	Office sough	nt Office held
	ATTACH ADDITIONAL COI	PIES OF THIS SCHI	EDULE AS	S NEEDED

	EXPENDIT	URE CATEGORIES	FOR BOX	3(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 The Instruction Guit	Loan/Repayment/Reiml Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to col	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
	2 FILER NAME			er ID (Ethics Commission Filers)
not available	Ms. Sue Deigaard			82-0933721
4 Date	5 Payee name			0.07.53.121
03/02/2023	Paragon Payment Solutions			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$25.00	2141 E Broadway Rd Ste 202			<b>2.</b> <i>p</i> 3333
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE	Solicitation/Fundraising Expense		Payment Pro	cessing Fee
OF EXPENDITURE				
	(C) Check if travel outside of Texa	s. Complete 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			The second secon
04/03/2023	Paragon Payment Solutions			
6 Amount (\$) \$25.00	7 Payee address; 2141 E Broadway Rd Ste 202	City; Гетре, AZ 85282-1895	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Descri Payment Pro	
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete 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			
05/02/2023	Paragon Payment Solutions			
6 Amount (\$) \$25.00	7 Payee address; 2141 E Broadway Rd Ste 202	City; Гетре, AZ 85282-1895	State:	Zip Code
•			T	
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Descri Payment Pro	
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete 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 COI	PIES OF THIS SCHI	FDUI F AS	NEEDED

	EXPENDI	TURE CATEGORIES	FOR BOX	8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	I 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:	2 FILER NAME		3 Fil	er ID (Ethics Commission Filers)
not available	Ms. Sue Deigaard			82-0933721
4 Date 06/02/2023	5 Payee name Paragon Payment Solutions			
6 Amount (\$) \$25.00	7 Payee address; 2141 E Broadway Rd Ste 202	City; Гетре, AZ 85282-1895	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Descr Payment Pro	ption occssing Fee
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Ched	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	.,	Office soug	nt 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

Legal Services

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental 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.

Total pages Schedule G:     not available	2 FILER NAME  Ms. Sue Deigaard	3 Filer ID (Ethics Commission Filers) 82-0933721	)
4 Date 03/20/2023	5 Payee name easyDNS Technologies Inc		
6 Amount (\$) \$57.18  Reimbursement from political contributions intended	7 Payee address; City; Billing Department 300A - 219 Dufferin St	State; Zip Code reet Toronto, M6K 3-J1	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of the Advertising Expense  (C) Check if travel outside of Texas. Complete Sched	Domain Name Registration	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	