CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to	complete this form.	1. Filer ID (Ethics Comm 82-093372) nission Filers)	2. Total pages	filed:
CANDIDATE/	MS/MRS/MR	FIRST	82-093372	MI	OFFICE U	SE ONLY
3 OFFICEHOLDER NAME	Ms. NICKNAME	Sue LAST Deigaard		SUFFIX	Date Received	2022
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS /PO BOX: /	APT/SUITE# CITY Houston	/ STATE TX	:: ZIP CODE 77025	Date Hand-delivered o	
5 CANDIDATE/ OFFICEHOLDER PHONE	(713) 322-9		EXTENSI		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 BO		Houston	STATE: TX	ZIP CODE 77030	
8 CAMPAIGN TREASURER PHONE	AREA CODE P (713) 447-8	HONE NUMBER 1484	EXTENSI	ON		
9 REPORT TYPE	January 15 July 15	30th day before elect	. J	Runoff Exceeded Modified Reporting limit	appointment	r campaign tresurer (officeholder only) Attach- COH-FR)
10 PERIOD COVERED	01/01/2022		IROUGH	Month	Day Year 06/30/2022	
11 ELECTION	ELECTION DATE Month Day 12/11/2021	Year ELECTIO Prima Gene	iry 🔽	Special	Other	
12 OFFICE	OFFICE HELD (if any) HISD Trustee Distri	ct V		13 OFFICE SOUGH HISD Trustee		
14 NOTICE FROM POLITICAL COMMITTEE(S) additional pages	THIS BOX IS FOR NOTICE OF POSUPPORT THE CANDIDATE / OF KNOWLEDGE OR CONSENT. CA OF SUCH EXPENDITURES. COMMITTEE TYPE GENERAL SPECIFIC	FICEHOLDER, THESE EXPENI	DITURES MAY HAY	VE BEEN MADE WITHOU	IT THE CANDIDATE'S OR	OFFICEHOLDER'S
		COMMITTEE CAMPAIGN	TREASURER N	AME		
		COMMITTEE CAMPAIGN	TREASURER AI	DDRESS		
	GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			CO	VER SHEET 1 0 2
15 C/OH NAME	Ms. Sue Deigaard		16 F	ler ID (Ethics Commission Filers) 82-0933721
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICAL C OR GUARANTEES OF LOANS OR			\$0.00
	2 TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS,			\$465.93
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL E	KPENDITURES		\$0.00
	4 TOTAL POLITICAL EXPENDITURE	S		\$1,533.33
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	\$9,582.09		
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING P	\$0.00		
W MY		Signa ete either option below	ture of Candidate o	r Officeholder
Sworn to and subscribed	before me, by the said	Deigaard	this th	e 14th
Ueropice Me Signature of officer admini	to certify which, witness my hand a bao Deronica destring oath	Mabasa Mabasa ficer administering oath	Title of office	r administering oath
		OR		
(2) Unsworn Declaration				
My name is		, and my date	of birth is	
My address is	(street)	(city)	(state)	(zip code) (country)
Executed in		on the	day of	20
		Signat	(monti	n) (year) Officeholder (Declarant)

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19.	ILER NAME Ms. Sue Deigaard 20. FILER ID (E 82-0933		Ethics Commission Filers)	
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTALS AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$465.93	
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	\$1,533.33	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRI	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 BUSII	\$0.00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	IBUTIONS	\$0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS R TO FILER	ETURNED	\$0.00	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Ins	struction Guide explains how to complete this form.	Total pages Schedule A1: not available		
2. FILER NAME Ms. Sue Deigaa	rd	3. Filer ID (Ethics Commission Filers) 82-0933721		
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)		
01/24/2022	Leadership for Educational Equity	\$465.93		
	6. Contributor address; City; State; ZIP Code			
	Washington, DC 20001			
8. Principal occup	pation / Job title (See Instructions) 9 Empl	oyer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	EXPENDIT	URE CATEGORIES	FOR I	BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contra		Transp Expens or Travel Travel	ation/Fundraising Expense ortation Equipment & Related se In District Out of District fenter a category not listed above)	
Credit Card Payment	The Instruction Guid	le explains how to co	mplete	,	,	
Total pages Schedule F1:	2. FILER NAME Ms. Sue Deigaard			3. Filer ID (E 82-093	Ethics Commission Filers) 33721	
4 Date	5 Payee name					
01/06/2022	Google Inc.					
	7 Payee address;	City;	S	tate:	Zip Code	
\$44.77	1600 Amphitheatre Pkwy Mour	ntain View, CA 94043-	1351			
8	(a) Category (See categories listed	at the top of this schedule)	(b) [escription		
PURPOSE OF	Office Overhead/Rental Expense			Google G-Suite		
EXPENDITURE					n, TX, officeholder living expense	
9 Complete ONLY if direct	Check if travel outside of Texas, cor Candidate/Officeholder name	•	Office	sought	Office held	
expenditure to benefit C/OH	Candidate/Officeriolder frame				Onido Hold	
4 Date	5 Payee name					
01/26/2022	Google Inc.					
6 Amount \$53,50	7 Payee address;	City;	S	tate:	Zip Code	
\$33.30	1600 Amphitheatre Pkwy Mour	ntain View, CA 94043-	1351			
8	(a) Category (See categories listed	at the top of this schedule)	(b) [Description		
PURPOSE OF	Office Overhead/Rental Expense		Goo	ogle Compute C	loud (website)	
EXPENDITURE					TV (5 1 1 1 1 1 1	
O Commiste ONI V if direct	Check if travel outside of Texas, cor		Office	sought	n, TX, officeholder living expense Office held	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office	sought	Office field	
4 Date	5 Payee name					
02/07/2022	Google Inc.					
6 Amount	7 Payee address;	City;	S	itate:	Zip Code	
\$44.77	1600 Amphitheatre Pkwy Mour	ntain View, CA 94043-	1351			
8	(a) Category (See categories listed	at the top of this schedule)	(b) E	Description		
PURPOSE OF	Office Overhead/Rental Expense		Goo	ogle G-Suite		
EXPENDITURE			L	70	~~ (C	
O Commiste ONI V is dispost	Check if travel outside of Texas, cor	•	Office	sought	n, TX, officeholder living expense Office held	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Onice	Sought	Onice field	
	ATTACH ADDITIONAL COP	PIES OF THIS SCH	EDUL	E AS NEE	DED	

	EXPENDIT	URE CATEGORIES	FOR E	3OX 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	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contra		Transp Expens Travel Travel	ation/Fundraising Expense nortation Equipment & Related se In District Out of District (enter a category not listed above)
Credit Card Payment	The Instruction Guid	de explains how to co	mplete	•	ontar a successfy flor notice above,
Total pages Schedule F1:	2. FILER NAME Ms. Sue Deigaard		,	3. Filer ID (E 82-093	Ethics Commission Filers) 33721
4 Date	5 Payee name				
02/25/2022	Google Inc.	0"			7: 0 1
6 Amount \$52.59	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-		tate:	Zip Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	1''	escription	
PURPOSE OF	Office Overhead/Rental Expense		Goo	gle Compute C	loud (website)
EXPENDITURE	Check if travel outside of Texas, co			-	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office	sought	Office held
4 Date	5 Payee name				
03/07/2022	Google Inc.				
6 Amount \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mour	City; ntain View, CA 94043-		tate:	Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) D	escription	
PURPOSE	Office Overhead/Rental Expense	at the top of this scriedule)	1 ' '	gle G-Suite	
OF EXPENDITURE	Office Overhead Rental Expense				
EXI ENDITORE	Check if travel outside of Texas, co	mplete Schedule T		Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office	sought	Office held
4 Date	5 Payee name				
03/28/2022	Google Inc.				
6 Amount \$53.70	7 Payee address; 1600 Amphitheatre Pkwy Mour	City; ntain View, CA 94043-		tate:	Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) D	escription	
PURPOSE OF	Office Overhead/Rental Expense	,	Goo	gle Compute C	loud (website)
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Γ	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	•	Office	sought	Office held
	ATTACH ADDITIONAL COF	PIES OF THIS SCH	EDUL	E AS NEEL	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Office Overhead/Rental Solicitation/Fundraising Expense Accounting/Banking Polling Expense Transportation Equipment & Related Consulting Expense Food/Beverage Expense Printing Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Travel In District Candidate/Officeholder/Political Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1. Total pages Schedule F1: 2. FILER NAME 3. Filer ID (Ethics Commission Filers) Ms. Sue Deigaard 82-0933721 4 Date 5 Payee name 04/06/2022 Google Inc. City; State: Zip Code 6 Amount 7 Payee address; \$44.77 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Google G-Suite Office Overhead/Rental Expense OF **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 04/06/2022 Google Inc. 6 Amount City; State: Zip Code 7 Pavee address: \$44.77 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Google G-Suite Office Overhead/Rental Expense OF **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held Candidate/Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 04/26/2022 Google Inc. 6 Amount 7 Payee address; City; State: Zip Code \$53.13 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Google Compute Cloud (website) Office Overhead/Rental Expense OF **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held Candidate/Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Advertising Expense **Event Expense** Office Overhead/Rental Accounting/Banking Fees Polling Expense Transportation Equipment & Related Consulting Expense Food/Beverage Expense Expense **Printing Expense** Contributions/Donations Made By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Travel In District Candidate/Officeholder/Political Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1. Total pages Schedule F1: 2. FILER NAME 3. Filer ID (Ethics Commission Filers) Ms. Sue Deigaard 82-0933721 4 Date 5 Payee name 05/06/2022 Google Inc. City: State: Zip Code 6 Amount 7 Payee address; \$10.16 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Google Compute Cloud (website) Office Overhead/Rental Expense OF **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held Candidate/Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 05/06/2022 Google Inc. City; State: Zip Code 6 Amount 7 Payee address; \$44.77 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Google G-Suite Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete Schedule T Complete ONLY if direct Office sought Office held Candidate/Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 06/06/2022 Google Inc. Payee address; City; State: Zip Code 6 Amount \$44.77 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Google G-Suite Office Overhead/Rental Expense OF **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held Candidate/Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDIT	URE CATEGORIES	FOR BOX	3(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	/ Gift/Awards/Memorials Expense Legal Services	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra	act 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)
	Ms. Sue Deigaard			82-0933721
4 Date	5 Payee name		1	
06/06/2022	Google Inc.			
6 Amount \$55.01	7 Payee address;	City;	State:	Zip Code
	1600 Amphitheatre Pkwy Moui	ntain View, CA 94043-	1351	
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	otion
PURPOSE OF	Office Overhead/Rental Expense		Google Co	mpute Cloud (website)
EXPENDITURE		A.A		
	Check if travel outside of Texas, con	nplete 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			
03/23/2022	NGP VAN, Inc			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$479.70	PO Box 392264 Pittsburgh, PA	15251-9264		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	otion
PURPOSE OF	Solicitation/Fundraising Expense		Complianc	e
EXPENDITURE				
0 0 1 0 0 1 1 0 1 1 1	Check if travel outside of Texas, cor	*		k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
05/03/2022	NGP VAN, Inc			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$159.90	PO Box 392264 Pittsburgh, PA	15251-9264		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion
PURPOSE OF	Solicitation/Fundraising Expense		Complianc	e
EXPENDITURE	Check if travel outside of Texas, cor	nplete Schedule T	Chec	k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
	ATTACH ADDITIONAL COP	PIES OF THIS SCH	EDULE AS	NEEDED

	EXPENDIT	URE CATEGORIES I	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	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract		Solicitation/Fundra Transportation Equ Expense Travel In District Travel Out of Distri Other (enter a cate	lipment & Related
Credit Card Payment	The Instruction Guid	de explains how to cor	nplete this	•	,
Total pages Schedule F1:	2. FILER NAME Ms. Sue Deigaard		3. Fil	ler ID (Ethics Com 82-0933721	mission Filers)
4 Date	5 Payee name				
06/03/2022	NGP VAN, Inc				
6 Amount \$159.90	7 Payee address;	City;	State:	Z	p Code
	PO Box 392264 Pittsburgh, PA	15251-9264			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	ption	
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense		Complianc	e	
EXPENDITORE	Check if travel outside of Texas, co	mplete Schedule T	Chec	k if Austin, TX, officehol	der living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	it	Office held
4 Date	5 Payee name				
01/03/2022	Paragon Payment Solutions				
6 Amount \$42.35	7 Payee address;	City;	State:	Zi	p Code
	2141 E Broadway Rd Ste 202 T	empe, AZ 85282-1895			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	ption	
PURPOSE OF	Solicitation/Fundraising Expense		Payment P	rocessing Fee	
EXPENDITURE					
9 Complete ONLY if direct	Check if travel outside of Texas, co	•	Office sough	k if Austin, TX, officehol	Office held
expenditure to benefit C/OH	Candidate/Officeholder name	,	Office sough	I.	Office field
1	5 Payee name				
02/02/2022	Paragon Payment Solutions				
	7 Payee address;	City;	State:	Zi	p Code
\$20.00	2141 E Broadway Rd Ste 202 T	'empe, AZ 85282-1895			
					W1444
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	·	
OF	Solicitation/Fundraising Expense		Payment P	rocessing Fee	
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Check	k if Austin, TX, officehol	der living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough		Office held
,	ATTACH ADDITIONAL COF	PIES OF THIS SCHE	DULE AS	NEEDED	

	EXPENDIT	URE CATEGORIES	FOR BOX 8	B(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	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract		Solicitation/Fundraising Exp Transportation Equipment & Expense Travel In District Travel Out of District Other (enter a category not	Related
Credit Card Payment	The Instruction Gui	de explains how to cor	nplete this f	form.	
Total pages Schedule F1:	FILER NAME Ms. Sue Deigaard		3. File	er ID (Ethics Commission 82-0933721	Filers)
4 Date	5 Payee name		-		
03/02/2022	Paragon Payment Solutions				
6 Amount \$20.00	7 Payee address; 2141 E Broadway Rd Ste 202	City; Fempe, AZ 85282-1895	State:	Zip Code	
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Solicitation/Fundraising Expense		Payment Pr	rocessing Fee	
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Check	k if Austin, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office	neld
4 Date	5 Payee name				
04/02/2022	Paragon Payment Solutions				
6 Amount \$20.00	7 Payee address; 2141 E Broadway Rd Ste 202	City; Fempe, AZ 85282-1895	State:	Zip Code	
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion	
PURPOSE	Solicitation/Fundraising Expense	,	Payment Pi	rocessing Fee	
OF EXPENDITURE					
	Check if travel outside of Texas, co		<u> </u>	k if Austin, TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office	held
4 Date	5 Payee name				
05/02/2022	Paragon Payment Solutions				
6 Amount \$20.00	7 Payee address; 2141 E Broadway Rd Ste 202	City; Геmpe, AZ 85282-1895	State:	Zip Code	
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	ption	
PURPOSE	Solicitation/Fundraising Expense	,	Payment Pr	rocessing Fee	
OF EXPENDITURE					
	Check if travel outside of Texas, co			k if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office	held
	ATTACH ADDITIONAL COI	PIES OF THIS SCH	EDULE AS	NEEDED	

	EXPENDI	TURE CATEGORIES	FOK BO	OX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra	act Labor	Travel Out of District Other (enter a category not listed above	÷)
		de explains how to co			
1. Total pages Schedule F1:			3.	Filer ID (Ethics Commission Filers)	
	Ms. Sue Deigaard			82-0933721	
4 Date	5 Payee name				
06/02/2022	Paragon Payment Solutions				
6 Amount	7 Payee address;	City;	Sta	ate: Zip Code	
\$20.00	2141 E Broadway Rd Ste 202	Tempe, AZ 85282-1895	5		
8	(a) Category (See categories listed	at the top of this schedule)	(b) De	escription	-
PURPOSE OF	Solicitation/Fundraising Expense	,	Payme	nent Processing Fee	
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office so	ought Office held	