CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

т	The C/OH Instruction Guide explains how to complete this form			1 Filer ID (Ethics Commis 82-0933721	1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
		MS/MRS/MR	FIRST	82-0933721	MI	OFFICE U	SE ONLY	
3	CANDIDATE/	Ms.	Sue			Date Received		
	NAME	NICKNAME	LAST		SUFFIX			
			Deigaard			I MAL	5 2025	
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS /PO BOX: 3502 Elmridge Street	APT/SUITE # CIT	Y STATE: TX	ZIP CODE 77025	Date Hand-delivered o	or Date Postmarked	
	Change of Address							
5	CANDIDATE / OFFICEHOLDER PHONE	AREA CODE F	PHONE NUMBER	EXTENSIC	N	Receipt #	Amount \$	
6	CAMPAIGN	MS/MRS/MR	FIRST		MI			
	TREASURER NAME	Ms. NICKNAME	Jenny LAST		SUFFIX	Date Processed		
			Beech			Date Imaged		
7	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO) BOX PLEASE): APT/SUITE	# CITY Houston	STATE: TX	ZIP CODE 77030		
8	CAMPAIGN TREASURER PHONE	AREA CODE (713) 44	PHONE NUMBER 7-8484	EXTENSIC	N			
9	REPORT TYPE	January 15	30th day before election	" <u> </u>	unoff kceeded Modified eporting limit	☐ appointment	er campaign tresurer (officeholder only) Attach- COH-FR)	
10	PERIOD COVERED	Month Day 07/01/2023	Year Th	IROUGH	Month	Day Yea 12/31/2023		
11	ELECTION	ELECTION DAT Month Day 12/11/202	Year Prima	ary 🗸	Runoff C	Other		
	OFFICE	OFFICE HELD (if any)	HISD District V Trus		13 OFFICE SOUGH N/A	T (if known)		
14	NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE	F POLITICAL CONTRIBUTIONS AC / OFFICEHOLDER. THESE EXPEN TO CANDIDATES AND OFFICEHOLD COMMITTEE NAME	DITURES MAY HAVE	E BEEN MADE WITHOU	T THE CANDIDATE'S OR	OFFICEHOLDER'S	
	Additional Pages	GENERAL						
		SPECIFIC	COMMITTEE ADDRESS					
			COMMITTEE CAMPAIGN	TREASURER NA	ME			
			COMMITTEE CAMPAIGN	TREASURER AD	DRESS			
	GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

				i in /=::
15 C/OH NAME	Ms. Sue Deigaard		16 F	iler ID (Ethics Commission Filers) 82-0933721
17 CONTRIBUTION TOTALS		L CONTRIBUTIONS (OTHER THAN PLE DR CONTRIBUTIONS MADE ELECTRO		\$0.00
	2 TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOAI	TIONS NS, OR GUARANTEES OF LOANS)		\$0.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL	TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4 TOTAL POLITICAL EXPENDITU	RES		\$1,778.76
CONTRIBUTION BALANCE 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD				\$4,644.97
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS OF T	HE	\$0.00
(1) Affidavit NOTARY STAMP / SEAI			L (UL) rou	or Officeholder
Sworn to and subscribed	before me by		this t	ne
day of20	to certify which, witness my har	nd and seal of office.		
Signature of officer admin	istering oath Printed name o	of officer administering oath	Title of office	er administering oath
(2) Unsworn Declaratio	n			
Munamaia		, and my date o	of birth is	
My address is				
	(street)	(city)	(state)	(zip code) (country)
Executed in	County, State of	on the	day of	20
			(mon	h) (year)
		Signat	re of Candidate/	Officeholder (Declarant)

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

3	ILER NAME Sue Deigaard	cs Commission Filers) 721	
21 8	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 CONTRIBU	JTIONS	\$1,778.76
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	:	\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRI	IBUTIONS	\$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	NESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS F TO FILER	RETURNED	\$0.00

	EXPENDIT	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/Reimbursement Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract Labor ide explains how to complete this		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	ao oxpianio non to oo		er ID (Ethics Commission Filers)	
not available	Ms. Sue Deigaard		3 11	82-0933721	
4 Date	5 Payee name				
07/05/2023	Google Inc.				
6 Amount (\$) \$44.77	7 Payee address;	City;	State:	Zip Code	
	1600 Amphitheatre Pkwy Mou	intain View, CA 94043-	-1351		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	iption	
PURPOSE	Office Overhead/Rental Expense	. ,	Google G-S	•	
OF EXPENDITURE					
LAPENDITUKL	(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 Office held	
4 Date	5 Payee name				
07/05/2023	Google Inc.				
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code	
\$53.07	1600 Amphitheatre Pkwy Mou				
8 DUDDOCE	(a) Category (See categories listed	I at the top of this schedule)	(b) Descr	•	
PURPOSE OF	Office Overhead/Rental Expense		Google Co	npute Cloud (website)	
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	
4 Date	5 Payee name				
08/07/2023	Google Inc.				
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code	
\$44.77	1600 Amphitheatre Pkwy Mou	ıntain View, CA 94043-	-1351		
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	d at the top of this schedule)	(b) Desci Google G-S	•	
EXPENDITURE	(C) Check if travel outside of Texa	as. Complete Schedule T	ПСће	ck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug		
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	IEDULE A	S NEEDED	

	EXPENDIT	TURE CATEGORIES	FOR BOX	8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra	al	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 Gui	de explains how to co	mplete this	, , ,	
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				
08/07/2023	Google Inc.				
6 Amount (\$) \$54.38	7 Payee address;	City;	State:	Zip Code	
<i>پی</i> ۲.۵۵	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 Con	npute Cloud (website)	
EXPENDITURE	/-\				
O Commiste ONLY if direct	(C) Check if travel outside of Texa Candidate / Officeholder name	is. Complete Schedule T.		ck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officenoider name		Office sough	ht Office held	
4 Date	5 Payee name				
09/05/2023	Google Inc.				
6 Amount (\$) \$44.77	7 Payee address;	City;	State:	Zip Code	
	1600 Amphitheatre Pkwy Mou	ntain View, CA 94043-	-1351		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	•	
OF	Office Overhead/Rental Expense		Google G-S	luite	
EXPENDITURE	(C) Check if travel outside of Texa	as. Complete Schedule T.	Chec	ck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name		Office soug	ht Office held	
expenditure to benefit C/OH					
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·			
09/06/2023	Google Inc.				
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code	
\$54.82	1600 Amphitheatre Pkwy Mou	ıntain View, CA 94043-	-1351		
8	(a) Category (See categories listed	I at the top of this schedule)	(b) Descr	iption	
PURPOSE OF	Office Overhead/Rental Expense		Google Compute Cloud (website)		
EXPENDITURE	(C) Check if travel outside of Texa	oc Complete Schedule T		ck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	as. Complete Conedule 1.	Office soug		
expenditure to benefit C/OH	Candidate / Onicerolder Harrie		omos soug	Office field	
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED	

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment 1 Total pages Schedule F1: 2 not available 4 Date	Legal Services The Instruction Guid	Office Overhead/Renta Polling Expense Printing Expense	l	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District		
1 Total pages Schedule F1: 2 not available 4 Date 5	·	Fees Office Overhead/Rental Polling Expense Printing Expense y Gift/Awards/Memorials Expense Printing Expense		Travel Out of District Other (enter a category not listed above		
not available 4 Date 5		de explains how to co	mplete this	` _ ,		
4 Date 5	2 FILER NAME		3 F	iler ID (Ethics Commission Filers)		
	Ms. Sue Deigaard			82-0933721		
10/05/0000	5 Payee name					
10/05/2023	Google Inc.					
6 Amount (\$) 7	7 Payee address;	City;	State:	: Zip Code		
	1600 Amphitheatre Pkwy Mou	ntain View, CA 94043-	1351			
DUDDOOF '	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Desc	•		
OF	Office Overnead Remai Expense		Google Compute Cloud (website)			
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	ПChe	eck if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office soug			
4 Date 5	Payee name					
10/06/2023	Google Inc.					
6 Amount (\$) 7	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) Desc	ription		
PURPOSE	Office Overhead/Rental Expense	,	Google G-	•		
OF EXPENDITURE			1			
	(C) Check if travel outside of Texas	s. Complete Schedule T.	Che	eck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	ght Office held		
4 Date 5	5 Payee name					
11/06/2023	Google Inc.					
6 Amount (\$) 7	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-	State:	Zip Code		
:	,,	,				
DUDDOOF	(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 Texas	s. 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	ght Office held		

SCHEDULE F1

	EXPENDIT	TURE 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/Reimbursemen Office Overhead/Rental Polling Expense pense Printing Expense Salaries/Wages/Contract Labor on Guide explains how to complete th		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
		ue explains now to co	<u> </u>		_
Total pages Schedule F1: not available	2 FILER NAME Ms. Sue Deigaard		3 FI	er ID (Ethics Commission Filers) 82-0933721	
4 Date	5 Payee name				_
11/06/2023	Google Inc.				
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code	
\$54.68	1600 Amphitheatre Pkwy Mou	ntain View, CA 94043	-1351		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Desci	·	
OF	Office Overhead/Rental Expense		Google Co	npute Cloud (website)	
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	T. Check 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				_
12/06/2023	Google Inc.				
6 Amount (\$) \$36.26	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) Desci Google Co	iption mpute 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 Office held	
4 Date	5 Payee name				_
12/06/2023	Google Inc.				
6 Amount (\$) \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043	State: -1351	Zip Code	
8	(a) Catagony (C. 1111)	- Little Law of All Control Control	/L\ D - :		
PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Desci Google G-S	•	
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 Office held	
					_

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDIT	TURE 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	Salaries/Wages/Contra	l ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
·		de explains how to co		
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)
not available	Ms. Sue Deigaard		<u> </u>	82-0933721
4 Date	5 Payee name			
07/31/2023	NGP VAN, Inc			
6 Amount (\$) \$159.90	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	ption
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	
4 Date	5 Payee name			
08/03/2023	NGP VAN, Inc			
6 Amount (\$) \$159.90	7 Payee address; PO Box 392264 Pittsburgh, PA	City; \(\lambda\) 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	ption
EXPENDITURE	(C) Check if travel outside of Texa	Check if travel outside of Texas. 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			
09/05/2023	NGP VAN, Inc			
6 Amount (\$) \$159.90	7 Payee address; PO Box 392264 Pittsburgh, PA	City; \(\cdot\) 15251-9264	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Descri Compliance	ption
LAI LINDITORE	(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 CO	PIES OF THIS SCH	EDULE AS	NEEDED

	EXPENDIT	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	Salaries/Wages/Contra	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
		de explains how to co		
1 Total pages Schedule F1: not available	2 FILER NAME Ms. Sue Deigaard		3 File	er ID (Ethics Commission Filers) 82-0933721
4 Date 10/03/2023	5 Payee name NGP VAN, Inc			
6 Amount (\$) \$159.90	7 Payee address; PO Box 392264 Pittsburgh, PA	City; x 15251-9264	State:	Zip Code
PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Descri	•
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 sough	nt Office held
4 Date 11/03/2023	5 Payee name NGP VAN, Inc			
6 Amount (\$) \$159.90	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	•
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 sough	
4 Date 12/04/2023	5 Payee name 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	at the top of this schedule)	(b) Descr Compliance	•
EXPENDITURE	(C) Check if travel outside of Texa	as. 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	ht Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED

SCHEDULE F1

	EXPENDIT	TURE CATEGORIES	FOR BOX	B(a)		
Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contra	l ct Labor	Solicitation/Fundraisin Transportation Equipn Expense Travel In District Travel Out of District Other (enter a categor	nent & Related	
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 Commis 82-0933721	sion Filers)	
4 Date	5 Payee name					
07/03/2023	Paragon Payment Solutions					
6 Amount (\$) \$25.00	7 Payee address;	City;	State:	Zip C	ode	
	2141 E Broadway Rd Ste 202	Гетре, AZ 85282-1895				
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption		
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,			Payment Processing 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 expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt C	Office held	
4 Date	5 Payee name					
08/02/2023	Paragon Payment Solutions					
6 Amount (\$) \$25.00	7 Payee address; 2141 E Broadway Rd Ste 202	City; Tempe, AZ 85282-1895	State:	Zip C	Code	
			Ta . =		***************************************	
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Descri	•		
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.			k if Austin, TX, officeholder		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held					
4 Date	5 Payee name					
09/05/2023	Paragon Payment Solutions					
6 Amount (\$) \$25.00	7 Payee address;	City;	State:	Zip C	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) Descri Payment Pro	ption ocessing Fee		
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		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Loan/Repayment/F Fees Office Overhead/R Food/Beverage Expense Polling Expense Salaries/Wages/Co The Instruction Guide explains how t		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			
10/02/2023	Paragon Payment Solutions			
6 Amount (\$) \$119.75	7 Payee address;	City;	State:	Zip Code
	2141 E Broadway Rd Ste 202	Гетре, AZ 85282-1895		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	iption
PURPOSE OF	Solicitation/Fundraising Expense		Payment Pro	ocessing Fee
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	ht Office held
4 Date	5 Payee name			
11/10/2023	Paragon Payment Solutions			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$25.00	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) Descr Payment Pro	iption ocessing Fee
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	 ☐Chea	ck if Austin, TX, officeholder living expense -
9 Complete ONLY if direct	Candidate / Officeholder name		Office soug	· · · · · · · · · · · · · · · · · · ·
expenditure to benefit C/OH	Carrarado / Cinconordo Mario		J	
4 Date	5 Payee name			
12/04/2023	Paragon Payment Solutions			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$25.00				
	2141 E Broadway Rd Ste 202	Tempe, AZ 85282-1895		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	iption
PURPOSE	Solicitation/Fundraising Expense			ocessing Fee
OF EXPENDITURE			1	
	(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 ADDITIONAL CO	PIES OF THIS SCHI	EDULE A	S NEEDED