CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

т	he C/OH Instruction	2 Total pages	filed:				
3	CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR Ms. NICKNAME	FIRST Sue LAST Deigaard	82-093372	MI SUFFIX	OFFICE U	
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS /PO BOX: 3502 Elmridge Street	APT/SUITE # CI Housto	TY STATE	E: ZIP CODE 77025	Date Hand-delivered	
5	CANDIDATE / OFFICEHOLDER PHONE	713 66	ONE NUMBER 66-7646	EXTENS		Receipt#	Amount \$
6	CAMPAIGN TREASURER NAME	MS/MRS/MR Ms. NICKNAME	FIRST Jenny LAST Beech		MI SUFFIX	Date Processed Date Imaged	
7	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO B 1930 Addison		Houston	TX	ZIP CODE 77030	
8	CAMPAIGN TREASURER PHONE	AREA CODE (713) 447-	PHONE NUMBER 8484	EXTENS	SION		
9	REPORT TYPE	✓ January 15 ☐ July 15	30th day before el		Runoff Exceeded Modified Reporting limit	appointment (Final report (A	campaign treasurer officeholder only) uttach- COH-FR)
10	PERIOD COVERED	Month Day \ 01/01/2025		THROUGH	Month	Day Yea 06/30/2025	r
11	ELECTION	ELECTION DATE Month Day 12/11/2021	Year Pri	TION TYPE mary v	Runoff	Other	
12	OFFICE	OFFICE HELD (if any)	HISD District V		13 OFFICE SOUGH	HT (if known)	
14	NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF SUPPORT THE CANDIDATE / CKNOWLEDGE OR CONSENT. COF SUCH EXPENDITURES. COMMITTEE TYPE GENERAL SPECIFIC	OFFICEHOLDER. THESE EXP	ENDITURES MAY H. DLDERS ARE REQUI	AVE BEEN MADE WITHOU	UT THE CANDIDATE'S OF	OFFICEHOLDER'S
			COMMITTEE CAMPAI	GN TREASURER I	NAME		
			COMMITTEE CAMPAI	GN TREASURER	ADDRESS		
	GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Ms. Sue Deigaard	16 F	Filer ID (Ethics Commission Filers)			
			82-0933721			
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICAL CONTRIBUTION OR GUARANTEES OF LOANS OR CONTRIBUTION		\$0.00			
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANT	TEES OF LOANS)	\$0.00			
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURES	5	\$0.00			
	4 TOTAL POLITICAL EXPENDITURES		\$1,296.00			
CONTRIBUTION BALANCE	I E TOTAL DOLLTICAL CONTRIDITIONS MAINTAINED AS OF THE LAST DAY					
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAND LAST DAY OF THE REPORTING PERIOD	DING LOANS AS OF THE	\$0.00			
	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 of Candidate or Officeholder					
(1) Affidavit	Please complete either	option below:				
NOTARY STAMP / SEAL	-					
Sworn to and subscribed	before me by	this	he			
day of20	day of 20 to certify which, witness my hand and seal of office.					
Signature of officer admin	istering oath Printed name of officer administ	ering oath Title of offic	er administering oath			
(O) 11	OR					
(2) Unsworn Declaratio My name is Sue Dei		, and my date of birth is Mai	rch 3 1969			
My address is 3502 E		Houston TX	77025 USA			
iviy address is	(street)	(city) (state)	(zip code) (country)			
Executed in Harris	County, State of Texas	on the 14th day of Jul (mor				

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

	ILER NAME Sue Deigaard	20 Filer ID (Ethics 82-093372	Commission Filers)
1	CHEDULE 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	UTIONS	\$1,296.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	BUTIONS	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	INESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS TO FILER	RETURNED	\$0.00

SCHEDULE F1

	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 Guid	Loan/Repayment/Reimi 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		3 Fil	er ID (Ethics Commission Filers)		
not available	Ms. Sue Deigaard			82-0933721		
4 Date	5 Payee name	774				
01/06/2025	Google Inc.					
6 Amount (\$) \$7.92	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ıntain 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) Descr Google Cor	iption npute Cloud (website)		
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Che	ck if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	ht Office held		
4 Date	5 Payee name					
01/06/2025	Google Inc.					
6 Amount (\$) \$15.35	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ıntain View, CA 94043-	State:	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descr Google G-S	,		
	(C) Check if travel outside of Texa	as. Complete Schedule T.	L	ck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	ht Office held		

ATTACH ADDITIONAL	COPIES OF THIS	SCHEDILLE	AS NEEDED

SCHEDULE F1

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/Reiml Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contral de explains how to co	l ct Labor	Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 F	iler ID (Ethics Commission Filers)	
not available	Ms. Sue Deigaard			82-0933721	
4 Date	5 Payee name	100			
02/05/2025	Google Inc.				
6 Amount (\$)	7 Payee address;	City;	State	: Zip Code	
\$7.92	1600 Amphitheatre Pkwy Mou	ntain View, CA 94043-	1351		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Desc	cription	
PURPOSE OF	Office Overhead/Rental Expense		Google Co	ompute Cloud (website)	
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.		neck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ight Office held	
4 Date	5 Payee name				
02/05/2025	Google Inc.				
6 Amount (\$) \$15.35	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ıntain View, CA 94043-	State	e: Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	d at the top of this schedule)	(b) Desc Google G	•	
EXPENDITURE	(C) Check if travel outside of Texa	as. Complete Schedule T.	Ch	neck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ight Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Fees Office Overhead/Rental Transport Food/Beverage Expense Polling Expense Expense Gift/Awards/Memorials Expense Printing Expense Travel In Legal Services Salaries/Wages/Contract Labor Travel Out		Transportation Equipment & Relate Expense Travel In District Travel Out of District Other (enter a category not listed a		
1 Total pages Schedule F1:	2 FILER NAME		3 1	Filer ID (Ethics Commission Filers)	
not available	Ms. Sue Deigaard			82-0933721	
4 Date	5 Payee name		=		
03/05/2025	Google Inc.				
6 Amount (\$) \$7.16	7 Payee address; 1600 Amphitheatre Pkwy Mour	City; ntain View, CA 94043-	State 1351	e: Zîp Code	
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Des Google C	cription compute Cloud (website)	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	□с	heck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office so	ught Office held	
4 Date	5 Payee name				
03/05/2025	Google Inc.				
6 Amount (\$) \$15.35	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-	State	e: Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Des Google (cription 3-Suite	
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	c	heck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office so	ught Office held	

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Salaries/Wages/Contra	I ct Labor	Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
	2 FILER NAME	de explains how to co			
Total pages Schedule F1: not available	Ms. Sue Deigaard		3 F	Filer ID (Ethics Commission Filers) 82-0933721	
			L	62-0733721	
4 Date 04/07/2025	5 Payee name Google Inc.				
		City;	State	e: Zip Code	
6 Amount (\$) \$7.91	7 Payee address; 1600 Amphitheatre Pkwy Mou	•		z. Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Desc Google C	cription ompute Cloud (website)	
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Cr	neck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ight Office held	
4 Date	5 Payee name				
04/07/2025	Google Inc.				
6 Amount (\$) \$15.35	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ıntain View, CA 94043-	State -1351	e: Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Desc Google G	•	
EXPENDITURE	(C) Check if travel outside of Texa	as. Complete Schedule T.	CH	neck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ught Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE 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/Reimt Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to con	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	5 Payee name				
05/05/2025	Google Inc.				
6 Amount (\$) \$7.67	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) Descr	iption	
PURPOSE OF	Office Overhead/Rental Expense		Google Cor	npute Cloud (website)	
EXPENDITURE	(C) Check if travel outside of Texa	ns. 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 Office held	
4 Date	5 Payee name				
05/05/2025	Google Inc.				
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code	
\$15.35	1600 Amphitheatre Pkwy Mou	ıntain View, CA 94043-	1351		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Desci	ription	
PURPOSE OF	Office Overhead/Rental Expense		Google G-S	Suite	
EXPENDITURE	(C) Check if travel outside of Texa	as. Complete Schedule T.	Che	ck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	ht Office held	

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SCHEDULE F1

	EXPENDIT	URE CATEGORIES	FOR BO	X 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/Reiml Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contra- de explains how to co	l ct Labor	Transportation Ed Expense Travel In District Travel Out of Dis Other (enter a ca	quipment & Related
1 Total pages Schedule F1:	2 FILER NAME	***************************************		Filer ID (Ethics Cor	nmission Filers)
not available	Ms. Sue Deigaard			82-0933721	Timission Filotoj
4 Date 06/05/2025	5 Payee name Google Inc.				
6 Amount (\$) \$7.92	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; intain View, CA 94043-	State	s:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Des Google C	cription Compute Cloud (website	e)
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	С	heck if Austin, TX, officel	nolder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ught	Office held
4 Date	5 Payee name				
06/05/2025	Google Inc.				
6 Amount (\$) \$15.35	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ıntain View, CA 94043-	State -1351	9:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Des Google C	cription 3-Suite	
EXPENDITURE	(C) Check if travel outside of Texa	as. Complete Schedule T.	С	heck if Austin, TX, officel	holder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ught	Office held

ATTACH ADDITIONA	COPIES OF	THIS SCHED	ULE AS NEEDEI
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense				
1 Total pages Schedule F1:	2 FILER NAME	***************************************	3 Fi	er ID (Ethics Commission Filers)
not available	Ms. Sue Deigaard			82-0933721
4 Date	5 Payee name			
02/06/2025	NGP VAN, Inc			
6 Amount (\$) \$167.90	7 Payee address; PO Box 392264 Pittsburgh, PA	City; x 15251-9264	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Solicitation/Fundraising Expense		(b) Descr Compliance	
	(C) Check if travel outside of Texa	s. Complete Schedule T.		ck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	ht Office held
4 Date	5 Payee name		***************************************	
02/07/2025	NGP VAN, Inc			
6 Amount (\$) \$167.90	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	f at the top of this schedule)	(b) Desci Compliance	•
EXPENDITURE	(C) Check if travel outside of Texa	as. 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 Office held

ATTACH ADDITIO	MAL COPIES	OF THIS	SCHEDIILE	AS NEEDEL

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contrac	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment		de explains how to co		
Total pages Schedule F1: not available	2 FILER NAME Ms. Sue Deigaard		3 File	er ID (Ethics Commission Filers) 82-0933721
4 Date 03/05/2025	5 Payee name NGP VAN, Inc			
6 Amount (\$) \$167.90	7 Payee address; PO Box 392264 Pittsburgh, PA	City; \ 15251-9264	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Descri Compliance	otion
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			
04/03/2025	NGP VAN, Inc			
6 Amount (\$) \$167.90	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	ption
	(C) Check if travel outside of Texa	as. 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	t Office held

ATTACH	ADDITIONAL	COPIES OF	THIS	SCHEDULE	AS NEEDED
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SCHEDULE F1

	EXPENDIT	TURE CATEGORIES	FUR BUX	o(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/Reiml Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contra- de explains how to contra-	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 File	er ID (Ethics Commission Filers)
not available	Ms. Sue Deigaard			82-0933721
4 Date	5 Payee name			
05/05/2025	NGP VAN, Inc			
6 Amount (\$) \$167.90	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		(b) Descri	
	(C) Check if travel outside of Texa	as. 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	office held
4 Date	5 Payee name	, , , , , , , , , , , , , , , , , , , ,		
06/04/2025	NGP VAN, Inc			
6 Amount (\$) \$167.90	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	ption
	(C) Check if travel outside of Tex	as. 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	nt Office held

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SCHEDULE F1

	EXPENDIT	URE CATEGORIES	FOR BO	X 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/Reimt Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to con	ct Labor	Transportation Expense Travel In Distri Travel Out of I Other (enter a	
1 Total pages Schedule F1:	2 FILER NAME				Commission Filers)
not available	Ms. Sue Deigaard			82-0933721	
4 Date	5 Payee name				
01/02/2025	Paragon Payment Solutions				
6 Amount (\$) \$25.00	7 Payee address;	City;	State	9:	Zip Code
	2141 E Broadway Rd Ste 202	Tempe, AZ 85282-1895			
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Des Payment	cription Processing Fee	
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.		heck if Austin, TX, off	iceholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ught	Office held
4 Date	5 Payee name				
02/03/2025	Paragon Payment Solutions				
6 Amount (\$) \$25.00	7 Payee address; 2141 E Broadway Rd Ste 202	City; Tempe, AZ 85282-1895	State	e:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	1'''	cription Processing Fee	
EXPENDITURE	(C) Check if travel outside of Texa	as. Complete Schedule T.	С	heck if Austin, TX, off	iceholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office so	ught	Office held

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SCHEDULE F1

	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 Guid	Loan/Repayment/Reimt Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to col	ct Labor	Transportation Expense Travel In Distric Travel Out of D Other (enter a c	
	2 FILER NAME	ao oxpianio non to co			ommission Filers)
not available	Ms. Sue Deigaard		ا ا	82-0933721	ornithission r ners)
				02 0733721	
4 Date	5 Payee name				
03/03/2025	Paragon Payment Solutions				
6 Amount (\$) \$25.00	7 Payee address; 2141 E Broadway Rd Ste 202 7	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) Desc Payment P	ription rocessing Fee	
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Che	eck if Austin, TX, offic	eholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	ght	Office held
4 Date	5 Payee name				
04/02/2025	Paragon Payment Solutions				
6 Amount (\$) \$25.00	7 Payee address; 2141 E Broadway Rd Ste 2027	City; Tempe, AZ 85282-1895	State:		Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Solicitation/Fundraising Expense		L <u></u>	rocessing Fee	
	(C) Check if travel outside of Texa	as. Complete Schedule T.			ceholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ght	Office held

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Fees Control Feed Feed Feed Feed Feed Feed Feed Fee	Loan/Repayment/Reimb Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac e explains how to con	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 Filer ID (Ethics Commission Filers)					
not available	Ms. Sue Deigaard			82-0933721		
4 Date	5 Payee name					
05/02/2025	Paragon Payment Solutions					
6 Amount (\$) \$25.00	7 Payee address; 2141 E Broadway Rd Ste 202 To	City; empe, AZ 85282-1895	State:	Zip Code		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Payment Processing Fee			
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt Office held		
4 Date	5 Payee name					
06/02/2025	Paragon Payment Solutions					
6 Amount (\$) \$25.00	7 Payee address; 2141 E Broadway Rd Ste 202 T	City; empe, AZ 85282-1895	State:	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed a Solicitation/Fundraising Expense	at the top of this schedule)	(b) Descri Payment Pro	•		
	(C) Check if travel outside of Texas	(C) Check if travel outside of Texas. Complete Schedule T. Check 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 COPIES OF THIS SCHEDULE AS	TACH ADDITIONAL	COPIES O	THIS SCHEDUL	LE AS NEEDED
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