CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this f		Commission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MS Sukh	MI		OFFICE US	SE ONLY
NAME	NICKNAME LAST Kaur	SUF	FIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE # 814 W Craig PI San Antonio TX 78212		ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBEI (210) 236-0580	R EXTENSIO	N	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Bobby	МІ		Receipt #	Amount \$
NAME	NICKNAME LAST	SUF	FIX	Date Processed	
	Mendez	2		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLI 455 Sharon Dr San Antonio TX 78216 AREA CODE PHONE NUMBER (210) 388-1555			ATE; ZIP CODE	
9 REPORT TYPE	January 15: Semi-Annual				
10 PERIOD COVERED	Month Day	Year	Month	Day Year	
	10/21/2022	2 THROUGH	12/3	31/2022	
11 ELECTION	ELECTION DATE	_	ELECTION TYPE		
	Month Day Year 5/6/2023	Primary Runoff X General Special	Other Description		
12 OFFICE	OFFICE HELD (if any)	13	OFFICE SOUGHT Council Distric		
		GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Ms Sukh Kaur				15 Filer ID	(Ethics Commission Filers)
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			
	GENERAL	COMMITTEE ADDRE	ss		
	SPECIFIC				
		COMMITTEE CAMPA	IGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			0
TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				\$	41435.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$	0	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$:	2807.33
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	47727.67
OUTSTANDING LOAN TOTALS	J 0.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$	9100.00
18 AFFIDAVIT				·	
			I swear, or affirm, under penalty of is true and correct and includes all me under Title 15, Election Code.		
			* * * Electronically	Certified * *	*
AFFIX NOTARY STAM	.P / SEAL ABOVE		Signature of Candidat	te or Officehol	der
Sworn to and subscribe of January ,	•			this th	e <u>17th</u> day
Signature of officer adm	ninistering oath	Printed name of	officer administering oath	Title of	officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NA	ME	20 Filer ID (Ethics Cor	mmission Filers)	
	Ms Sukh	Kaur			
21		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 41435.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$0	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0	
4.	X	\$ 9100.00			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2807.33	
6.	X	X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	S	\$0	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0	
10.	X	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	C/OH	\$ 0	
11.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	IS	\$ 0	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0	

SCHEDULE A1

	1	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 1 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 10/21/2022	5 Full name of contributor ut-of-state PAC Inga Cotton	C (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; St 537 Abiso Ave. San Antonio, TX 78209	ate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru- SA Charter Moms	ctions)
	Date 10/24/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; St 335 W 47th Steet ##1 RE New york, NY 10036	ate; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) CEO Rain				ctions)
	Date 10/25/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; St 5227 Norborne Lane Houston, TX 77069	ate; Zip Code	
	Principal occupa Owner	ation / Job title (See instructions)	Employer (See instru Crossover Investme	-
	Date 10/26/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; St 25 Broadway #13 New York, NY 10004	ate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru N/A	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE A1

	т	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 2 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 10/28/2022	5 Full name of contributor ☐ out-of-sta Sunit Kaur	te PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 2707 Gallion Dr Houston, TX 77479	State; Zip Code	
8	Principal occupa Owner	tion / Job title (See instructions)	9 Employer (See instru Banjaras, Inc	uctions)
	Date 10/28/2022	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 2707 Gallion Dr Houston, TX 77479	State; Zip Code	
			Employer (See instru Bank of America	uctions)
	Date Full name of contributor ☐ out-of-state PAC (ID#) 11/1/2022 Sukhdeep Kaur		te PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 814 W Craig PI SAN ANTONIO, TX 78212	State; Zip Code	
	Principal occupa Educator	tion / Job title (See instructions)	Employer (See instru EDreimagined	uctions)
	Date 11/3/2022	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 1020 Oswald Rd ##k Yuba City, CA 95991	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE A1

	T	The Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 3 of 37
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 11/3/2022	5 Full name of contributor Apar Ghuman	☐ out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 2003 Annapolis Circle #B Alameda, CA 94501	City;	State; Zip Code	
8	Principal occupa Physician	ation / Job title (See instructions)		9 Employer (See instru East bay medical gr	
	Date 11/3/2022	Full name of contributor Amrit Aneja	☐ out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 2003 Annapolis Circle #B Alameda, CA 94501	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Teacher			Employer (See instructions) Oakland Unified School District		
	Date 11/3/2022	Full name of contributor Arun Chhabra	Out-of-state PAC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 2036 Yellowstone Trail Friendswood, TX 77546	City;	State; Zip Code	
	Principal occupa Physician	ation / Job title (See instructions)		Employer (See instru UTMB	uctions)
	Date 11/6/2022	Full name of contributor Gurmit Bhatia	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 10910 Elmwood Ridge Dr Cypress, TX 77433	City;	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: 4 of 37
2	FILER NAME Ms Sukh Kaur				3	Filer ID (Ethics Commission Filers)
4	Date 11/6/2022	5 Full name of contributor Robert Reyes	out-of-state PA	AC (ID#)	7	Amount of contribution (\$) 500.00
		6 Contributor address; 3409 Eagle Fledge Terrace Pflugerville, TX 78660	City;	State; Zip Code		
8	Principal occupa Consultant	tion / Job title (See instructions)		9 Employer (See instru RARLLC	ıctio	ons)
	Date 11/6/2022	Full name of contributor GP Singh	out-of-state PA	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 98 Turnberry Way San Antonio, TX 78230	City;	State; Zip Code		
Principal occupation / Job title (See instructions) Employer (Se Retired N/A			Employer (See instru N/A	ıctio	ons)	
	Date 11/6/2022	Full name of contributor Parvinder Kaur	out-of-state P/	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 98 Turnberry Way San Antonio, TX 78230	City;	State; Zip Code		
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instructions) N/A		ons)	
	Date 11/6/2022	Full name of contributor Tejinder Glamour	Out-of-state P	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 5354 62nd Ave S St. Petersburg, FL 33715	City;	State; Zip Code		
	Principal occupa Medical	tion / Job title (See instructions)		Employer (See instru Gastrofl	ıctio	ons)

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SCHEDULE A1

	1	The Instruction Guide explains how to co	omplete this f	form.	1 Total pages Schedule A1: 5 of 37
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 11/7/2022	5 Full name of contributor Bhajneet Singh	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 5180 Princess Anne Rd La Canada, CA 91011	City; S	tate; Zip Code	
8	Principal occupa Business	ation / Job title (See instructions)		9 Employer (See instru Papillon	ctions)
	Date 11/8/2022	Full name of contributor Harpal Soni	out-of-state PA	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 7628 Lew Hoad Ave Baton Rouge, LA 70810	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions) retired			Employer (See instru	ctions)	
	Date 11/9/2022	Full name of contributor Priti Sood	out-of-state PA	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 11674 Foxspur ct Ellicott City, MD 21042	City; S	tate; Zip Code	
	Principal occupa Doctor	ation / Job title (See instructions)		Employer (See instru Kaiser	ctions)
	Date 11/9/2022	Full name of contributor Gurvendra Suri	out-of-state PA	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 1803 Larkspur Ct Southlake, TX 76092	City; S	tate; Zip Code	
	Principal occupa Officer	ation / Job title (See instructions)		Employer (See instru The Suri Group Adv	-

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE A1

	1	The Instruction Guide explains how t	1 Total pages Schedule A1: 6 of 37		
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 11/10/2022	5 Full name of contributor Matt West	out-of-state P		7 Amount of contribution (\$) 500.00
		6 Contributor address; 338 Ridgehaven Place San Antonio, TX 78209	City;	State; Zip Code	
8 Principal occupation / Job title (See instructions) Business Owner 9 Employer (See in FASTSIGNS)		9 Employer (See instru FASTSIGNS	actions)		
	Date 11/11/2022	Full name of contributor Parvinder Khanuja	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 8110 N Mohave Rd Paradise Valley, AZ 85253	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Physician			Employer (See instru Ironwood Cancer	actions)	
	Date 11/17/2022	Full name of contributor Adam Harden	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 415 Devine Road San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instructions) Cantu Harden LLP		ictions)
	Date 11/17/2022	Full name of contributor Jennifer Maestas	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 207 Furr Dr San Antonio, TX 78201	City;	State; Zip Code	
	Principal occupa Educator	ation / Job title (See instructions)		Employer (See instru	ictions)

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SCHEDULE A1

	Т	he Instruction Guide explains how t	to complete this	form.		1 Total pages Schedule A1: 7 of 37
2	FILER NAME Ms Sukh Kaur					3 Filer ID (Ethics Commission Filers)
4	Date 11/19/2022	5 Full name of contributor Mandeep Aneja	out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 11518 lager Blvd Fulton, MD 20759	City;	State;	Zip Code	
8	Principal occupa Owner	tion / Job title (See instructions)		1	oloyer (See instru ja Distributors	uctions)
	Date 11/19/2022	Full name of contributor Jaspreet Aneja	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 11518 lager Blvd Fulton, MD 20759	City;	 State;	Zip Code	
	Principal occupa Partner	tion / Job title (See instructions)			oloyer (See instru hni Foods	uctions)
	Date 11/21/2022	Full name of contributor Manpreet Singh	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 11752 Lake Potomac Drive Potomac, MD 20854	City;	 State;	Zip Code	
	Principal occupa GM	tion / Job title (See instructions)			oloyer (See instru Inspect	uctions)
	Date 11/25/2022	Full name of contributor Jagjit Aneja	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 16839 Harbour Town dr Ashton, MD 20861	City;	 State;	Zip Code	
	Principal occupa Accounting	tion / Job title (See instructions)			oloyer (See instru hni Foods	uctions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE A1

	ī	he Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 8 of 37
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 11/25/2022	5 Full name of contributor Pardeep Aneja	out-of-state PA	.C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 16839 Harbour Town dr Ashton, MD 20861	City; S	State; Zip Code	
 8 Principal occupation / Job title (See instructions) CEO 9 Employer (See instructions) Roshni foods 			9 Employer (See instru Roshni foods	ctions)	
	Date 11/26/2022	Full name of contributor Lou Miller	out-of-state PA	.C (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 4458 E Houston St San Antonio, TX 78220	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Insurance				Employer (See instru Self	ctions)
	Date 11/28/2022	Full name of contributor Baldeep Dua	out-of-state PA	.C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 120 Killarney Drive Berkeley Heights, NJ 07922	City; S	tate; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)		Employer (See instru N/A	ctions)
	Date 11/29/2022	Full name of contributor Suzanne Feldmann	out-of-state PA	.C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 521 Ridgemont Ave Terrell Hills, TX 78209	City; S	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	ctions) Ith Education for Families)

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Revised 01/01/2020

SCHEDULE A1

	Т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 9 of 37	
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)	
4	Date 11/29/2022	5 Full name of contributor Barb Alexander	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 100.00	
		6 Contributor address; 2 Lost Timbers San Antonio, TX 78248	City;	State; Zip Code		
8	Principal occupa Retired	tion / Job title (See instructions)		9 Employer (See instru Retired	uctions)	
	Date 12/1/2022	Full name of contributor Maney Grewal	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00	
		Contributor address; 1230 121st PL NE ##C110 Bellevue, WA 98005	City;	State; Zip Code		
			Employer (See instru Moxiworks	uctions)		
	Date 12/1/2022	Full name of contributor Gurvinder Walia	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; 11520 Manorstone Ln Columbia, MD 21044	City;	State; Zip Code		
	Principal occupa Partner	tion / Job title (See instructions)		Employer (See instructions) Divano Designs		
	Date 12/1/2022	Full name of contributor Ajooni Kaur	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; 16839 Harbour Town dr Ashton, MD 20861	City;	State; Zip Code		
	Principal occupa Student	tion / Job title (See instructions)		Employer (See instru	uctions)	

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SCHEDULE A1

	T	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 10 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 12/1/2022	5 Full name of contributor ☐ out-of-st. Nirvair Singh	ate PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 16839 Harbour Town Dr Ashton, MD 20861	State; Zip Code	
8	Principal occupa Student	ation / Job title (See instructions)	9 Employer (See instru N/A	uctions)
	Date 12/1/2022	Full name of contributor ut-of-st	ate PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 11518 lager Blvd Fulton, MD 20759	State; Zip Code	
	Principal occupa Student	ation / Job title (See instructions)	Employer (See instru N/A	uctions)
	Date 12/1/2022	Full name of contributor ut-of-st Jasraj Aneja	ate PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 11518 lager Blvd Fulton, MD 20759	State; Zip Code	
	Principal occupa Student	ation / Job title (See instructions)	Employer (See instru N/A	uctions)
	Date 12/2/2022	Full name of contributor	tte PAC (ID#)	Amount of contribution (\$) 150.00
		Contributor address; City; 301 East Cevallos ##304 San Antonio, TX 78204	State; Zip Code	
	Principal occupa Govt	ation / Job title (See instructions)	Employer (See instru Govt	uctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how t	1 Total pages Schedule A1: 11 of 37		
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 12/6/2022	5 Full name of contributor Dameion Crook	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 10814 Shawnbrook Drive Houston, TX 77071	City;	State; Zip Code	
8	Principal occupa Educator	tion / Job title (See instructions)		9 Employer (See instr HoustonISD	ructions)
	Date 12/6/2022	Full name of contributor Douglas Dawson	out-of-state PA	AC (ID#)	Amount of contribution (\$) 120.00
		Contributor address; 8003 Lennon Dr Austin, TX 78744	City;	State; Zip Code	
	Principal occupa ED	tion / Job title (See instructions)		Employer (See instr S-I-C	ructions)
	Date 12/6/2022	Full name of contributor Carlos Lujan	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 120.00
		Contributor address; 10111 Shetland view San antonio, TX 78254	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instr Deloitte	ructions)
	Date 12/7/2022	Full name of contributor Kevin Cortinas	out-of-state PA	AC (ID#)	Amount of contribution (\$) 120.00
		Contributor address; 211 Sutton Dr San Antonio, TX 78228	City;		
	Principal occupa Communication	tion / Job title (See instructions) s Specialist		Employer (See instr San Antonio Water	•

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this form.	1 7	Total pages Schedule A1: 12 of 37
2	FILER NAME Ms Sukh Kaur		3 F	Filer ID (Ethics Commission Filers)
4	Date 12/7/2022	5 Full name of contributor		Amount of contribution (\$) 500.00
		6 Contributor address; City; State; Zip Code 15807 Socorro Falls Helotes, TX 78023	•	
8	Principal occupa	ation / Job title (See instructions) 9 Employer (See instructions) retired	truction	s)
	Date 12/8/2022	Full name of contributor		Amount of contribution (\$) 75.00
		Contributor address; City; State; Zip Code 14111 Vance Jackson Rd #33102 San Antonio, TX 78249		
Principal occupation / Job title (See instructions) EB Specialist II Employer (See instructions) Jefferson Bank				
	Date 12/8/2022	Full name of contributor		Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip Code 11520 Manorstone Ln Columbia, MD 21044		
	Principal occupa Partner	ation / Job title (See instructions) Employer (See instructions) Divano Designs	truction	is)
	Date 12/9/2022	Full name of contributor		Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip Code 5175 Princess Anne Rd La Cañada Flintridge, CA 91011	•	
	Principal occupa Partner	etion / Job title (See instructions) Employer (See instructions) Papillon	struction	ns)

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SCHEDULE A1

	1	The Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 13 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 12/9/2022	5 Full name of contributor ☐ out-of-state Nirmaljeet Malik	e PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 5175 Princess Anne Rd La Canada Flintridge, CA 91011	State; Zip Code	
8	Principal occupa Partner	ation / Job title (See instructions)	9 Employer (See instru Papillon	uctions)
	Date 12/9/2022	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 5175 Princess Anne Rd La Canada Flintridge, CA 91011	State; Zip Code	
	Principal occupa Physician	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 12/9/2022	Full name of contributor ut-of-state	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 535 Lamont Ave San Antonio, TX 78209	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru N/A	uctions)
	Date 12/10/2022	Full name of contributor ut-of-state	e PAC (ID#)	Amount of contribution (\$) 30.00
		Contributor address; City; 13910 annas way #102 San Antonio, TX 78233	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Logistics	uctions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE A1

	Т	he Instruction Guide explains how t	to complete this	form.		1 Total pages Schedule A1: 14 of 37
2	FILER NAME Ms Sukh Kaur					3 Filer ID (Ethics Commission Filers)
4	Date 12/10/2022	5 Full name of contributor Jose R Campos	out-of-state P			7 Amount of contribution (\$) 30.00
		6 Contributor address; 8414 Laurelcrest PI San Antonio, TX 78209	City;	State;	Zip Code	
8	Principal occupa developer	ation / Job title (See instructions)		9 Emp	oloyer (See instru	uctions)
	Date 12/10/2022	Full name of contributor david arbona	out-of-state P	AC (ID#)	Amount of contribution (\$) 30.00
		Contributor address; 16735 La Cantera Pkwy San Antonio, TX 78256	City;	State;	Zip Code	
	Principal occupa	ation / Job title (See instructions)		Emp HCS	oloyer (See instru SC	uctions)
	Date 12/10/2022	Full name of contributor Julio Escamilla	out-of-state P	AC (ID#)	Amount of contribution (\$) 120.00
		Contributor address; 6101 Broadway Alamo Heights, TX 78209	City;	State;	Zip Code	
	Principal occupa Marketing	ation / Job title (See instructions)		1	oloyer (See instru SEO	uctions)
	Date 12/10/2022	Full name of contributor Bobby Mendez	out-of-state P	AC (ID#)	Amount of contribution (\$) 120.00
		Contributor address; 455 Sharon Dr San Antonio, TX 78216	City;	State;	Zip Code	
	Principal occupa Business	ation / Job title (See instructions)			oloyer (See instruerior Tax	uctions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE A1

	1	he Instruction Guide explains how to complet	1 Total pages Schedule A1: 15 of 37	
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 12/10/2022	5 Full name of contributor ☐ out-of-s Gerardo Franco	state PAC (ID#	7 Amount of contribution (\$) 120.00
		6 Contributor address; City; 651 Aurora Ave San Antonio, TX 78228	; State; Zip Code	• •
8	Principal occupa Solar sales rep	ation / Job title (See instructions)	9 Employer (See NERDpower	nstructions)
	Date 12/10/2022	Full name of contributor	state PAC (ID#	Amount of contribution (\$) 120.00
		Contributor address; City; 138 Harriet Dr San Antonio, TX 78216	; State; Zip Code	•
Principal occupation / Job title (See instructions) Accountant Employer (See instructions) EY			instructions)	
	Date 12/10/2022	Full name of contributor	state PAC (ID#	Amount of contribution (\$) 500.00
		Contributor address; City; 235 Taft Boulevard San Antonio, TX 78225	; State; Zip Code	
	Principal occupa Education	ation / Job title (See instructions)	Employer (See The Gathering	•
	Date 12/10/2022	Full name of contributor	state PAC (ID#	Amount of contribution (\$) 500.00
		Contributor address; City; 3699 Inverness Way Augusta, GA 30907	; State; Zip Code	•
	Principal occupa	ation / Job title (See instructions)	Employer (See Singh Investme	

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SCHEDULE A1

	Т	he Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 16 of 37
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 12/10/2022	5 Full name of contributor Dolly Kaur	Out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 3699 Inverness Way Augusta, GA 30907	City; S	State; Zip Code	
8	Principal occupa Retired	tion / Job title (See instructions)		9 Employer (See instru Retired	uctions)
	Date 12/11/2022	Full name of contributor Monique Gill	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 3919 SE Franklin Ct Portland, OR 97202	City; S	State; Zip Code	
	Principal occupa Research Scien	tion / Job title (See instructions) tist		Employer (See instru Providence	uctions)
	Date 12/11/2022	Full name of contributor Sangeeta Kaur	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 2560 Black Pine Trail Dr Troy, MI 48098	City; S		
	Principal occupa Physician	tion / Job title (See instructions)		Employer (See instru Beaumont health	uctions)
	Date 12/12/2022	Full name of contributor Glenn Revell	out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 419 Belmont San Antonio, TX 78202	City; S	State; Zip Code	
	Principal occupa Educator	tion / Job title (See instructions)		Employer (See instru Central Catholic HS	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE A1

	Т	he Instruction Guide explains how	1 Total pages Schedule A1: 17 of 37		
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 12/13/2022	5 Full name of contributor Mark Larson	out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 14107 Bluff Manor Dr San Antonio, TX 78216	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Early Matters	uctions)
	Date 12/13/2022	Full name of contributor Gagan Singh	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 4107 Harmony Crest Ln Sugar Land, TX 77479	City;	State; Zip Code	
			Employer (See instru B B Hotels Inc	uctions)	
	Date 12/13/2022	Full name of contributor Gurbachan Singh	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 4838 Tallowwood Ln Boca Raton, FL 33487	City;	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 12/14/2022	Full name of contributor Bryant Jones	Out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 7 Halsey St Providence, RI 02906	City;	State; Zip Code	
	Principal occupa Chief Impact Of	ation / Job title (See instructions)		Employer (See instru	

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SCHEDULE A1

	т	he Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 18 of 37
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 12/14/2022	5 Full name of contributor Paul Martin	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 207 e mulberry ave ##1 San Antonio, TX 78212	City; S	State; Zip Code	
8	Principal occupa Managing Partn	ntion / Job title (See instructions)		9 Employer (See instru Martin Capital	ctions)
	Date 12/14/2022	Full name of contributor Fernanda Ramos	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 207 e mulberry ave ##1 San Antonio, TX 78212	City; S		
	Principal occupa Homemaker	ation / Job title (See instructions)		Employer (See instru N/A	ctions)
	Date 12/15/2022	Full name of contributor Christine Venegas	out-of-state PA	AC (ID#)	Amount of contribution (\$) 20.00
		Contributor address; 7203 Spring Flower St San Antonio, TX 78249	City; S	State; Zip Code	
	Principal occupa Business Analy	ntion / Job title (See instructions)		Employer (See instru Oracle	ctions)
	Date 12/15/2022	Full name of contributor Veronica DÃ-az	out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 210 N Josephine Tobin Dr San Antonio, TX 78201	City; S	State; Zip Code	
	Principal occupa Self employed	ttion / Job title (See instructions)		Employer (See instru Self employed	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how t	1 Total pages Schedule A1: 19 of 37		
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 12/15/2022	5 Full name of contributor Darian Padua	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; 609 W Summit Ave San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instr	ructions)
	Commercial Re	eal Estate Broker		ERE Healthcare Re	al Estate Advisors
	Date 12/15/2022	Full name of contributor Carlos Cardenas	out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 814 W Craig PI San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa Carpenter	tion / Job title (See instructions)		Employer (See instr Home pros	uctions)
	Date 12/15/2022	Full name of contributor Maria Morrell	out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 314 Lockhart St San Antonio, TX 78202	City;	State; Zip Code	
	Principal occupa School Nurse	tion / Job title (See instructions)		Employer (See instr St. Anthony Cathol	
	Date 12/15/2022	Full name of contributor Linda Vela	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 8902 Catkin Mdw San Antonio, TX 78245	City;		
	Principal occupa Public Involvem	tion / Job title (See instructions) nent		Employer (See instr Quiddity Engineeri	

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SCHEDULE A1

	т	he Instruction Guide explains how to	1 Total pages Schedule A1: 20 of 37		
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 12/15/2022	5 Full name of contributor Hector Troche	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 2502 Blossom Dr San Antonio, TX 78217	City; S	State; Zip Code	
8	Principal occupa Geospatial Anal	tion / Job title (See instructions) lyst		9 Employer (See instru	uctions)
	Date 12/15/2022	Full name of contributor Alexandra Andrews	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 1200 Avenue B San Antonio, TX 78215	City; S	State; Zip Code	
	Principal occupa Pharmaceutical	tion / Job title (See instructions) Sales Rep		Employer (See instru Thea Pharma	uctions)
	Date 12/15/2022	Full name of contributor Eduardo Parra	out-of-state PA	AC (ID#)	Amount of contribution (\$) 150.00
		Contributor address; 7323 Eagle Ledge San Antonio, TX 78249	City;	State; Zip Code	
	Principal occupa Civil Engineer	tion / Job title (See instructions)		Employer (See instru Parra & Co	uctions)
	Date 12/15/2022	Full name of contributor John Gurgiolo	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 818 W Craig PI San Antonio, TX 78212	City; S		
	Principal occupa Firefighter	tion / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	7	The Instruction Guide explains how t	1 Total pages Schedule A1: 21 of 37		
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 12/15/2022	5 Full name of contributor Kit Goldsbury	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 303 Pearl Parkway ##300 San Antonio, TX 78215	City;	State; Zip Code	
8	Principal occupa Owner	al occupation / Job title (See instructions) 9 Employer (See instructions) Silver Ventures			
	Date 12/15/2022	Full name of contributor Angela Goldsbury	out-of-state Pa	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 303 Pearl Parkway ##300 San Antonio, TX 78215	City;	State; Zip Code	
			Employer (See instru Silver Ventures	ctions)	
	Date 12/15/2022	Full name of contributor Roberto Mendez	out-of-state P	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 455 Sharon Dr San Antonio, TX 78216	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	ctions)
	Date 12/15/2022	Full name of contributor Kelsey Krueger	Out-of-state Pa	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 338 Barbara Dr San Antonio, TX 78216	City;	State; Zip Code	
	Principal occupa Consultant	ation / Job title (See instructions)		Employer (See instru Geosyntec	ctions)

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SCHEDULE A1

	T	he Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 22 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 12/16/2022	5 Full name of contributor ut-of-state F Michael A Martin	AC (ID#)	7 Amount of contribution (\$) 25.00
		6 Contributor address; City; 1307 Burnet Street San Antonio, TX 78202	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Stewart Title	ctions)
	Date 12/16/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 40.00
		Contributor address; City; 609 W Summit Ave. San Antonio, TX 78212	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Director of Public Relations San Antonio Zoo			ctions)	
	Date 12/16/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 150.00
		Contributor address; City; 3123 Clearfield Dr San Antonio, TX 78230	State; Zip Code	
	Principal occupa Educator	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 12/16/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 10903 Calmon Park San antonio, TX 78249	State; Zip Code	
	Principal occupa	nent	Employer (See instru	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 23 of 37
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 12/16/2022	5 Full name of contributor Gurpaul Singh	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 2034 Sauvignon San Antonio, TX 78258	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Asset Essentials	uctions)
	Date 12/16/2022	Full name of contributor Jaskeerat Ahluwalia	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 11520 Manorstone Ln Columbia, MD 21044	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Student N/A			uctions)		
	Date 12/17/2022	Full name of contributor		AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 8714 Rancho De Taos Helotes, TX 78023	City;	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru Agarwal Law Firm F	•
	Date 12/17/2022	Full name of contributor Amar M	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 123 N Des Plaines St Chicago, IL 60661	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1: 24 of 37	
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)	
4	Date 12/17/2022	5 Full name of contributor □ out-of-s Kathryn Brown	ate PAC (ID#)	7 Amount of contribution (\$) 100.00	
		6 Contributor address; City; 8331 Setting Moon San Antonio, TX 78255	State; Zip Code		
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Self	uctions)	
	Date 12/17/2022	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; 10220 Iron Gate Rd Potomac, MD 20854	State; Zip Code		
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instr N/A	uctions)	
	Date 12/18/2022	Full name of contributor □ out-of-s Benjamin Bartnowak	tate PAC (ID#)	Amount of contribution (\$) 20.00	
		Contributor address; City; 615 N Pine St San Antonio, TX 78202	State; Zip Code		
	Principal occupa	ation / Job title (See instructions) tive	Employer (See instr Ilitch Holdings LLC	·	
	Date 12/18/2022	Full name of contributor	rate PAC (ID#)	Amount of contribution (\$) 50.00	
		Contributor address; City; 213 S Mendenhall St Greensboro, NC 27403	State; Zip Code		
Principal occupation / Job title (See instructions) School administrator		Employer (See instr Guilford County Sc	·		
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SCHEDULE A1

	,	The Instruction Guide explains how to co	omplete this	form.	1 Total pages Schedule A1: 25 of 37
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 12/19/2022	5 Full name of contributor Ismael Rodriguez	out-of-state PA	NC (ID#)	7 Amount of contribution (\$) 200.00
		6 Contributor address; 9218 Proclamation Dr San Antonio, TX 78240	City; S	State; Zip Code	
8	Principal occup VP	ation / Job title (See instructions)		9 Employer (See instru Texas Resource & F	•
	Date 12/19/2022	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 126 Lavaca San Antonio, TX 78283	City; S	State; Zip Code	
	Principal occup Artist	ation / Job title (See instructions)		Employer (See instru Self	ctions)
	Date 12/19/2022	Full name of contributor Geetal Ahluwalia	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 11520 Manorstone Ln Columbia, MD 21044	City; S	State; Zip Code	
	Principal occup Student	ation / Job title (See instructions)		Employer (See instru N/A	ctions)
	Date 12/20/2022	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 13717 Wiregrass Way Austin, TX 78717	City; S	State; Zip Code	
	Principal occup Retired	ation / Job title (See instructions)		Employer (See instru N/A	ctions)

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SCHEDULE A1

	1	he Instruction Guide explains how to compl	lete this f	form.	1 Total pages Schedule A1: 26 of 37
2	FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 12/20/2022	5 Full name of contributor ☐ out-of John Hayes	of-state PA	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; Cit 138 E Hollywood San Antonio, TX 78212	 ty; S	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Activa Resources LI	
	Date 12/20/2022	Full name of contributor	of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; Cit 138 E Hollywood San Antonio, TX 78212	 ty; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Employer (See in Retired N/A			Employer (See instru N/A	ctions)	
	Date 12/20/2022	Full name of contributor ut-o	of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; Cit 2610 Cavoli Fields San Antonio, TX 78259	ty; S	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Otima Invesments	ctions)
	Date 12/20/2022	Full name of contributor ut-or	of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; Cit 2610 Cavoli Fields San Antonio, TX 78259	ty; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Partner			Employer (See instru Otima Invesments	ctions)	

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SCHEDULE A1

	-	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 27 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 12/20/2022	5 Full name of contributor ut-of-state P. John Gonzales	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 13006 Woller Valley San Antonio, TX 78249	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Otima Invesments	actions)
	Date 12/21/2022	Full name of contributor ut-of-state P. Lisa Brunsvold	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; 752 Eventide Drive San Antonio, TX 78209	State; Zip Code	
		Employer (See instru San Antonio Area F	•	
	Date Full name of contributor ☐ out-of-state PAC (ID#) 12/21/2022 Sarah Michels		AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; City; 314 Sharon Drive Boerne, TX 78006	State; Zip Code	
	Principal occupa	ation / Job title (See instructions) ervisor	Employer (See instru Provider's Choice	ictions)
	Date 12/21/2022	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 114 West Adams Street ##501 Phoenix, AZ 85003	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ictions)

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SCHEDULE A1

	ī	the Instruction Guide explains how to complete	his form.	1 Total pages Schedule A1: 28 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 12/21/2022	5 Full name of contributor ☐ out-of-star Micah Harper	e PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 326 Clay ##101 San Antonio, TX 78204	State; Zip Code	
8	Principal occupa Broker	ation / Job title (See instructions)	9 Employer (See instru Exquisite Propertie	
	Date 12/23/2022	Full name of contributor □ out-of-star Jaspreet Lamba	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 1313 Wycliffe dr Houston, TX 77043	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Physician Usap			uctions)	
	Date 12/23/2022	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; 752 Eventide Drive San Antonio, TX 78209	State; Zip Code	
	Principal occupa Graphic Design	ation / Job title (See instructions) er	Employer (See instru JPA Entertainment	uctions)
	Date 12/24/2022	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 355 1st Street #S2102 San Francisco, CA 94105	State; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 29 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 12/24/2022	5 Full name of contributor ☐ out-of-state PA Joseph Hoffer	.C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 66 Champion Cliff San Antonio, TX 78258	ctate; Zip Code	
8	Principal occupa Attorney	ation / Job title (See instructions)	9 Employer (See instru Self	ctions)
	Date 12/25/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 8503 Terra Mont Way San Antonio, TX 78255	State; Zip Code	
Principal occupation / Job title (See instructions) Director		Employer (See instru Perficient	ctions)	
	Date 12/25/2022	Full name of contributor	.C (ID#)	Amount of contribution (\$) 101.00
		Contributor address; City; S 70 Melanie Ln Hopewell Junction, NY 12533	State; Zip Code	
	Principal occupa Physician	ation / Job title (See instructions)	Employer (See instru Self	ctions)
	Date 12/25/2022	Full name of contributor	.C (ID#)	Amount of contribution (\$) 101.00
		Contributor address; City; S 4361 Mission Hills Dr. Chino Hills, CA 91709	state; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)	Employer (See instru	ctions)

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SCHEDULE A1

	1	The Instruction Guide explains how to complete this t	orm.	1 Total pages Schedule A1: 30 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 12/28/2022	5 Full name of contributor ut-of-state PA Chetveer Aneja	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 16839 Harbour Town Drive Asthon, MD 20861	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Roshni Foods	ctions)
	Date 12/29/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 601 west 57th street ##PHA New york, NY 10019	tate; Zip Code	
Principal occupation / Job title (See instructions) Vice President Employer (See instructions) L Catterton		Employer (See instru L Catterton	ctions)	
	Date 12/29/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 601 west 57th street ##PHA New york, NY 10019	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Namakor	ctions)
	Date 12/29/2022	Full name of contributor ut-of-state PA Jenny Carnes	C (ID#)	Amount of contribution (\$) 150.00
		Contributor address; City; S 2911 Trailend Dr. San Antonio, TX 78209	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru SA Sports	ctions)

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SCHEDULE A1

	٦	The Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1: 31 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 12/29/2022	5 Full name of contributor ☐ out-of-s Harvinder Aneja	tate PAC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City 12904 Beethoven Blvd Silver Spring, MD 20904	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instr Bank of America	ructions)
	Date 12/29/2022	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City 5550 Confetti Dr Unit A El Paso, TX 79912	State; Zip Code	
		Employer (See instr El Paso Leadership	•	
	Date 12/30/2022	Full name of contributor ut-of-s	tate PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City 2322 Wood Meadow St. San Antonio, TX 78232	State; Zip Code	
	Principal occupa Educator	ation / Job title (See instructions)	Employer (See instr A&M San Antonio	ructions)
	Date 12/30/2022	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City 5150 Broadway ##615 San Antonio, TX 78209	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)	Employer (See instr	ructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	-	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 32 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 12/30/2022	5 Full name of contributor Kaitlin OConnell Contributor address; 301 East Cevallos ##304 San Antonio, TX 78204	C (ID#)	7 Amount of contribution (\$) 100.00
8	Principal occupa Government	ation / Job title (See instructions)	9 Employer (See instru Govt	uctions)
	Date 12/30/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 11325 Park Square Dr. ##k203 Bakersfield, CA 93311	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ictions)
	Date 12/30/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 3063 W Chapman Avenue ##5205 Orange, CA 92868			
	Principal occupa Optometrist	ation / Job title (See instructions)	Employer (See instru Self	uctions)
	Date 12/30/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 1331 Sweetbay In West Chicago, IL 60185	State; Zip Code	
	Principal occupa Associate	ation / Job title (See instructions)	Employer (See instru Singh Capital Partne	

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 33 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 12/30/2022	5 Full name of contributor ut-of-state PA Emily Prukop	C (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; City; S 2100 Boyds Way Austin, TX 78748	State; Zip Code	
8		tion / Job title (See instructions) on and Data Analyst	9 Employer (See instru OJO labs	ctions)
	Date 12/30/2022	Full name of contributor	sC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; S 7315 Matchlock Circle San Antonio, TX 78249	State; Zip Code	
	Principal occupa Firefighter	tion / Job title (See instructions)	Employer (See instru San Antonio Fire De	•
	Date 12/30/2022	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 707 College Blvd San Antonio, TX 78209	State; Zip Code	
	Principal occupa Owner	tion / Job title (See instructions)	Employer (See instru Trinity Real Estate F	
	Date 12/30/2022	David Bingham	C (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 6044 Gateway Blvd E ##500 El Paso, TX 79905			
	Principal occupa Owner	tion / Job title (See instructions)	Employer (See instru Modern Realty	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete	1 Total pages Schedule A1: 34 of 37				
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)			
4	Date 12/30/2022	5 Full name of contributor □ out-of-sta Kelsey Krueger	te PAC (ID#)	7 Amount of contribution (\$) 100.00			
		6 Contributor address; City; 338 Barbara Dr San Antonio, TX 78216	State; Zip Code				
8	Principal occupa Professorial Ge	tion / Job title (See instructions) ologist	9 Employer (See instru Geosyntec	uctions)			
	Date 12/31/2022	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 70.00			
		Contributor address; City; 314 Lockhart San Antonio, TX 78202	State; Zip Code				
Principal occupation / Job title (See instructions) School Nurse			Employer (See instructions) St. Anthony Catholic School				
	Date 12/31/2022	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 75.00			
		Contributor address; City; 10742 Palomino Bend San Antonio, TX 78254	State; Zip Code				
	Principal occupa Self-employed	tion / Job title (See instructions)	Employer (See instr VeritySA	Employer (See instructions) VeritySA			
	Date 12/31/2022	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 50.00			
		Contributor address; City; 2219 Ramona San Antonio, TX 78201	State; Zip Code				
	Principal occupa Executive Direct	tion / Job title (See instructions) tor	Employer (See instr Nonprofit	uctions)			

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE A1

	1	The Instruction Guide explains how to complete th	s form.	1 Total pages Schedule A1: 35 of 37
	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
	Date 12/31/2022	5 Full name of contributor ut-of-state Out-of-state	PAC (ID#)	7 Amount of contribution (\$) 30.00
		6 Contributor address; City; 5602 Presidio Pkwy ##2335 San Antonio, TX 78249	State; Zip Code	
	Principal occupa Founder	ation / Job title (See instructions)	9 Employer (See instru Catakyst OKR	uctions)
	Date 12/31/2022	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 65.00
		Contributor address; City; 7203 Spring Flower St San Antonio, TX 78249	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See in Business Proces Manager Oracle		Employer (See instru	uctions)	
	Date Full name of contributor □ out-of-state PAC (ID#) 12/31/2022 Leigh Ducote		PAC (ID#)	Amount of contribution (\$) 30.00
		Contributor address; City; 250 Pinewood Ln San Antonio, TX 78216	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Bexar County SO	uctions)
	Date 12/31/2022	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; 411 Mason St San Antonio, TX 78208	State; Zip Code	
	Principal occupa Office manager	ation / Job title (See instructions)	Employer (See instru	uctions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE A1

	т	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 36 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 12/31/2022	5 Full name of contributor ☐ out-of-state PAC Monica Garza	(ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; City; Sta 618 W Magnolia Ave San Antonio, TX 78212	ate; Zip Code	
8	Principal occupa Sales	tion / Job title (See instructions)	Employer (See instru N/A	actions)
	Date 12/31/2022	Full name of contributor	(ID#)	Amount of contribution (\$) 103.00
		Contributor address; City; Sta 250 Pinewood Ln San Antonio, TX 78216	ate; Zip Code	
		Employer (See instru Air Force	actions)	
	Date Full name of contributor □ out-of-state PAC (ID#) 12/31/2022 Gunvir Baveja		(ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; Sta 27268 Paddock Trail PI Chantilly, VA 20152	ate; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru SikhRI	actions)
	Date 12/31/2022	Full name of contributor	(ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; Sta 1520 Starbrook Drive Charlotte, NC 28210	ate; Zip Code	
Principal occupation / Job title (See instructions) Founder		Employer (See instru Zeigler Holdings	actions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

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SCHEDULE A1

	ר	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37 of 37
2	FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 12/31/2022	5 Full name of contributor ☐ out-of-state Pri	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 2036 Yellowstone Trail Friendswood, TX 77546	State; Zip Code	
8	Principal occupa Unemployed	ation / Job title (See instructions)	9 Employer (See instru Unemployed	uctions)
	Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)
		Contributor address; City;		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)
		Contributor address; City; S		
Principal occupation / Job title (See instructions) Employe			Employer (See instru	uctions)
	Date	Full name of contributor ut-of-state P/	AC (ID#)	Amount of contribution (\$)
		Contributor address; City; S		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
		ATTACH ADDITIONAL COPIES O		

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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: 1 of 1	
2 FILER NAME Ms Sukh Kaur			3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5	Date 6 Full name of contributor out-of-state PAC (ID#) o Code	8 Amount of Contribution \$ 9 In-kind contribution description	
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (F	Check if travel outside of Texas, complete Schedule T FOR NON-JUDICIAL) (See instructions)	
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's	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 parent(s) (if any) (FOR JUDICIAL)			
	Date Full name of contributor out-of-state PAC (ID#	o Code	Amount of Contribution \$ In-kind contribution description	
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (F	Check if travel outside of Texas, complete Schedule T FOR NON-JUDICIAL) (See instructions)	
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's	s job title (FOR JUDICIAL) (See instructions)	
	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of	contributor's spouse (if any) (FOR JUDICIAL)	
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Forms provided by Texas Ethics Commission

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: 1 of 1
2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED PLEDGES	\$ 0
5 Date 6 Full name of pledgor out-of-state PAC (ID#	9 In-kind contribution description
10 Principal occupation / Job title (See instructions) 11 Emp	Check if travel outside of Texas, complete Schedule Toloyer (See instructions)
Date Full name of pledgor out-of-state PAC (ID#	Amount of Pledge \$ In-kind contribution description
	Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions) Emp	oloyer (See instructions)
Date Full name of pledgor out-of-state PAC (ID#	
Pledgor address; City; State; Zip Code	Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions) Emp	loyer (See instructions)
Date Full name of pledgor out-of-state PAC (ID#	Amount of Pledge \$ In-kind contribution description
Principal occupation / Job title (See instructions) Emp	Check if travel outside of Texas, complete Schedule T cloyer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCH	

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 1 of 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ms Sukh Kaur 4 TOTAL OF UNITEMIZED LOANS **\$** 0 9 Loan Amount (\$) 5 Date of loan 7 Name of lender out-of-state PAC (ID#_ 10/17/2022 Ms Sukh Kaur 9100.00 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest rate financial 0.000000 814 W Craig PI institution? San Antonio TX 78212 11 Maturity date Ν 12 Principal occupation / Job title (See instructions) 13 Employer (See instructions) **EDreimagined** 14 Description of Collateral 15 X Check if personal funds were deposited into political account (See instructions) X none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** 0.00 18 Guarantor address; City; State; Zip Code x not applicable **20** Principal occupation (See instructions) 21 Employer (See instructions) Date of loan Name of lender out-of-state PAC (ID#_ Loan Amount (\$) Is lender a Lender address; State; Zip Code Interest rate financial institution? Maturity date Principal occupation / Job title (See instructions) Employer (See instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor **INFORMATION** City; State: Guarantor address: Zip Code not applicable Principal occupation (See instructions) Employer (See instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Food/Beverage Expense Gifts/Awards/Memorials Expense Committee Legal Services	Polling Expense Travel in District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form
1 Total pages Schedule F1: 1 of 6	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2022	5 Payee name GOOGLE *Domains	
6 Amount (\$) 12.00	7 Payee address; City; State; 1600 Amphitheatre Parkway Mountainview, CA 94043	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch	(b) Description Website
	(c) Check if travel outside of Texas, complete s	schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 1
Date 10/20/2022	Payee name LEADERSHIP FOR EDUCATIONAL EQU	UITY
Amount (\$) 500.00	Payee address; City; State; 1805 7th Street NW Washington, DC 20001	Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Consulting Expense	Description Campaign Support
	Check if travel outside of Texas, complete s	schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 1
Date 10/21/2022	Payee name WIX.COM*1021039559	
Amount (\$) 24.89	Payee address; City; State; 500 Terry A Francois Boulevard #6th San Francisco, CA 94158	Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	nedule) Description Website
	Check if travel outside of Texas, complete s	schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 1
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 2 of 6	2 FILER NAME Ms Sukh Kaur	,	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2022	5 Payee name Sean Wen	-	
6 Amount (\$) 244.60	7 Payee address; City; State 2334 N St Marys St San Antonio, TX 78212	; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Food/Beverage Expense	Event Food	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete Candidate / Officeholder name Sukh Kaur	Office sought Council District 1	Office held
Date 10/24/2022	Payee name Sandra Hernandez		
Amount (\$) 182.94	Payee address; City; State 8 Burwood Ln San Antonio, TX 78216	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Printing Expense	hedule) Description Push Cards	
	Check if travel outside of Texas, complete	schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Council District 1	Office held
Date 10/25/2022	Payee name PAYPAL		
Amount (\$) 26.04	Payee address; City; State 2211 N First St San Jose, CA 95131	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Fees	hedule) Description Contribution Fee	
	Check if travel outside of Texas, complete	schedule T Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	D

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking	Event Expense L	oan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense	
Consulting Expense Contributions/Donations Made By		olling Expense rinting Expense	Travel in District Travel Out Of District	
Candidate/Officeholder/Political C		alaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to	-		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
3 of 6	Ms Sukh Kaur		3 · ner nz (Zames commission i nere)	
4 Date	5 Payee name			
11/18/2022	GOOGLE *Domains			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
10.96	1600 Amphitheatre Parkway	Zip code		
	Mountainview, CA 94043			
8	(a) Category (See categories listed at the top of this sched	1		
PURPOSE	Fees	Website		
OF				
EXPENDITURE				
	(c) Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense	
9 Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH Sukh Kaur	Council District 1		
Date	Payee name			
11/21/2022	WIX*Wix.Com, Inc.			
Amount (\$)	Payee address; City; State;	Zip Code		
24.89	500 Terry A Francois Boulevard #6th	•		
	San Francisco, CA 94158			
	Category (See categories listed at the top of this sched	ule) Description Website		
PURPOSE	Fees	vvensite		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete sch	edule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH Sukh Kaur	Council District 1		
Date	Payee name			
11/30/2022	FROST BANK			
Amount (\$)	Payee address; City; State;	Zip Code		
10.00	111 W Houston St ##100			
	San Antonio, TX 78205			
		.,		
	Category (See categories listed at the top of this sched	Description Bank Fee		
PURPOSE	rees	Dalik i ee		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete sch		Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH Sukh Kaur	Council District 1		
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDIII E AS MEEDI		
	ATTACH ADDITIONAL COPIES OF THE	O GOUEDOLE NO NEED!		

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor / to complete this form	Solicitation/Fundraising Expense 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 Ms Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 11/30/2022	5 Payee name ANEDOT		
6 Amount (\$) 177.20	7 Payee address; City; State; 1340 Poydras Street ##770 New Orleans, LA 70112	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch	Contribution Fee	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Austin, TX, officeholder living expense Office held
Date 12/2/2022	Payee name WIX*Wix.Com, Inc.		
Amount (\$) 127.95	Payee address; City; State; 500 Terry A Francois Boulevard #6th San Francisco, CA 94158	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Fees	Description Website	
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 12/7/2022	Payee name TEXAS DEMOCRATIC PARTY		
Amount (\$) 605.00	Payee address; City; State; PO Box 15707 Austin, TX 78761	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sct Fees	Description VAN Access	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 5 of 6	2 FILER NAME Ms Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2022	5 Payee name Sandra Hernandez		
6 Amount (\$) 469.80	7 Payee address; City; State; 8 Burwood Ln San Antonio, TX 78216	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Printing Expense	Push Cards	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete s Candidate / Officeholder name Sukh Kaur	Office sought Council District 1	Austin, TX, officeholder living expense Office held
Date 12/19/2022	Payee name GOOGLE *Domains		
Amount (\$) 12.72	Payee address; City; State; 1600 Amphitheatre Parkway Mountainview, CA 94043	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	edule) Description Website	
	Check if travel outside of Texas, complete s	chedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Council District 1	Office held
Date 12/22/2022	Payee name GOTPRINT.COM		
Amount (\$) 66.66	Payee address; City; State; 7651 San Fernando Rd Burbank, CA 91505	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Printing Expense	edule) Description Thank You Notes	•
	Check if travel outside of Texas, complete s	chedule T Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED!	ED .

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 6 of 6	2 FILER NAME Ms Sukh Kaur	-	Filer ID (Ethics Commission Filers)
4 Date 12/30/2022	5 Payee name FROST BANK		
6 Amount (\$) 5.00	7 Payee address; City; State; 111 W Houston St ##100 San Antonio, TX 78205	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch	Bank Fee	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 12/31/2022	Payee name VENMO		
Amount (\$) 80.16	Payee address; City; State; 117 Barrow St New York, NY 10014	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	Description Contribution Fee	
	Check if travel outside of Texas, complete s	chedule T Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Council District 1	Office held
Date 12/31/2022	Payee name ANEDOT		
Amount (\$) 226.52	Payee address; City; State; 1340 Poydras Street ##770 New Orleans, LA 70112	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	Description Contribution Fee	
	Check if travel outside of Texas, complete s	chedule T Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED)

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Lo
Fees Of
Food/Beverage Expense Po
Gifts/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel in District Travel Out Of District

Solicitation/Fundraising Expense

Candidate/Officeholder/Political Co	ommittee 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 F2:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
1 of 1	Ms Sukh Kaur						
4 TOTAL OF UNITEMIZE	4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 0						
5 Date	6 Payee name						
7 Amount (\$)	7 Amount (\$) 8 Payee address; City; State; Zip Code						
9 TYPE OF EXPENDITURE	Political Non-Political						
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description						
	(C) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense						
11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH						
Date	Payee name						
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code						
TYPE OF EXPENDITURE	Political Non-Political						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description						
	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							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.			1 Total pages Schedule F3: 1 of 1						
2	FILER NAME Ms Sukh Kaur		3	Filer II	D (Ethi	cs Con	nmissio	n Filers)
4	Date	5 Name of person from whom investment is purchased							
		6 Address of person from whom investment is purchased; City;			 S	· · ·	 Zi	 p Code	• • • •
		7 Description of investment							
		8 Amount of investment (\$)							
	Date	Name of person from whom investment is purchased							
		Address of person from whom investment is purchased; City;	•		S	tate;	Zī	 p Code	• • • •
		Description of investment							
		Amount of investment (\$)							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense Consulting Expense

Event Expense Fees

Food/Beverage Expense
Gifts/Awards/Memorials Ex

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense

Travel in District

Solicitation/Fundraising Expense

Candidate/Officeholder/Political (Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form	Other (enter a category not listed above)
1 Total pages Schedule F4: 1 of 1	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description	n
EXPENDITORE	(c) Check if travel outside of Texas, complete schedule T Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/		Office held
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description	n
	Check if travel outside of Texas, complete schedule T Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Accounting/Banking Advertising Expense Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Fees Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Food/Beverage Expense Gifts/Awards/Memorials Expense Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1 of 1	Ms Sukh Kaur		
4 Date	5 Payee Name		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF	(a) Category (See categories listed at the top of this sche	(b) Description	
EXPENDITURE	(c) Check if travel outside of Texas, complete s	schedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF	Category (See categories listed at the top of this sche	edule) Description	
EXPENDITURE			
	Check if travel outside of Texas, complete s		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF	Category (See categories listed at the top of this sche	edule) Description	
EXPENDITURE	Check if travel outside of Texas, complete s	chedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED .

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) Accounting/Banking Event Expense Advertising Expense

Consulting Expense Consulting Expense
Contributions/Donations Made By

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

Gifts/Awards/Memorials Expense Printing Expense Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to complete t	his form
1 Total pages Schedule H: 1 of 1	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	,
6 Amount (\$)	7 Business address; City; State; Zip Code	9
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b)	Description
	(c) Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		e sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	9
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		e sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	9
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		e sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHED	OULE AS NEEDED

SCHEDULE |

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I: 1 of 1	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) (b) Description	cription (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	cription (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	cription (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	cription (See instructions regarding type of information required.)			
	ATTACH ADDITIONAL CODIES OF THIS SCHEDILL	- AC NEEDED			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	1 Total pages Schedule K: 1 of 1	
2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code
	7 Purpose for which amount is received	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received Che	eck if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	S NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 1 of 1						
2 FILER NAME Ms Sukh Kaur				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee			
5 Contribution / Expendi	ture reported on					
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS	
6 Dates of travel	7 Name of pers	son(s) traveling				
	8 Departure cit	y or name of departure location	on			
	9 Destination of	ity or name of destination loca	ation			
10 Means of transporta	ation	11 Purpose of travel (includin	g name of conference, sem	ninar, or other event)		
Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee			
Contribution / Expendi	ture reported on					
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name of pers	son(s) traveling				
	Departure cit	y or name of departure location	on			
	Destination of	ity or name of destination loca	ation			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expendi	ture reported on					
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name of pers	son(s) traveling				
	Departure cit	y or name of departure location	on			
	Destination city or name of destination location					
Means of transporta	ation	Purpose of travel (including	g name of conference, sem	ninar, or other event)		
	ATTA	CH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
C/OH NA	AME kh Kaur	Filer ID (Ethics Commission Filers)			
SIGNA	TURE				
I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
	Sig	gnature of Candidate / Officeholder			
	WHO IS NOT AN OFFICEHOLDER olete A & B below only if you are not an officeholder. ••				
A.	CAMPAIGN FUNDS				
Chec	ck only one:				
	I do not have unexpended contributions or unexpended interest or income earned from	n political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
В.	ASSETS				
Chec	ck only one:				
	I do not retain assets purchased with political contributions or interest or other income	from political contributions.			
	I do retain assets purchased with political contributions or interest or other income from may not convert assets purchased with political contributions or interest or other incomuse. I also understand that I must dispose of assets purchased with political contributions Election Code, § 254.204.	ne from political contributions to personal			
		Signature of Candidate			
	EHOLDER olete this section only if you are an officeholder. ••				
	I am aware that I remain subject to filing requirements applicable to an officeholder wh am also aware that I will be required to file reports of unexpended contributions if, after I retain political contributions, interest of other income from political contributions, or as interest or other income from political contributions.	filing the last required report as an officeholder,			
		Signature of Officeholder			