

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 Commission Filers) 82-0933721		2. Total pages filed: 23	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI		OFFICE USE ONLY	
		Sue				
	NICKNAME	LAST	SUFFIX		Date Received OCT 30 2017	
		Deigaard				
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS /PO BOX:		APT/SUITE #	CITY	STATE:	ZIP CODE
	PO Box 20722			Houston	TX	77225
<input type="checkbox"/> Change of Address						Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Receipt #	Amount \$
		(713) 322-9009				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI		Date Processed	
		Nellie			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS:		APT/SUITE #	CITY	STATE:	ZIP CODE
	4660 Beechnut Street		Suite 201	Houston	TX	77096
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
		(832) 721-4945				
9 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15		<input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded \$500 limit	
				<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		<input type="checkbox"/> Final report (Attach- COH-FR)
10 PERIOD COVERED	Month	Day	Year	THROUGH		Month Day Year
		09/29	2017			10/27/2017
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary		<input type="checkbox"/> Runoff
11/07/2017			<input checked="" type="checkbox"/> General		<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) HISD District V Trustee		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

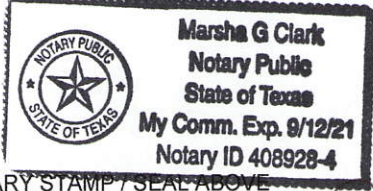
FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Sue Deigaard	15 Filer ID (Ethics Commission Filers) 82-0933721
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16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$21,445.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$20,429.80
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$25,590.01
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Susan D Deigaard

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan D Deigaard this the 30 day of October 2017 to certify which, witness my hand and seal of office.

Marsha G Clark

Signature of officer administering oath

Marsha G. Clark

Printed name of officer administering oath

NOTARY

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19. FILER NAME Sue Deigaard	20. FILER ID (Ethics Commission Filers) 82-0933721
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$21,205.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$240.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$16,622.93
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$3,806.87
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 10/12/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Betty Baer 6. Contributor address; City; State; ZIP Code 9023 Ilona Ln Houston, TX 77025-3619	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 09/29/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dhelfor Balbin 6. Contributor address; City; State; ZIP Code 3824 Ruskin St Houston, TX 77005-4331	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/01/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carolyn Boyle 6. Contributor address; City; State; ZIP Code 7509 Stepdown Cv Austin, TX 78731-1141	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 09/29/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Andy Chan 6. Contributor address; City; State; ZIP Code 6318 Auden St Houston, TX 77005-3647	7. Amount of contribution (\$) \$700.00
8. Principal occupation / Job title (See Instructions) Retired		9. Employer (See Instructions) Retired
4. Date 10/20/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michele Chimene 6. Contributor address; City; State; ZIP Code 3103 Fairhope St Houston, TX 77025-3228	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9. Employer (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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 10/20/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carlton Currie 6. Contributor address; City; State; ZIP Code 3503 Freshmeadows Dr Houston, TX 77063-6205	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/06/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Chandler Davidson 6. Contributor address; City; State; ZIP Code 3727 Glen Haven Blvd Houston, TX 77025-1204	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/19/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joseph Davidson 6. Contributor address; City; State; ZIP Code 1925 Sunset Blvd Houston, TX 77005-1648	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/18/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Colin Delany 6. Contributor address; City; State; ZIP Code 3426 16th St NW Apt T7 Washington, DC 20010-3006	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/17/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brandon Dudley 6. Contributor address; City; State; ZIP Code 3424 Charleston St Houston, TX 77021-1212	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 10/05/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Donna Farr 6. Contributor address; City; State; ZIP Code 8522 Prichett Dr Houston, TX 77096-1419	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/04/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marta Fonseca 6. Contributor address; City; State; ZIP Code 625 Black Rock Rd Bryn Mawr, PA 19010-1801	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/20/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tom Gederberg 6. Contributor address; City; State; ZIP Code 3119 Linkwood Dr Houston, TX 77025-3815	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 09/30/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Roopa Gir 6. Contributor address; City; State; ZIP Code 4903 Mayfair St Bellaire, TX 77401-2315	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/04/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ GPS Action PAC 6. Contributor address; City; State; ZIP Code 3104 Edloe St Ste 320 Houston, TX 77027-6047	7. Amount of contribution (\$) \$10,000.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 10/20/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Richard Grandy 6. Contributor address; City; State; ZIP Code 1019 Barkdull St Houston, TX 77006-6570	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Philosopher		9 Employer (See Instructions) Rice
4. Date 09/29/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kathy Kehn 6. Contributor address; City; State; ZIP Code 3031 Georgetown St Houston, TX 77005-3029	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/12/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lea Kiefer 6. Contributor address; City; State; ZIP Code 520 Columbia St Houston, TX 77007-2626	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/13/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nancy Kinder 6. Contributor address; City; State; ZIP Code 2929 Lazy Lane Blvd Houston, TX 77019-1301	7. Amount of contribution (\$) \$2,000.00
8. Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Kinder Foundation
4. Date 09/30/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jennifer Litton 6. Contributor address; City; State; ZIP Code 2203 Addison Rd Houston, TX 77030-1141	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 10/05/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nancy Lomax 6. Contributor address; City; State; ZIP Code 3707 S Braeswood Blvd Houston, TX 77025-3535	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/06/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nathan Merz 6. Contributor address; City; State; ZIP Code 6355 Del Monte Dr Houston, TX 77057-3403	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/02/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Robert Milbrath 6. Contributor address; City; State; ZIP Code 3737 Arnold St Houston, TX 77005-2003	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 09/30/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kelly Opot 6. Contributor address; City; State; ZIP Code 4545 Sanford Rd Houston, TX 77035-6037	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/05/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sarah Peterson 6. Contributor address; City; State; ZIP Code 1701 Hermann Dr Houston, TX 77004-7452	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 10/12/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marci Rosenberg 6. Contributor address; City; State; ZIP Code 4533 Magnolia St Bellaire, TX 77401-4230	7. Amount of contribution (\$) \$5,000.00
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self-employed
4. Date 09/29/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Angela Roth 6. Contributor address; City; State; ZIP Code 4713 Holt St Bellaire, TX 77401-5718	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/23/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ George Rustay 6. Contributor address; City; State; ZIP Code 3748 Aberdeen Way Houston, TX 77025-2414	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/29/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Randy Sim 6. Contributor address; City; State; ZIP Code 6619 Edloe St Houston, TX 77005-3707	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Satsun Corporation
4. Date 09/29/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Scott Simpson 6. Contributor address; City; State; ZIP Code 3911 Marlowe St Houston, TX 77005-2045	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 10/23/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ George Tallichet 6. Contributor address; City; State; ZIP Code 401 W Alabama St Houston, TX 77006-5103	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 09/29/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Shannon Thompson 6. Contributor address; City; State; ZIP Code 3775 Jardin St Houston, TX 77005-3648	7. Amount of contribution (\$) \$35.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/11/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Martha Claire Tompkins 6. Contributor address; City; State; ZIP Code 6 Waverly Ct Houston, TX 77005-1842	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/22/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ AG Unterharnscheidt 6. Contributor address; City; State; ZIP Code 3106 Fairhope St Houston, TX 77025-3229	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/17/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kenneth Williams 6. Contributor address; City; State; ZIP Code 4326 Bennington St Houston, TX 77016-6808	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721
4. Date 10/20/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wright Williams 6. Contributor address; City; State; ZIP Code 4123 Bellefontaine St Houston, TX 77025-1104	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/02/2017	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alida Zweidler-McKay 6. Contributor address; City; State; ZIP Code 111 Old County Rd Lincoln, MA 01773-3506	7. Amount of contribution (\$) \$75.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A2: not available	
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721	
4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 09/30/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael Biddinger 7 Contributor address; City; State; Zip Code 4618 Bell Sgreet Apartment 8 Houston, TX 77023	8 Amount of contribution (\$) \$100.00 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	9 In-Kind contribution description Photography
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)			
5 Date 09/29/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Andy Chan 7 Contributor address; City; State; Zip Code 6318 Auden St Houston, TX 77005-3647	8 Amount of contribution (\$) \$70.00 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	9 In-Kind contribution description Fundraising Event
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See Instructions) Retired	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A2: not available	
2. FILER NAME Sue Deigaard		3. Filer ID (Ethics Commission Filers) 82-0933721	
4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 09/29/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Roxanne Van Ravenswaay	8 Amount of contribution (\$) \$70.00	9 In-Kind contribution description Fundraising Event
	7 Contributor address; City; State; Zip Code 4306 Waynesboro Dr Houston, TX 77035-3640	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)			

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 10/15/2017	5 Payee name Campaign Strategies, Inc.	
6 Amount \$1,728.54	7 Payee address; City; State: Zip Code PO Box 3308 Houston, TX 77253-3308	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/26/2017	5 Payee name Campaign Strategies, Inc.	
6 Amount \$6,494.33	7 Payee address; City; State: Zip Code PO Box 3308 Houston, TX 77253-3308	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/26/2017	5 Payee name Campaign Strategies, Inc.	
6 Amount \$6,524.75	7 Payee address; City; State: Zip Code PO Box 3308 Houston, TX 77253-3308	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 10/21/2017	5 Payee name CVS/Pharmacy	
6 Amount \$10.96	7 Payee address; City; State: Zip Code 2266 W Holcombe Blvd Houston, TX 77030-2008	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for volunteers
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/24/2017	5 Payee name Matthew Hall	
6 Amount \$150.00	7 Payee address; City; State: Zip Code 6503 Bluff Springs Rd Austin, TX 78744-4231	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data/VAN Services
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/27/2017	5 Payee name HEB	
6 Amount \$6.96	7 Payee address; City; State: Zip Code 1511 W 18th St Houston, TX 77008-1533	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water / Snacks for volunteers
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 10/05/2017	5 Payee name NGP VAN, Inc	
6 Amount \$192.34	7 Payee address; City; State: Zip Code PO Box 392264 Pittsburgh, PA 15251-9264	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for processing of credit card contributi
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/25/2017	5 Payee name Sprint 2 Print	
6 Amount \$1,503.05	7 Payee address; City; State: Zip Code 8748 Clay Rd Ste 300 Houston, TX 77080-8106	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shirts, stickers, push cards
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
4 Date 10/25/2017	5 Payee name Vimeo, Inc	
6 Amount \$12.00	7 Payee address; City; State: Zip Code 555 W 18th St New York, NY 10011-2822	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Streaming for website
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G:	2. FILER NAME Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 10/21/2017	5 Payee name Antones No. 8	
6 Amount \$42.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3823 Bellaire Blvd Houston, TX 77025-1208	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/05/2017	5 Payee name Bison Signs	
6 Amount \$1,542.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10100 Clay Rd Ste G Houston, TX 77080-1011	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G:	2. FILER NAME Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 10/26/2017	5 Payee name Campaign Strategies, Inc.	
6 Amount \$221.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 3308 Houston, TX 77253-3308	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 09/30/2017	5 Payee name Facebook	
6 Amount \$15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G:	2. FILER NAME Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 10/01/2017	5 Payee name Google Inc.	
6 Amount \$56.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/26/2017	5 Payee name Herald Publishing Co	
6 Amount \$872.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3403 Audley St Houston, TX 77098-1923	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G:	2. FILER NAME Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 10/01/2017	5 Payee name NGP VAN, Inc	
6 Amount \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251-9264	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/01/2017	5 Payee name OfficeDepot Office MAX	
6 Amount \$18.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 270 Meyerland Plaza Mall Houston, TX 77096-1609	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G:	2. FILER NAME Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 10/13/2017	5 Payee name OfficeDepot Office MAX	
6 Amount \$55.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 270 Meyerland Plaza Mall Houston, TX 77096-1609	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/18/2017	5 Payee name OfficeDepot Office MAX	
6 Amount \$77.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 270 Meyerland Plaza Mall Houston, TX 77096-1609	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G:	2. FILER NAME Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 10/20/2017	5 Payee name OfficeDepot Office MAX	
6 Amount \$32.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 270 Meyerland Plaza Mall Houston, TX 77096-1609	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/21/2017	5 Payee name OfficeDepot Office MAX	
6 Amount \$32.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 270 Meyerland Plaza Mall Houston, TX 77096-1609	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G:	2. FILER NAME Sue Deigaard	3. Filer ID (Ethics Commission Filers) 82-0933721
4 Date 10/08/2017	5 Payee name The Rocket Science Group, LLC	
6 Amount \$13.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Atlanta, GA 30308-1884	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/27/2017	5 Payee name Village Southwest News	
6 Amount \$676.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5160 Spruce St Bellaire, TX 77401-3309	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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