CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

TI	ne C/OH Instruction	Guide explains how to	complete th	is form.	1 Filer ID (Ethics Commiss 82-0933721	sion Filers)	2 Total pages	filed:
3	CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR Ms. NICKNAME	FIRST Sue LAST Deigaard	1	02-0933721	MI	OFFICE U	
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS /PO BOX: /	APT/SUITE#	CITY Houston	STATE: TX	ZIP CODE 77025	JAN 1	
	CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHO	ONE NUMBER		EXTENSION	N	Receipt#	Amount \$
	CAMPAIGN TREASURER NAME	MS/MRS/MR Ms. NICKNAME	FIRST Jenny LAST Beech			MI SUFFIX	Date Processed Date Imaged	
	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO	OX PLEASE): AF	PT/SUITE #	CITY Houston	STATE: TX	ZIP CODE 77030	
Ö	CAMPAIGN TREASURER PHONE	AREA CODE P (713) 447-8	HONE NUMBE 3484	ER	EXTENSIO	N		
9	REPORT TYPE	✓ January 15 ☐ July 15	8th day be	pefore election	Exc	noff ceeded Modified porting limit	L appointment	er campaign tresurer (officeholder only) Attach- COH-FR)
	PERIOD COVERED	Month Day You 07/01/2023	ear	THR	OUGH	Month	Day Yea 12/31/2023	r
11	ELECTION	ELECTION DATE Month Day 12/11/2021	Year [ELECTION To Primary General	✓ F	Runoff 🔲 C	Other	
12	OFFICE	OFFICE HELD (if any)	HISD Distric	t V Trustee	, 1	3 OFFICE SOUGH N/A	T (if known)	
	NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POSUPPORT THE CANDIDATE / OF KNOWLEDGE OR CONSENT. CAOF SUCH EXPENDITURES. COMMITTEE TYPE	FICEHOLDER, THE	ESE EXPENDIT FFICEHOLDER	URES MAY HAVE	BEEN MADE WITHOU	T THE CANDIDATE'S OR	OFFICEHOLDER'S
	Additional Pages	GENERAL SPECIFIC	COMMITTEE	ADDRESS				· · · · · · · · · · · · · · · · · · ·
		COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS							
	GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Ms. Sue Deigaard		1,0	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICAL CON OR GUARANTEES OF LOANS OR CO		GES, LOANS,	\$0.00
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OF	R GUARANTEES OF LOANS)		\$0.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPI	ENDITURES		\$0.00
	4 TOTAL POLITICAL EXPENDITURES			\$1,778.76
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAST DAY	1	\$4,644.97
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER			\$0.00
MY NO	AMEREN DORSEY NOTARY PUBLIC STATE OF TEXAS COMM. EXP. 07/08/26 ITARY ID 13384985-2 without Bond Please complet	e either option below:	of Candidate or Of	ficeholder
Sworn to and subscribed day of January 20 2			this the	14
Compress Dasa Signature of officer admin	istering oath Printed name of office	DOUSEY er administering oath	Title of officer adr	ninistering oath
(2) Unsworn Declaratio	n			
My name is		and my date of b	oirth is	
My address is		,,,	(11)	
	(street)	(city)	(state) (z	
Executed in	County, State of		day of (month) of Candidate/Office	(year)

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

	FILER NAME . Sue Deigaard	cs Commission Filers) 721	
21 \$	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 CONTRIL	BUTIONS	\$1,778.76
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	RIBUTIONS	\$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 BUS	SINESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS TO FILER	RETURNED	\$0.00

	EXPENDIT	URE CATEGORIES	FOR BOX	B(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 de explains how to complete this to		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		•		
07/05/2023	Google Inc.				
6 Amount (\$) \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-	State:	Zip Code	
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	
PURPOSE OF	Office Overhead/Rental Expense		Google G-St	nite	
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	4-11-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-			
07/05/2023	Google Inc.				
6 Amount (\$) \$53.07	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-	State: 1351	Zip Code	
8	(a) Category (See categories listed	at the ten of this schedule)	(b) Descri	ntion	
PURPOSE OF	Office Overhead/Rental Expense	at the top of this schedule)		puon pute Cloud (website)	
EXPENDITURE					
	(C) Check if travel outside of Texa			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		***************************************		
08/07/2023	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	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	*	Office sough		
	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/Reiml Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contral 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	•		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		
	1600 Amphitheatre Pkwy Mou	ntain View, CA 94043-	1351			
8 PURPOSE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descr Google Cor	iption npute Cloud (website)		
OF 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					
09/05/2023	Google Inc.					
6 Amount (\$) \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; intain View, CA 94043-	State: 1351	Zip Code		
			T			
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.	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					
09/06/2023	Google Inc.					
6 Amount (\$) \$54.82	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ıntain View, CA 94043-	State:	Zip Code		
8	(a) Category (See categories listed	at the top of this cohodula)	(h) Dosor	intion		
PURPOSE OF	Office Overhead/Rental Expense	rat the top of this schedule)	1	(b) Description Google Compute 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		
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE A	S NEEDED		

	EXPENDIT	TURE CATEGORIES	FOR BO	X 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	l ict Labor	Transporta Expense Travel In E Travel Out Other (ent	
•		de explains now to co			
Total pages Schedule F1: not available	2 FILER NAME Ms. Sue Deigaard		3	Filer ID (Ethic 82-09337	cs Commission Filers) 21
4 Date	5 Payee name				
10/05/2023	Google Inc.				
6 Amount (\$) \$52.78	7 Payee address;	City;	Stat	e:	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)	1, ,	scription Compute Cloud ((website)
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.		Check if Austin, Tメ	K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office so	ught	Office held
4 Date	5 Payee name				
10/06/2023	Google Inc.				
6 Amount (\$) \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ıntain View, CA 94043-	Stat -1351	e:	Zip Code
8	(a) Category (See categories listed	Lat the tap of this schodule)	(h) Dos	scription	
PURPOSE OF	Office Overhead/Rental Expense	at the top of this schedule)	Google C	•	
EXPENDITURE	(C) Check if travel outside of Texa	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 so	ught	Office held
4 Date	5 Payee name				
11/06/2023	Google Inc.				
6 Amount (\$) \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; untain View, CA 94043-	Stat -1351	e:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Des Google (scription G-Suite	
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	По	Check if Austin, TX	ζ, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office so		Office held
	ATTACH ADDITIONAL COI	PIES OF THIS SCH	EDULE	AS NEEDE	D

	EXPENDI	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	Salaries/Wages/Contra	I ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
<u></u>		de explains how to co			
1 Total pages Schedule F1: not available	2 FILER NAME Ms. Sue Deigaard		3 FII	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	nntain View, CA 94043-	1351		
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descri Google Con	iption npute Cloud (website)	
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	ck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	ht Office held	
4 Date	5 Payee name			PATTATI DE CONTROL DA CANADA	
12/06/2023	Google Inc.				
6 Amount (\$) \$36.26	7 Payee address;	City;	State:	Zip Code	
	1600 Amphitheatre Pkwy Mou	intain View, CA 94043-	1351		
8 PURPOSE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descri Google Con	iption npute Cloud (website)	
OF EXPENDITURE	(a) []				
9 Complete ONLY if direct	(C) Check if travel outside of Texa Candidate / Officeholder name	is. Complete Schedule T.	Office sough	ck if Austin, TX, officeholder living expense ht Office held	
expenditure to benefit C/OH	Candidate / Officerolder frame		Onice sough	onice relu	
4 Date	5 Payee name				
12/06/2023	Google Inc.				
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code	
\$44.77	1600 4 124 1 70 14		1071		
	1600 Amphitheatre Pkwy Mou	intain View, CA 94043-	1351		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri		
OF	Office Overhead/Rental Expense		Google G-S	uite	
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	<u> </u>	Office sough		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDI*	TURE CATEGORIES	FOR BOX 8	B(a)
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	I	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 File	er ID (Ethics Commission Filers)
not available	Ms. Sue Deigaard			82-0933721
4 Date	5 Payee name			
07/31/2023	NGP VAN, Inc			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$159.90	PO Box 392264 Pittsburgh, PA	A 15251-9264		
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	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	t Office held
4 Date	5 Payee name			
08/03/2023	NGP VAN, Inc			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$159.90	PO Box 392264 Pittsburgh, PA	A 15251-9264		
8 DUDDOGE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Solicitation/Fundraising Expense		Compliance	
EXPENDITURE	(a)			:
O O I to ONII V if it t	(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
4 Date	5 Payee name			
09/05/2023	NGP VAN, Inc			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$159.90				
	PO Box 392264 Pittsburgh, PA	A 15251-9264		
8 PURPOSE	(a) Category (See categories listed	d at the top of this schedule)	(b) Descri	ption
OF	Solicitation/Fundraising Expense		Compliance	
EXPENDITURE	(a) Dobadist 1 1 1 1 1 1 1	Complete C. L. L. T.		TV - Washeld - L'
O. Complete ONLY if direct	(C) Check if travel outside of Texa	as. Complete Schedule 1.		k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	ot Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	SNEEDED

	EXPENDIT	URE CATEGORIES	FOR BOX	8(a)
Candidate/Officeholder/Political Committee	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)
Credit Card Payment		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	5 Payee name			
10/03/2023	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 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	nt Office held
4 Date	5 Payee name			
11/03/2023	NGP VAN, Inc			
6 Amount (\$) \$159.90	7 Payee address;PO Box 392264 Pittsburgh, PA	City;	State:	Zip Code
8	(a) Category (See categories listed		(b) Descri	intion
PURPOSE OF	Solicitation/Fundraising Expense	at the top of this seriodale,	Compliance	
EXPENDITURE	(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 sough	nt Office held
4 Date	5 Payee name			
12/04/2023	NGP VAN, Inc			
6 Amount (\$) \$159.90	7 Payee address; PO Box 392264 Pittsburgh, PA	City; . 15251-9264	State:	Zip Code
0			10.	
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	ht Office held
	ATTACH ADDITIONAL COI	PIES OF THIS SCH	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/Reimb 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 File	er ID (Ethics Commission Filers)		
not available	Ms. Sue Deigaard			82-0933721		
4 Date	5 Payee name					
07/03/2023	Paragon Payment Solutions			:		
6 Amount (\$) \$25.00	7 Payee address;	City;	State:	Zip Code		
320100	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	Solicitation/Fundraising Expense		Payment Pro	ocessing Fee		
EXPENDITURE						
	(C) Check if travel outside of Texa			k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sougl	nt Office held		
4 Date	5 Payee name					
08/02/2023	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	(a) Category (See categories listed	at the top of this schedule)	(b) Descri			
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					
09/05/2023	Paragon Payment Solutions					
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code		
\$25.00						
	2141 E Broadway Rd Ste 202	Гетре, AZ 85282-1895				
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8 PURPOSE	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Descri	•		
OF	Conchanolar unutaising Expense		Payment Pro	account Lee		
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		
	ATTACH ADDITIONAL CO	PIES OF THIS SCHI	EDULE AS	SNEEDED		

	EXPENDIT	URE CATEGORIES	FOR BOX 8	3(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/Reiml Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract		Solicitation/Fundra Transportation Equ Expense Travel In District Travel Out of District Other (enter a cate	uipment & Related
Credit Card Payment	The Instruction Gui	de explains how to co	mplete this f	form.	
Total pages Schedule F1: not available	2 FILER NAME Ms. Sue Deigaard		3 File	er ID (Ethics Com 82-0933721	mission Filers)
4 Date	5 Payee name				
10/02/2023	Paragon Payment Solutions				
6 Amount (\$) \$119.75	7 Payee address; 2141 E Broadway Rd Ste 202 7	City; Гетре, AZ 85282-1895	State:	Z	ip Code
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Descrip Payment Pro-		
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Check	k if Austin, TX, officeho	Ider 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	***************************************			
11/10/2023	Paragon Payment Solutions				
6 Amount (\$) \$25.00	7 Payee address; 2141 E Broadway Rd Ste 202	City; Гетре, AZ 85282-1895	State:	Z	ip Code
			1		:
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Descrip		
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Check	k if Austin, TX, officeho	lder 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				
12/04/2023	Paragon Payment Solutions				
6 Amount (\$) \$25.00	7 Payee address;2141 E Broadway Rd Ste 202	City; Гетре, AZ 85282-1895	State:	Z	ip Code
					:
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Descrip		
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Check	k if Austin, TX, officeho	Ider living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough		Office held
	ATTACH ADDITIONAL COI	PIES OF THIS SCHI	EDULE AS	NEEDED	