CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

T	he C/OH Instruction	Guide explains how t	o complete t	this form.	1 Filer ID (Ethics Commi	ssion Filers)	2 Total pages	filed:
<u> </u>		MS/MRS/MR	FIRST		82-0933721	MI	OFFICE L	ISE ONLY
_	CANDIDATE/ OFFICEHOLDER	Ms.	Sue				Date Received	
3	NAME	NICKNAME	LAST			SUFFIX		
			Deigaa	ırd			1111 4	6 2021
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS /PO BOX: 3502 Elmridge Street	APT/SUITE i	# CITY Houston	STATE: TX	ZIP CODE 77025	JUL.	6 2024
5	CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PH	HONE NUMBE	ER	EXTENSIO	DN	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 i	# CITY Houston	STATE: TX	ZIP CODE 77030	
8	CAMPAIGN TREASURER PHONE	AREA CODE (713) 447	PHONE NUM -8484	BER	EXTENSIO	DN		
9	REPORT TYPE	☐ January 15 ✓ July 15	<u></u>	y before election before election	, <u> </u>	unoff xceeded Modified eporting limit	appointment (campaign treasurer officeholder only) attach- COH-FR)
10	PERIOD	Month Day 01/01/2024	Year	TH	ROUGH	Month	Day Yea 06/30/2024	r
11	COVERED ELECTION	ELECTION DATE Month Day 12/11/2021	Year	ELECTION Primar Gener	TYPE y	Special	Other	
12	? OFFICE	OFFICE HELD (if any)	HISD Distri	ct V Trustee	<i>^</i>	13 OFFICE SOUGH N/A	T (if known)	
14	NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF SUPPORT THE CANDIDATE / KNOWLEDGE OR CONSENT, OF SUCH EXPENDITURES. COMMITTEE TYPE GENERAL	OFFICEHOLDER.	THESE EXPEND OFFICEHOLDE	ITURES MAY HAVI	E BEEN MADE WITHOU	T THE CANDIDATE'S OR	OFFICEHOLDER'S
		SPECIFIC	COMMITTE	E ADDRESS				
			COMMITTE	E CAMPAIGN .	FREASURER NA	ME .		
			COMMITTE	E CAMPAIGN .	FREASURER AD	DRESS		•
			G	О ТО РА	GE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Ms. Sue Deigaard		16 Fi	ler ID (Ethics Com	nmission Filers)
10 0,01110 101				82-0933721	
17 CONTRIBUTION TOTALS		NTRIBUTIONS (OTHER THAN PLEDGE ONTRIBUTIONS MADE ELECTRONICA			\$0.00
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, C				\$0.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXI	PENDITURES			\$0.00
	4 TOTAL POLITICAL EXPENDITURES				\$1,269.74
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAST DAY			\$3,375.23
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALI	OUTSTANDING LOANS AS OF THE			\$0.00
(1) Affidavit	·		of Carolidate of	or Officeholder	
Sworn to and subscribed	before me by		this th	ne	
day of20	to certify which, witness my hand a	nd seal of office.			
Signature of officer admin	·	cer administering oath	Title of office	er administering o	path
(2) Unsworn Declaratio	n				
My name is		, and my date of bir	th is		
My address is	(street)	(city)	(atata)	(zip code)	(oountry)
	• •	(city)	(state)	` ' '	(country)
Executed in	County, State of	on the Signature o	_day of (mont of Candidate/C	h) 20 (year	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024



SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

			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 CONTRIB	\$1,269.74	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	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	\$0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	\$0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS I TO FILER	\$0.00	

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 The Instruction Guid	Loan/Repayment/Reiml Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contra de explains how to con	l ct Labor		pment & Related
1 Total pages Schedule F1:	2 FILER NAME		3 Fi	ler ID (Ethics Comn	nission Filers)
not available	Ms. Sue Deigaard			82-0933721	
4 Date	5 Payee name				
01/08/2024	Google Inc.				
6 Amount (\$) \$2.92	7 Payee address;1600 Amphitheatre Pkwy Mour	City; ntain View, CA 94043-	State:	Zip) Code
8 PURPOSE OF	t Office Overhead Renail Expense		(b) Description Google Compute Cloud (website)		
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Che	ck if Austin, TX, officehold	er 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				
01/08/2024	Google Inc.				
6 Amount (\$) \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mour	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) Descr Google G-S	•	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Che	ck if Austin, TX, officehold	ler 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 NEEDE

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	Legal Services	Office Overhead/Rental Transportat Polling Expense Expense Printing Expense Travel In Di Salaries/Wages/Contract Labor Travel Out of		Travel In District Travel Out of Distri Other (enter a cate	uipment & Related	
-	2 FILER NAME			iler ID (Ethics Com	mission Filors)	
not available	Ms. Sue Deigaard			82-0933721	1110310111 11013)	
4 Date	5 Payee name					
02/05/2024	Google Inc.					
6 Amount (\$)	7 Payee address;	City;	State:	· 7i	p Code	
\$13.82	1600 Amphitheatre Pkwy Mou	•			p code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Google G-Suite			
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Che	eck if Austin, TX, officeho	lder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ght	Office held	
4 Date	5 Payee name					
02/06/2024	Google Inc.					
6 Amount (\$) \$7.85	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-	State: -1351	: Z	ip Code	
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Description Google Compute Cloud (website)			
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Ch	eck if Austin, TX, officeho	lder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ght	Office held	

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 The Instruction Guid	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract Labor Transportation Equip Expense Travel In District Travel Out of District		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 03/05/2024	5 Payee name Google Inc.					
6 Amount (\$) \$7.41	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-	State:	Zip Code		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Google Compute Cloud (website)			
EXPENDITURE	(C) Check if travel outside of Texa	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 sou	ght Office held		
4 Date	5 Payee name					
03/05/2024	Google Inc.					
6 Amount (\$) \$14.02	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) Desc Google G-	•		
OF	Office Overhead/Actital Expense		Google G-	Suite		
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.		eck if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ght Office held		

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	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	I ict Labor	Transportation Equipment & Relate Expense Travel In District Travel Out of District Other (enter a category not listed a		
•		de explains now to co				
1 Total pages Schedule F1:	2 FILER NAME		3 F	Filer ID (Ethics Commission Filers))	
not available	Ms. Sue Deigaard			82-0933721		
4 Date	5 Payee name					
04/05/2024	Google Inc.				***************************************	
6 Amount (\$) \$7.91	7 Payee address; 1600 Amphitheatre Pkwy Mou	City;	State: Zip Code			
	1000 Ampinuleane rkwy Mou	mitain view, CA 94043-				
8 (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Google Compute Cloud (website)				
EXPENDITURE	(C) Check if travel outside of Texa	as. Complete Schedule T.	C	Check 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					
04/05/2024	Google Inc.					
6 Amount (\$) \$15.35	7 Payee address;	City;	State	e: Zip Code		
	1600 Amphitheatre Pkwy Mou					
8 PURPOSE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Dese	•		
OF EXPENDITURE						
	(C) Check if travel outside of Texa	as. 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		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Accounting/Banking Fees Office Overhead/Rental Transports Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Candidate/Officeholder/Political Legal Services Office Overhead/Rental Transports Polling Expense Expense Printing Expense Travel In Its Salaries/Wages/Contract Labor Travel Out				Transportation Equip Expense Travel In District Travel Out of District Other (enter a catego	oment & Related	
, ,	2 FILER NAME		3	Filer ID (Ethics Comm	ission Filers)	
not available	Ms. Sue Deigaard			82-0933721		
4 Date	5 Payee name					
05/06/2024	Google Inc.					
6 Amount (\$) \$7.67	7 Payee address;	City;	Stat	te: Zip	Code	
	1600 Amphitheatre Pkwy Mou		1331			
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, TX, officeholde	er living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office so	ought	Office held	
4 Date	5 Payee name					
05/06/2024	Google Inc.					
6 Amount (\$) \$15.35	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-	Stat	te: Zip	Code	
8	(a) Category (See categories listed	at the top of this schedule)	1, ,	scription		
PURPOSE OF	Office Overhead/Rental Expense		Google (G-Suite		
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.		er living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office so	ought	Office held	

SCHEDULE F1

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	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	Office Overhead/Rental Transp Polling Expense Expense Printing Expense Travel Salaries/Wages/Contract Labor Travel		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			
06/05/2024	Google Inc.			
6 Amount (\$) \$7.92	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-	State:	: Zip Code
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Google Compute Cloud (website)			•
EXPENDITURE	(C) Check if travel outside of Texa	s. 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	ght Office held
4 Date	5 Payee name	····		
06/06/2024	Google Inc.			
6 Amount (\$) \$15.35	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-	State -1351	: Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Desc	cription
PURPOSE OF	Office Overhead/Rental Expense		Google G-	-Suite
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	<u> </u>	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

SCHEDULE F1

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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/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	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	Filer ID (Ethics Commission Filers)		
not available	Ms. Sue Deigaard			82-0933721		
4 Date 01/22/2024	5 Payee name NGP VAN, Inc					
6 Amount (\$) \$159.90	7 Payee address; PO Box 392264 Pittsburgh, PA	City; . 15251-9264	Sta	ite: Zip Code		
8 PURPOSE OF (a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Compliance				•		
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	ought Office held		
4 Date	5 Payee name					
02/05/2024	NGP VAN, Inc					
6 Amount (\$) \$159.90	7 Payee address; PO Box 392264 Pittsburgh, PA	City; . 15251-9264	Sta	ate: Zip Code		
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Des	escription ance		
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	ought Office held		

SCHEDULE F1

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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/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	act Labor	Transportation E Expense Travel In Distric Travel Out of Di Other (enter a c		
1 Total pages Schedule F1:	2 FILER NAME		3 F	Filer ID (Ethics Co	ommission Filers)	
not available	Ms. Sue Deigaard			82-0933721		
4 Date 03/04/2024	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) Desc Complian			
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	c⊦	neck if Austin, TX, office	eholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ıght	Office held	
4 Date	5 Payee name					
04/03/2024	NGP VAN, Inc					
6 Amount (\$) \$159.90	7 Payee address; PO Box 392264 Pittsburgh, PA	City; . 15251-9264	State	9:	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Desc Complian	•		
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	□c+	neck if Austin, TX, office	eholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ught	Office held	

SCHEDULE F1

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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	Office Overhead/Rental Transportation Equi Polling Expense Expense Travel In District Salaries/Wages/Contract Labor Travel Out of District		Travel In District Travel Out of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME		3 Fi	ler ID (Ethics Commission Filers)		
not available	Ms. Sue Deigaard			82-0933721		
4 Date	5 Payee name					
05/03/2024	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) Desc	•		
EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living				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 Payee name					
06/03/2024	NGP VAN, Inc					
6 Amount (\$) \$159.90	7 Payee address; PO Box 392264 Pittsburgh, PA	City; x 15251-9264	State:	Zip Code		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Desc	ription		
PURPOSE OF	Solicitation/Fundraising Expense		Complianc	e		
EXPENDITURE	(C) Check if travel outside of Texa	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		

SCHEDULE F1

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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	Office Overhead/Rental Transpor Polling Expense Expense Printing Expense Travel In Salaries/Wages/Contract Labor Travel Out		Transportation Equip Expense Travel In District Travel Out of District Other (enter a catego	n District	
1 Total pages Schedule F1:	2 FILER NAME		3 Fil	er ID (Ethics Commi	ission Filers)	
not available	Ms. Sue Deigaard			82-0933721	,	
4 Date	5 Payee name					
01/02/2024	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	[, , , , , , , , , , , , , , , , , , ,		1, ,) Description yment Processing Fee		
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Che	ck if Austin, TX, officeholde	er 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					
02/02/2024	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 Pr	iption ocessing Fee		
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Che	ck if Austin, TX, officeholde	er living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	ht	Office held	

SCHEDULE F1

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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	Office Overhead/Rental Transportation Polling Expense Expense Printing Expense Travel In District Salaries/Wages/Contract Labor Travel Out of D			
1 Total pages Schedule F1:	2 FILER NAME		3 F	Filer ID (Ethics	Commission Filers)
not available	Ms. Sue Deigaard			82-0933721	·
4 Date	5 Payee name				
03/04/2024	Paragon Payment Solutions				
6 Amount (\$) \$25.00	7 Payee address; 2141 E Broadway Rd Ste 202 T	City; Гетре, AZ 85282-1895	State	e:	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 Texa	s. Complete Schedule T.	Ch	neck if Austin, TX, o	fficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ıght	Office held
4 Date	5 Payee name				
04/02/2024	Paragon Payment Solutions				
6 Amount (\$) \$25.00	7 Payee address; 2141 E Broadway Rd Ste 202 T	City; Гетре, AZ 85282-1895	State	e:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	(b) Desc Payment I	cription Processing Fee	
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	CH	neck if Austin, TX, o	fficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sou	ught	Office held

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 The Instruction Guid	Office Overhead/Rental Transportation Between Polling Expense Expense Travel In District Salaries/Wages/Contract Labor Travel Out of District Polling Expense Travel In District Polling Expense Travel Out of Dis				
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					
05/02/2024	Paragon Payment Solutions					
6 Amount (\$) \$25.00	7 Payee address;	City;	State: Zip Code			
	2141 E Broadway Rd Ste 202 T	Tempe, AZ 85282-1895				
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 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	ought	Office held	
4 Date	5 Payee name					
05/03/2024	Paragon Payment Solutions					
6 Amount (\$) \$25.00	7 Payee address; 2141 E Broadway Rd Ste 202	City; Гетре, AZ 85282-1895	Sta	te:	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Solicitation/Fundraising Expense	at the top of this schedule)	1, ,	scription at Processing Fee		
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.		Check if Austin, TX, of	fficeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office so	ought	Office held	