# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to compl	lete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST <b>Sukh</b>		MI	OFFICE US	SE ONLY
NAME	NICKNAME	LAST Kaur	• • • • • • • • • • • • • • • • • • • •	SUFFIX	Date Received 7/17/2023 1:01:7	18PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT PO Box 120101 San Antonio TX 78212		CITY; STA	ATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE		E NUMBER 6-0580	EXTEN	ISION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Bobby		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST Mendez	;	SUFFIX	Date Processed 7/17/2023 1:01:1  Date Imaged	8PM
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO 455 Sharon Dr #Sharo San Antonio TX 78216		PT / SUITE #;	CITY; ST.	ATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE		E NUMBER 3-1555	EXTEN	SION		
9 REPORT TYPE	July 15: Semi-Ann	ual				
10 PERIOD COVERED	Month <b>6/</b> *	Day Year 1/2023	THROUG	Month SH <b>6/</b> 3	Day Year <b>30/2023</b>	
11 ELECTION	ELECTION DATE  Month Day Year  6/10/2023	Primary Genera		Description		
12 OFFICE	OFFICE HELD (if any)	,		13 OFFICE SOUGHT  Council Distri	,	
		GO ТО	PAGE 2			

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME Sukh Kaur				15 Filer II	D (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 Charter Schools No	ow PAC		
	X GENERAL	COMMITTEE ADDRE 3005 S Lamar Blvd Austin TX 78704			
Additional Pages	SPECIFIC		IGN TREASURER NAME		
Additional Lages		COMMITTEE CAMPAIGN TREASURER ADDRESS 1301 W Oltorf St. Austin TX 78704			
17 CONTRIBUTION TOTALS	<ol> <li>PLEDGES, LC</li> </ol>	MIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	21744.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		0		
	4. TOTAL POLIT	ICAL EXPENDITURES	38396.96		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 18245.99				18245.99
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C THE REPORTING PERIC	OUTSTANDING LOANS AS OF THE	\$	0
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	e or Officeh	older
Sworn to and subscribe of <b>July</b> ,	•	nid <u>Sukh Kaur</u> which, witness my hand	d and seal of office.	this	the <u>17th</u> day
Signature of officer adn	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath

## **SUBTOTALS - COH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME		20 Filer ID (Ethics Commission Filers)	
	Sukh Kaur			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	X SCHEDULE A1: MONE	ETARY POLITICAL CONTRIBUTIONS	\$ 21744.00	
2.	X SCHEDULE A2: NON-	MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0	
3.	X SCHEDULE B: PLEDG	GED CONTRIBUTIONS	\$0	
4.	X SCHEDULE E: LOANS	\$0		
5.	X SCHEDULE F1: POLIT	TICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 38396.96	
6.	X SCHEDULE F2: UNPA	AID INCURRED OBLIGATIONS	\$0	
7.	X SCHEDULE F3: PURC	CHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	NS \$0	
8.	X SCHEDULE F4: EXPE	ENDITURES MADE BY CREDIT CARD	\$0	
9.	X SCHEDULE G: POLIT	ICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0	
10.	X SCHEDULE H: PAYME	ENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH \$ 0	
11.	X SCHEDULE I: NON-PO	OLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIO	NS \$0	
12.	SCHEDULE K: INTERI RETURNED TO FILER	EST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	\$ 0	

### SCHEDULE A1

	1	The Instruction Guide explains how to complete	e this form.	1 Total pages Schedule A1: 1 of 15
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 6/1/2023	5 Full name of contributor □ out-of-s Manuela Agurcia	tate PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 2610 Cavoli Fields San Antonio, TX 78259	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Otima Invesments	ictions)
	Date 6/1/2023	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 2610 Cavoli Fields San Antonio, TX 78259	State; Zip Code	
	Principal occupa  Partner	ation / Job title (See instructions)	Employer (See instru Otima Invesments	uctions)
	Date 6/1/2023	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 13006 Woller Valley San Antonio, TX 78249	State; Zip Code	
	Principal occupa Partner	ation / Job title (See instructions)	Employer (See instru Otima Invesments	uctions)
	Date 6/1/2023	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 9902 Bernhardt Way San Antonio, TX 78263	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instru	•

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### SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 2 of 15
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 6/1/2023	5 Full name of contributor Luis Garza	out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 200.00
		6 Contributor address; 6527 Redbird San antonio, TX 78240	City;	State; Zip Code	
8	Principal occup	pation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 6/1/2023	Full name of contributor  Anupama Atluri	☐ out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 10410 Legacy Cove San Antonio, TX 78240	City;	State; Zip Code	
Principal occupation / Job title (See instructions)  IT industry			Employer (See instru <b>Usaa</b>	uctions)	
	Date Full name of contributor ☐ out-of-state PAC (ID#)  6/2/2023 Swapomthi Govindaraju		AC (ID#)	Amount of contribution (\$) <b>250.00</b>	
		Contributor address; 7167 Bella Garden San Antonio, TX 78256	City;	State; Zip Code	
	Principal occup Counselor	pation / Job title (See instructions)		Employer (See instru	
	Date 6/2/2023	Full name of contributor  May Lam	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 1 Towers Park Lane San Antonio, TX 78209	City;	State; Zip Code	
	Principal occup	pation / 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

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### SCHEDULE A1

		The Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 3 of 15
2	FILER NAME  Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 6/2/2023	5 Full name of contributor Lisa Delao	☐ out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 10.00
		6 Contributor address; 3622 Windgap Dr San Antonio, TX 78230	City; S	State; Zip Code	
8	Principal occup retired	ation / Job title (See instructions)		9 Employer (See instru	ictions)
	Date 6/2/2023	Full name of contributor Kamala Rao	Out-of-state PA	AC (ID#)	Amount of contribution (\$) <b>250.00</b>
		Contributor address; 14460 Iron Horse way Helotes, TX 78023	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (S Agile Scrum Master USAA		Employer (See instru <b>USAA</b>	actions)		
	Date 6/3/2023	Full name of contributor  Aditi Vazir	out-of-state PA	AC (ID#)	Amount of contribution (\$) <b>250.00</b>
		Contributor address; 626 Mesa Rdg San Antonio, TX 78258	City;	State; Zip Code	
	Principal occup Self Employed	ation / Job title (See instructions)	Employer (See instructions)  Vasant LLC		ictions)
	Date 6/3/2023	Full name of contributor Theresa Hernandez	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; 302 E Franciscan San Antonio, TX 78204	City; S	State; Zip Code	
	Principal occup	ation / Job title (See instructions)		Employer (See instru	ictions)

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### SCHEDULE A1

	7	The Instruction Guide explains how	to complete this	form.	1	Total pages Schedule A1: 4 of 15
2	FILER NAME Sukh Kaur				3	Filer ID (Ethics Commission Filers)
4	Date 6/3/2023	5 Full name of contributor  Letty Hernandez	out-of-state Pa	AC (ID#)	1	Amount of contribution (\$) 500.00
		903 Southwest 39th Street San Antonio, TX 78237	Oily,	State, Zip Gode		
8	Principal occupa Manager	ation / Job title (See instructions)		9 Employer (See instru The eatery/ True Fla		-
	Date 6/3/2023	Full name of contributor  Jessica Hernandez	out-of-state P	AC (ID#)	1	Amount of contribution (\$) <b>500.00</b>
		Contributor address; 411 e cevallos SAN ANTONIO, TX 78204	City;	State; Zip Code		
Principal occupation / Job title (See instructions) <b>NA</b>			Employer (See instru	uctio	ns)	
	Date 6/3/2023	Full name of contributor  Johnny Hernandez	out-of-state P	AC (ID#)	1	Amount of contribution (\$) <b>500.00</b>
		Contributor address; 411 e cevallos SAN ANTONIO, TX 78204	City;	State; Zip Code		
	Principal occupa Chef	ation / Job title (See instructions)		Employer (See instru Self	uctio	ns)
	Date 6/4/2023	Full name of contributor Nandini Mandlik	out-of-state P	AC (ID#)	1	Amount of contribution (\$) 259.00
		Contributor address; 120 Barilla Place San Antonio, TX 78209	City;	State; Zip Code		
	Principal occupa Pediatrician	ation / Job title (See instructions)		Employer (See instru UT Health San Anto		ns)

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### SCHEDULE A1

	ī	he Instruction Guide explains how to complete this	orm.	1 Total pages Schedule A1: 5 of 15
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date <b>6/5/2023</b>	5 Full name of contributor ☐ out-of-state PA  Vanessa Hurd	C (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; S 7373 Broadway San Antonio, TX 78209	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 6/5/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 454 Concord PI San Antonio, TX 78201	tate; Zip Code	
			Employer (See instru Methodist Health Sy	
	Date 6/5/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; City; S 1401 S Flores San Antonio, TX 78204	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 6/5/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 1401 S Flores San Antonio, TX 78204	tate; Zip Code	
	Principal occupa Chief of staff	ation / Job title (See instructions)	Employer (See instru <b>Grupo La Gloria</b>	ctions)

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### SCHEDULE A1

	1	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 15
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 6/5/2023	5 Full name of contributor  ut-of-state PA  Jose Gomez	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 2003 West Commerce Street San Antonio, TX 78207	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 6/5/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>250.00</b>
		Contributor address; City; S 14672 Iron Horse Way Helotes, TX 78023	tate; Zip Code	
	Principal occupation / Job title (See instructions)  Director of Information Technology  Employer (See instructions)  Alamo Colleges			
	Date 6/5/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>250.00</b>
		Contributor address; City; S 507 Berwick Town Shavano Park, TX 78249	tate; Zip Code	
	Principal occupa Physician	ation / Job title (See instructions)	Employer (See instru Tenet Physician Res	·
	Date 6/5/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 19223 Terra rock San Antonio, TX 78255	itate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru USAA	ctions)

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### SCHEDULE A1

	1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 7 of 15
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 6/5/2023	5 Full name of contributor  ut-of-state PA	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; S 711 Vegas Rio Helotes, TX 78023	State; Zip Code	
8	Principal occupa Physician	pation / Job title (See instructions)  9 Employer (See instructions)  TDDC, 621 Camden, San Antonio, TX 78215		
	Date 6/5/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 25 N Moore Street New York, NY 10013	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See in <b>CEO</b> Murmuration			Employer (See instru	ctions)
	Date Full name of contributor □ out-of-state PAC (ID#) 6/6/2023 Cindy Taylor		AC (ID#)	Amount of contribution (\$) <b>100.00</b>
		Contributor address; City; S 4251 Valley Field San Antonio, TX 78222	State; Zip Code	
	Principal occupa Consultant	ation / Job title (See instructions)	Employer (See instru Cindy Taylor	ctions)
	Date 6/6/2023	Full name of contributor  ut-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 831145 San Antonio, TX 78283	State; Zip Code	
Principal occupation / Job title (See instructions)  Dentist			Employer (See instru Roland Cavazos DD	

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### SCHEDULE A1

	Т	he Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 8 of 15
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 6/6/2023	5 Full name of contributor  Manju Badam	out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 406 Ruidosa Downs Helotes, TX 78023	City;	State; Zip Code	
8	Principal occupa Physician	tition / Job title (See instructions)		9 Employer (See instru Vayu Wound care &	·
	Date 6/6/2023	Full name of contributor RICK CUELLAR	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 406 E LOCUST ST SAN ANTONIO, TX 78212	City;	State; Zip Code	
	Principal occupa Founder	ation / Job title (See instructions)		Employer (See instru	ictions)
	Date 6/6/2023	Full name of contributor Ram Joolukuntla	out-of-state P	AC (ID#)	Amount of contribution (\$) 150.00
		Contributor address; 21939 Diamond Chase San Antonio, TX 78259	City;	State; Zip Code	
	Principal occupa Real Estate	ation / Job title (See instructions)		Employer (See instru	ictions)
	Date 6/8/2023	Full name of contributor Mario Pena	out-of-state P	AC (ID#)	Amount of contribution (\$) 150.00
		Contributor address; 343 W Hollywood San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa  Partner	tition / Job title (See instructions)		Employer (See instru	ictions)

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### SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 9 of 15
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 6/8/2023	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; S 25239 Estancia Circle San Antonio, TX 78260	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions) Consortium	9 Employer (See instru UTSA	ctions)
	Date 6/10/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>25.00</b>
		Contributor address; City; S 1726 FREDERICKSBURG ROAD #10322 SAN ANTONIO, TX 78201	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru retired	ctions)
	Date 6/13/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; City; S 100 NE Loop 410 San Antonio, TX 78216	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Brown & McDonald	•
	Date 6/13/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 100 NE Loop 410 San Antonio, TX 78216	State; Zip Code	
Principal occupation / Job title (See instructions) Attorney			Employer (See instru Brown & McDonald	•

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### SCHEDULE A1

	Т	he Instruction Guide explains how to	form.	1 Total pages Schedule A1: 10 of 15	
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 6/13/2023	5 Full name of contributor Valero PAC	Out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; PO Box 696000 San Antonio, TX 78269	City; S	State; Zip Code	
8 Principal occupation / Job title (See instructions) NA  9 Employer (See instructions) NA			uctions)		
	Date 6/13/2023	Full name of contributor  Texas Association of Realto	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 2246 San Antonio, TX 78768	City;		
	Principal occupa	tion / Job title (See instructions)		Employer (See instr	uctions)
	Date 6/13/2023	Full name of contributor Ross Properties, LLC	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa	tion / Job title (See instructions)		Employer (See instr	uctions)
	Date 6/13/2023	Full name of contributor  Allan Polunsky	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 17806 IH 10 West San Antonio, TX 78257	City;	State; Zip Code	
	Principal occupa Founder	tion / Job title (See instructions)		Employer (See instr Polunsky Beitel & (	•

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### SCHEDULE A1

		The Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 11 of 15
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 6/13/2023	5 Full name of contributor		7 Amount of contribution (\$) 500.00	
		6 Contributor address; 7525 Babcock Rd San Antonio, TX 78249	City;	State; Zip Code	
8	Principal occup	ation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 6/13/2023	Full name of contributor  Jayesh Patel	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 713 Waring Welfare Rd Comfort, TX 78013	City;	State; Zip Code	
		Employer (See instru Polunsky Beitel & G	•		
	Date 6/13/2023	Full name of contributor Scott Polunsky	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 306 Pearl Pkwy San Antonio, TX 78215	City;	State; Zip Code	
		ation / Job title (See instructions)		Employer (See instru Polunsky Beitel & G	-
	Date 6/13/2023	Full name of contributor Loop 1604 Group	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 782257 Wichita, KS 67278	City;	State; Zip Code	
			Employer (See instru	uctions)	

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### SCHEDULE A1

	т	he Instruction Guide explains how to o	complete this f	form.	1 Total pages Schedule A1: 12 of 15
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 6/13/2023	5 Full name of contributor  Johnny Stevens	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 8120 Killarney Ct Wichita, KS 67206	City; S	tate; Zip Code	
8	Principal occupa  Business Owne	tion / Job title (See instructions) r		9 Employer (See instru Self	ctions)
	Date 6/13/2023	Full name of contributor  San Antonio Land Fund	☐ out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 782257 Wichita, KS 67278	City; S	tate; Zip Code	
	Principal occupation / Job title (See instructions)  NA  Employer (See instructions)  NA				
	Date 6/13/2023	Full name of contributor  Vineyard Shopping Center	☐ out-of-state PA	C (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; PO Box 782257 Wichita, KS 67278	City; S	tate; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru <b>NA</b>	ctions)
	Date 6/13/2023	Full name of contributor  Greg Penner	☐ out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 1806 Bentonville, AR 72712	City; S	tate; Zip Code	
	Principal occupation / Job title (See instructions)  Chairman  Employer (See instructions)  Walmart				ctions)

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### SCHEDULE A1

	1	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 13 of 15	
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)	
4	Date 6/13/2023	5 Full name of contributor Arleen Garza	☐ out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 500.00	
		6 Contributor address; 106 Trinity Oak Shavano Park, TX 78230	City;	State; Zip Code		
8	Principal occupa Co-Founder	ation / Job title (See instructions)		9 Employer (See instru REEP Equity	uctions)	
	Date 6/13/2023	Full name of contributor  Julian Trevino	out-of-state P	AC (ID#)	Amount of contribution (\$) 200.00	
		Contributor address; 332 King William San Antonio, TX 78204	City;	State; Zip Code		
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Retired	uctions)	
	Date 6/13/2023	Full name of contributor  John Speegle	Out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00	
		Contributor address; 102 Harrison San Antonio, TX 78209	City;			
	Principal occupa	ation / Job title (See instructions)			Employer (See instructions) Speegle & KIM Davis	
	Date 6/13/2023	Full name of contributor Henry Rosales	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00	
		Contributor address; 15739 Selene View San Antonio, TX 78245	City;	State; Zip Code		
	Principal occupa President/CEO	ation / Job title (See instructions)		Employer (See instru Americas Walking (		

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### SCHEDULE A1

	1	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 14 of 15
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 6/13/2023	5 Full name of contributor ☐ out-of-state Robert Lozano	PAC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; 128 Adams St San Antonio, TX 78210	State; Zip Code	
8		ation / Job title (See instructions) Business Manager	9 Employer (See instru Bristol Myers Squib	
	Date 6/13/2023	Full name of contributor  ut-of-state	PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City;  14111 Vance Jackson Rd  San Antonio, TX 78249	State; Zip Code	
Principal occupation / Job title (See instructions)  Director of Business Development  Employer (See instructions)  Checkpoint ID			uctions)	
	Date 6/13/2023	Full name of contributor  ut-of-state	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; PO Box 781609 San Antonio, TX 78278	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 6/22/2023	Full name of contributor  ut-of-state	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 2338 N. Loop 1604 W. San Antonio, TX 78248	State; Zip Code	
			Employer (See instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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### SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15 of 15
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 6/22/2023	5 Full name of contributor ☐ out-of-state PA Garrett Brown	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 48 Vineyard Dr San Antonio, TX 78257	tate; Zip Code	
8	8 Principal occupation / Job title (See instructions) Public Affairs  9 Employer (See instructions) NuStar Energy			
	Date 6/22/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 427 Stonewood St San Antonio, TX 78216	tate; Zip Code	
		Employer (See instru  Amazon Business	ctions)	
	Date 6/22/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; City; S 427 Stonewood St San Antonio, TX 78216	tate; Zip Code	
	Principal occup Physicians Ass	ation / Job title (See instructions)	Employer (See instru Would Evolution Cli	•
	Date 6/22/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; City; S 48 Vineyard Dr San Antonio, TX 78257	tate; Zip Code	
Principal occupation / Job title (See instructions)  Executive Vice President & CAO  Employer (See instructions)  NuStar Energy			ctions)	

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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 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#  7 Contributor address; City; State; Zip (	8 Amount of Contribution \$ 9 In-kind contribution description				
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas, complete Schedule T  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	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#	Amount of Contribution \$ In-kind contribution description  Code  Check if travel outside of Texas, complete Schedule T				
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)				
	Contributor's principal occupation (FOR JUDICIAL)	Contributor'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)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: 1 of 1
2 FILER NAME 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#  7 Pledgor address; City; State; Zip Code	9 In-kind contribution description
10 Principal occupation / Job title (See instructions)  11	Check if travel outside of Texas, complete Schedule T Employer (See instructions)
Date  Full name of pledgor  out-of-state PAC (ID#  Pledgor address;  City; State; Zip Code	In-kind contribution description
Drive in all a constant ( lab title (One in structions)	Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)	Employer (See instructions)
Date Full name of pledgor out-of-state PAC (ID#	) Amount of Pledge \$
Pledgor address; City; State; Zip Code	Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)	Employer (See instructions)
Date Full name of pledgor out-of-state PAC (ID#  Pledgor address; City; State; Zip Code	) Amount of Pledge \$ In-kind contribution description
Principal occupation / Job title (See instructions)	Check if travel outside of Texas, complete Schedule T Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS	

#### **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) Sukh Kaur 4 TOTAL OF UNITEMIZED LOANS **\$** 0 5 Date of loan 7 Name of lender out-of-state PAC (ID#\_ 9 Loan Amount (\$) 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest rate financial institution? 11 Maturity date **12** Principal occupation / Job title (See instructions) 13 Employer (See instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See instructions) none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** 18 Guarantor address; City; State; Zip Code 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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Commit

Event Expense Fees

Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 of 19 Sukh Kaur 4 Date 5 Payee name 6/1/2023 **GOOGLE \*Domains** 6 Amount (\$) 7 Payee address; State; Zip Code 13.74 1600 Amphitheatre Parkway Mountain View, CA 94043 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Advertising Expense Website Hosting **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Sukh Kaur **Council District 1** Date Payee name 6/2/2023 Mailchimp Amount (\$) Payee address; City; State; Zip Code 28.25 675 Ponce de Leon Ave NE ##5000 ATLANTA, GA 30308 Category (See categories listed at the top of this schedule) Description **Email Newsletter Advertising Expense PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH **Council District 1** Sukh Kaur Date Payee name 6/5/2023 **Brett Misquez** Amount (\$) Pavee address: City; State; Zip Code 330.00 5107 Ozark St. San Antonio, TX 78201 Category (See categories listed at the top of this schedule) Description Field Walker Other: Contract Labor **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH **Council District 1** Sukh Kaur ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense L Fees C Food/Beverage Expense F Gifts/Awards/Memorials Expense F	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)
Credit Card Payment	The Instruction Guide explains how to	o complete this form	
1 Total pages Schedule F1: 2 of 19	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 6/5/2023	5 Payee name Gabrien Gregory		
6 Amount (\$) 250.00	7 Payee address; City; State; 1806 Town Oak Dr San Antonio, TX 78232	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Other: Contract Labor	(b) Description Campaign Team	
	(c) Check if travel outside of Texas, complete sch	hedule T Check if A	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date <b>6/5/2023</b>	Payee name Marshall Cavazos		
Amount (\$) <b>640.00</b>	Payee address; City; State; 11789 donop dr San Antonio, TX 78223	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Contract Labor	Description Field Walker	
-	Check if travel outside of Texas, complete sch	hedule T Check if /	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 1	Office held
Date <b>6/5/2023</b>	Payee name JIFFYSHIRTS.COM		
Amount (\$) 131.62	Payee address; City; State; 1000 N West St #1200 Wilmington, DE 19801	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Contract Labor	Description Shirts	
	Check if travel outside of Texas, complete sch	hedule 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 TH	IS SCHEDULE AS NEEDE	ED

	EVDENDI	TUDE CATECODIES FOR	DOV 9/a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage E Gifts/Awards/Me ommittee Legal Services	Office C Expense Polling morials Expense Printing	epayment/Reimbursement overhead/Rental Expense Expense Expense o/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: 3 of 19	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 6/5/2023	5 Payee name Devorah Frost			
6 Amount (\$) 560.00	7 Payee address; 3332 K St San Antonio, TX 78220	, , ,	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lis Other: Contract Labo		(b) Description Field Walker	
EXPENDITURE	(c) Check if travel outside	of Texas, complete schedule	T Check if A	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeho	· · · · · · · · · · · · · · · · · · ·	Office sought Council District 1	Office held
Date <b>6/5/2023</b>	Payee name 3D Signs			
Amount (\$) <b>405.94</b>	Payee address; 8015 W 2nd St Somerset, TX 78069	City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See categories lis  Printing Expense	sted at the top of this schedule)	Description Signs Printing	
	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	Candidate / Officeho DH <b>Sukh Kaur</b>	older name	Office sought  Council District 1	Office held
Date <b>6/6/2023</b>	Payee name ALAMO MAILING CO S	SALE		
Amount (\$) <b>4338.98</b>	Payee address; 13114 Lookout Run San Antonio, TX 78233	,	Code	
PURPOSE OF EXPENDITURE	Category (See categories lic  Advertising Expense	sted at the top of this schedule)	Description Mailer Postage	
	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		older name	Office sought  Council District 1	Office held
	ATTACH ADDITIONA	AL COPIES OF THIS SO	CHEDULE AS NEEDE	ED.

	EXPENDITURE CATEGO	RIES 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	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor  Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related E Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Fi	lers)	
4 Date 6/6/2023	5 Payee name Jennifer Longoria			
Amount (\$) 7 Payee address; City; State; Zip Code 403 Basswood Dr San Antonio, TX 78213				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this Other: Contract Labor	(b) Description Field Director		
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought Office held  Council District 1		
Date 6/7/2023	Payee name SCHOOL YARD			
Amount (\$) 191.87	Payee address; City; Sta 12300 IH-10 W Bldg 3 San Antonio, TX 78230	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Printing Expense	Description Campaign Shirts		
	Check if travel outside of Texas, comple	ete 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 6/7/2023	Payee name Jennifer Longoria			
Amount (\$) <b>1500.00</b>	Payee address; City; Sta 403 Basswood Dr San Antonio, TX 78213	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi Other: Contract Labor	Description Field Director		
	Check if travel outside of Texas, comple	ete 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 O	F THIS SCHEDULE AS NEEDED		

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	EXPENDITURE CATEGORII  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  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 19	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date <b>6/7/2023</b>	5 Payee name Pescador Public St			
6 Amount (\$) 1000.00				
8 PURPOSE OF EXPENDITURE	PURPOSE Advertising Expense Digital Media OF			
	(c) Check if travel outside of Texas, complete	schedule T Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought Office held  Council District 1		
Date 6/8/2023	Payee name ALAMO MAILING CO SALE			
Amount (\$) <b>3479.73</b>	Payee address; City; State; 13114 Lookout Run San Antonio, TX 78233	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sc Advertising Expense	Description Mailer Postage		
	Check if travel outside of Texas, complete	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 <b>6/9/2023</b>	Payee name <b>Matt Spadoni</b>			
Amount (\$) <b>420.00</b>	Payee address; City; State; 414 W Kings Hwy San Antonio, TX 78212	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sc Other: Contract Labor	Description Field Walker		
	Check if travel outside of Texas, complete	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 CATEGO	RIES 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 FILER NAME Sukh Kaur	now to complete this form	3 Filer ID (Ethics Commission Filers)
4 Date 6/12/2023	5 Payee name Devorah Frost		
6 Amount (\$) 940.00	7 Payee address; City; Sta 3332 K St San Antonio, TX 78220	ate; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this Other: Contract Labor	(b) Description Field Walker	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, completed  Candidate / Officeholder name  Sukh Kaur	Office sought  Council District 1	Austin, TX, officeholder living expense Office held
Date 6/12/2023	Payee name  Devorah Frost		
Amount (\$) <b>940.00</b>	Payee address; City; Sta 3332 K St San Antonio, TX 78220	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Other: Contract Labor	s schedule)  Description  Field Walker	
	Check if travel outside of Texas, comple	ete schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH <b>Sukh Kaur</b>	Office sought Council District 1	Office held
Date 6/12/2023	Payee name Path to Victory		
Amount (\$) <b>500.00</b>	Payee address; City; Sta 136 S Hanrock San Antonio, TX 53703	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Advertising Expense	s schedule)  Description  Digital Media	
	Check if travel outside of Texas, comple	ete 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 O	F THIS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	•	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor  ns how 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 Sukh Kaur	is now to complete this form	3 Filer ID (Ethics Commission Filers)
4 Date 6/12/2023	5 Payee name Pescador Public St		ı
6 Amount (\$) 500.00	7 Payee address; City; 4007 McCullough #168 San Antonio, TX 78212	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Advertising Expense	(b) Description Digital Media	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, con Candidate / Officeholder name Sukh Kaur	Office sought  Council District 1	Austin, TX, officeholder living expense Office held
Date <b>6/12/2023</b>	Payee name Brett Misquez		
Amount (\$) <b>500.00</b>	Payee address; City; 5107 Ozark St. San Antonio, TX 78201	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Other: Contract Labor	this schedule)  Description  Field Walker	
	Check if travel outside of Texas, con	nplete schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH <b>Sukh Kaur</b>	Office sought  Council District 1	Office held
Date 6/12/2023	Payee name PRESTIGE PRINTING, LLC		
Amount (\$) <b>4813.88</b>	Payee address; City; 8 Burwood Ln San Antonio, TX 78216	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Printing Expense	this schedule)  Description  Mailer Printing	
	Check if travel outside of Texas, con	nplete schedule T Check if	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 THIS SCHEDULE AS NEED!	ED

	EXPENDITURE CATEGO	RIES 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: 8 of 19	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 6/12/2023	5 Payee name Tricia Garza		
6 Amount (\$) 804.00	7 Payee address; City; Sta 225 Mt Vernon San Antonio, TX 78223	te; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this Other: Contract Labor	Field Walker	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, comple  Candidate / Officeholder name  Sukh Kaur	Office sought  Council District 1	Office held
Date <b>6/12/2023</b>	Payee name Eric Rodriguez		
Amount (\$) <b>72.00</b>	Payee address; City; Sta 849 Delgado St San Antonio, TX 78207	te; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Other: Contract Labor	Description Field Walker	
	Check if travel outside of Texas, comple	te schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH <b>Sukh Kaur</b>	Office sought Council District 1	Office held
Date <b>6/12/2023</b>	Payee name Eric Rodriguez		
Amount (\$) <b>790.00</b>	Payee address; City; Sta 849 Delgado St San Antonio, TX 78207	te; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Other: Contract Labor	schedule) Description Field Walker	
	Check if travel outside of Texas, comple	te 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 CATEGOR	IES 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: 9 of 19	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 6/12/2023	5 Payee name Danielle Epps		
6 Amount (\$) 720.00	7 Payee address; City; State 7810 Callaghan Rd San Antonio, TX 78229	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Other: Contract Labor	(b) Description Field Walker	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 1	Austin, TX, officeholder living expense Office held
Date 6/12/2023	Payee name Jennifer Boyle		
Amount (\$) <b>540.00</b>	Payee address; City; State 13332 Bristow Dawn San Antonio, TX 78217	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Other: Contract Labor	Description Field Walker	
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH <b>Sukh Kaur</b>	Office sought Council District 1	Office held
Date 6/12/2023	Payee name Lisa Montana		
Amount (\$) <b>60.00</b>	Payee address; City; State 915 Big Leaf Rd San Antonio, TX 78264	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Other: Contract Labor	Description Field Walker	
	Check if travel outside of Texas, complete	e 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	THIS SCHEDULE AS NEEDE	:D

	EXPENDITURE CATEGOR	IES 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 ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor w 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: 10 of 19	2 FILER NAME Sukh Kaur	·	3 Filer ID (Ethics Commission Filers)
4 Date 6/12/2023	5 Payee name Lisa Montana	,	
6 Amount (\$) 450.00	7 Payee address; City; State 915 Big Leaf Rd San Antonio, TX 78264	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Other: Contract Labor	(b) Description Field Walker	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 1	Austin, TX, officeholder living expense Office held
Date 6/12/2023	Payee name Natalie Marquez		
Amount (\$) 48.00	Payee address; City; State 14200 Vance Jackson Rd San Antonio, TX 78249	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Other: Contract Labor	chedule) Description Field Walker	
	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
Date 6/12/2023	Payee name Natalie Marquez		
Amount (\$) <b>360.00</b>	Payee address; City; State 14200 Vance Jackson Rd San Antonio, TX 78249	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Other: Contract Labor	chedule) Description Field Walker	
	Check if travel outside of Texas, complete	schedule T Check if A	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	THIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Event Expense L Fees C Food/Beverage Expense F Gifts/Awards/Memorials Expense F	Joan 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)	
Credit Card Payment	The Instruction Guide explains how to	complete this form		
1 Total pages Schedule F1: 11 of 19	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>6/12/2023</b>	5 Payee name Dawn Lopez			
6 Amount (\$) 13.20	7 Payee address; City; State; 717 Pecan St Jourdanton, TX 78026	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Other: Contract Labor	(b) Description Field Walker		
	(c) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held	
Date <b>6/12/2023</b>	Payee name Dawn Lopez			
Amount (\$) <b>180.00</b>	Payee address; City; State; 717 Pecan St Jourdanton, TX 78026	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Contract Labor	Description Field Walker		
	Check if travel outside of Texas, complete sch	nedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held	
Date <b>6/13/2023</b>	Payee name Duable Brand Trust			
Amount (\$) 2000.00	Payee address; City; State; 110 Broadway St Ste 170 San Antonio, TX 78205	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Contract Labor	Description Campaign Team		
	Check if travel outside of Texas, complete sch	nedule T Check if	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 THIS SCHEDULE AS NEEDED			

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Ex Gifts/Awards/Mem ommittee Legal Services	Office C kpense Polling I lorials Expense Printing	epayment/Reimbursement overhead/Rental Expense Expense Expense i/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: 12 of 19	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 6/13/2023	5 Payee name Matt Nixon			
6 Amount (\$) 600.00	7 Payee address; 510 Byrnes Dr San Antonio, TX 78209	City; State; Zip	Code	
8 PURPOSE OF	(a) Category (See categories list Other: Contract Labor		(b) Description Field Walker	
EXPENDITURE	(c) Check if travel outside	of Texas, complete schedule	T Check if A	Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officehol  BH Sukh Kaur	der name	Office sought Council District 1	Office held
Date 6/13/2023	Payee name <b>EL HONKY TONK</b>			
Amount (\$) 282.87	Payee address; 316 N Flores San Antonio, TX 78205	City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See categories list Food/Beverage Expen		Description Volunteer Celebra	ation
	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	Candidate / Officehol PH Sukh Kaur	der name	Office sought  Council District 1	Office held
Date <b>6/13/2023</b>	Payee name Marshall Cavazos			
Amount (\$) <b>540.00</b>	Payee address; 11789 donop dr San Antonio, TX 78223	City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See categories list Other: Contract Labor		Description Field Walker	
	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		der name	Office sought  Council District 1	Office held
	ATTACH ADDITIONA	L COPIES OF THIS SC	CHEDULE AS NEEDE	ED.

	EXPENDITURE CATEGO	RIES 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 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 6/13/2023	5 Payee name Melany Cardenas		
6 Amount (\$) 280.00	7 Payee address; City; Sta 411 Mason St San Antonio, TX 78208	ate; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of thi Other: Contract Labor	(b) Description Field Walker	
<b>9</b> 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 <b>6/14/2023</b>	Payee name Natalie Garza		
Amount (\$) <b>500.00</b>	Payee address; City; Sta 435 W Summit San Antonio, TX 78212	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi Other: Contract Labor	s schedule)  Description  Campaign Team	
	Check if travel outside of Texas, compl	ete schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH <b>Sukh Kaur</b>	Office sought Council District 1	Office held
Date 6/14/2023	Payee name Armin Suljovic		
Amount (\$) <b>919.00</b>	Payee address; City; Sta 11014 Almond Park San Antonio, TX 78249	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi Other: Contract Labor	s schedule)  Description  Field Walker	
	Check if travel outside of Texas, compl	ete 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 O	F THIS SCHEDULE AS NEEDE	ED.

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking		Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense		Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	·	-	Other (enter a category not listed above)
	The Instruction Guide explains how t	to complete this form	
1 Total pages Schedule F1: 14 of 19	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 6/14/2023	5 Payee name Kashmir Davis		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
740.00	12035 Vintage Pt		
	San Antonio, TX 78253		
		1	
8	(a) Category (See categories listed at the top of this sche		
PURPOSE	Other: Contract Labor	Field Walker	
OF			
EXPENDITURE			
	(C) Check if travel outside of Texas, complete so		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		
6/14/2023	Selma Suljovic		
Amount (\$)	Payee address; City; State;	Zip Code	
647.00	11014 Almond Park	·	
	San Antonio, TX 78249		
		1	
	Category (See categories listed at the top of this sche		
PURPOSE	Other: Contract Labor	Field Walker	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule 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		
6/14/2023	Angel Zamora		
Amount (\$)	Payee address; City; State;	Zip Code	
470.00	411 Mason St	Zip Code	
	San Antonio, TX 78208		
	Gui Antonio, 12 70200		
	Category (See categories listed at the top of this sche	dule) Description	
PURPOSE	Other: Contract Labor	Field Walker	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C		Council District 1	Since Hold
,			
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	<b>E</b> D

	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 Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor V to complete this form  Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel in District Travel Out Of District Other (enter a category not listed above)	nse
1 Total pages Schedule F1: 15 of 19	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers	;)
4 Date 6/14/2023	5 Payee name Semra Suljovic	-	
6 Amount (\$) 444.00	7 Payee address; City; State 11014 Almond Park San Antonio, TX 78249	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Other: Contract Labor	Field Walker	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete  Candidate / Officeholder name  Sukh Kaur	Office sought Office held  Council District 1	
Date <b>6/14/2023</b>	Payee name <b>Maria Bonita</b>		
Amount (\$) <b>305.10</b>	Payee address; City; State 350 Northaven Dr. San Antonio, TX 78229	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Food/Beverage Expense	hedule)  Description  Team Celebration	
	Check if travel outside of Texas, complete	schedule T Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH <b>Sukh Kaur</b>	Office sought Office held  Council District 1	
Date 6/14/2023	Payee name Jay Cee Maldonado		
Amount (\$) <b>120.00</b>	Payee address; City; State 3542 huntwick lane San Antonio, TX 78230	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Other: Contract Labor	hedule) Description Field Walker	
	Check if travel outside of Texas, complete	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	THIS 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: 16 of 19	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)		
4 Date 6/14/2023	5 Payee name Lola Cardenas				
6 Amount (\$) 40.00	7 Payee address; City; State 3023 Briarfield San Antonio, TX 78230	; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Other: Contract Labor	(b) Description Field Walker			
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	(c) Check if travel outside of Texas, complete  Candidate / Officeholder name  Sukh Kaur	office sought Council District 1	Austin, TX, officeholder living expense Office held		
Date <b>6/14/2023</b>	Payee name Matt Spadoni				
Amount (\$) <b>772.00</b>	Payee address; City; State 414 W Kings Hwy San Antonio, TX 78212	; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Other: Contract Labor	hedule) Description Field Walker			
	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	Candidate / Officeholder name DH <b>Sukh Kaur</b>	Office sought Council District 1	Office held		
Date 6/16/2023	Payee name Juanita Ruiz				
Amount (\$) <b>540.00</b>	Payee address; City; State 12311 Culebra ##7104 San Antonio, TX 78253	; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Other: Contract Labor	hedule) Description Poll Greeter			
	Check if travel outside of Texas, complete	schedule T Check if A	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 1	THIS SCHEDULE AS NEEDE	ED		

	EXPENDITURE CATEG	ORIES 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 FILER NAME Sukh Kaur	TON COMPACE AND ISSUE	3 Filer ID (Ethics Commission Filers)
4 Date 6/16/2023	5 Payee name HANZO		
6 Amount (\$) 136.91	7 Payee address; City; S 7701 Broadway St #124 San Antonio, TX 78209	tate; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of the Other: Contract Labor	(b) Description Team Meeting	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, comp  Candidate / Officeholder name  Sukh Kaur	Office sought  Council District 1	Austin, TX, officeholder living expense Office held
Date 6/20/2023	Payee name Carlos Cardenas		
Amount (\$) <b>500.00</b>	Payee address; City; S 411 Mason St San Antonio, TX 78208	tate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Other: Contract Labor	Description Sign Removal	
	Check if travel outside of Texas, comp	lete schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH <b>Sukh Kaur</b>	Office sought  Council District 1	Office held
Date <b>6/22/2023</b>	Payee name Laura Arauz		
Amount (\$) <b>440.00</b>	Payee address; City; S 411 Mason St San Antonio, TX 78208	tate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Other: Contract Labor	Description Field Walker	
	Check if travel outside of Texas, comp	lete schedule T Check if A	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 C	OF THIS 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 Printing Expense Salaries/Wages/Contract Labor Tooling Expense Printing Expense Salaries/Wages/Contract Labor To complete this form  Solicitation/Fundraising Expense Transportation Equipment & Reference Travel in District Travel Out Of District Other (enter a category not listed	elated Expense		
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commiss	ion Filers)		
4 Date 6/26/2023	5 Payee name USPS PO 4879640212				
6 Amount (\$) 63.00	7 Payee address; City; State; Zip Code 2400 McCullough Ave. San Antonio, TX 78212				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Advertising Expense	(b) Description Postage			
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete s  Candidate / Officeholder name  Sukh Kaur	Office sought Office held  Council District 1	ense		
Date 6/30/2023	Payee name FROST BANK				
Amount (\$) <b>5.00</b>	Payee address; City; State; 111 W Houston St ##100 San Antonio, TX 78205	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	edule) Description Bank Fee			
	Check if travel outside of Texas, complete	chedule T Check if Austin, TX, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH <b>Sukh Kaur</b>	Office sought Office held  Council District 1			
Date 6/30/2023	Payee name ANEDOT				
Amount (\$) <b>516.46</b>	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	chedule T Check if Austin, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office held  Council District 1			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 19 of 19 Sukh Kaur 4 Date 5 Payee name 6/30/2023 **GOOGLE \*Domains** 6 Amount (\$) 7 Payee address; City; State; Zip Code 14.41 1600 Amphitheatre Parkway Mountain View, CA 94043 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Website Hosting **Advertising Expense PURPOSE** OF **EXPENDITURE** (c) Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete schedule T 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH **Council District 1** Sukh Kaur Payee name Date Amount (\$) Pavee address: City: State: Zip Code Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; Zip Code State; Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

Transportation Equipment & Related Expense

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Accounting/Banking Advertising Expense Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel in District

Solicitation/Fundraising Expense

Contributions/Donations Made By Candidate/Officeholder/Political Co	Gifts/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor		Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains	s how to complete this form			
1 Total pages Schedule F2: 1 of 1	2 FILER NAME Sukh Kaur  3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZ	ED UNPAID INCURRED OBLIGATIONS		\$ o		
<b>5</b> Date	6 Payee name	6 Payee name			
7 Amount (\$)	8 Payee address; City; State	; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Po	olitical			
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so	(b) Description			
	(c) Check if travel outside of Texas, complete	schedule T Check	if Austin, TX, officeholder living expense		
<b>11</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State	; Zip Code			
TYPE OF EXPENDITURE	Political Non-Po	olitical			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	chedule) 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 NE	EDED		

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	1	The Instruction Guide explains how to complete this form.		Total p	ages Sche	dule F3:		
2	FILER NAME Sukh Kaur				(Ethics Co	ommission	n Filers)	
4	Date	5 Name of person from whom investment is purchased						
		6 Address of person from whom investment is purchased; City;			State;	 Zip	 O 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;	•	• • •	State;	 Zip	Code	
		Description of investment						
		Amount of investment (\$)						
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEED	ED			

#### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By

Event Expense Fees

Food/Beverage Expense Gifts/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Travel Out Of District

Candidate/Officeholder/Political C	Description of the Computer of 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 Sukh Kaur  3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZ	ED 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			
	(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				
Date	Payee name			
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 <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Accounting/Banking Advertising Expense Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political Coredit Card Payment	Gitts/Awards/Memonals Expense Printing Expense Travel Out Or District Committee 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 3 Filer ID (Ethics Commission Filers)
1 of 1	Sukh Kaur
4 Date	5 Payee Name
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/0	
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 schedule)  Description
EXPENDITURE	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	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description
EXPENDITURE	Check if travel outside of Texas, complete schedule T  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense

Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services 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

Candidate/Officeholder/Political C Credit Card Payment	cal Committee 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 H: 1 of 1	2 FILER NAME Sukh Kaur  3 Filer ID (Ethics Commission Filers)				
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Zip Code				
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				
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held  OH				
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
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/C	Candidate / Officeholder name Office sought Office held  OH				
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
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/C	Candidate / Officeholder name Office sought Office held DH				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE |

	The Instruction Guide explains how to complete	this form.
1 Total pages Schedule I: 1 of 1	2 FILER NAME 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.)	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 SCHEDIII I	- AC NEEDED

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

### SCHEDULE K

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 1 of 1
2 FILER NAME 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 Ch	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 Ch	eck if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	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 Sukh Kaur				3 Filer ID (Ethics Comn	nission 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		
	<b>9</b> Destination of	ity or name of destination loc	ation		
<b>10</b> Means of transporta	ation	<b>11</b> Purpose of travel (includir	ng name of conference, ser	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 loc	ation		
Means of transporta	ation	Purpose of travel (including	ng name of conference, ser	minar, 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 loc	ation		
Means of transporta	ation	Purpose of travel (includin	ng name of conference, ser	minar, or other event)	
	ATTA	CH ADDITIONAL COPIES	OF THIS SCHEDULE A	S NEEDED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to con •• Complete only if "Report Type" on page 1 is ma	•
C/OH NA		Filer ID (Ethics Commission Filers)
SIGNA	TURE	
a repo	ot expect any further political contributions or political expenditures in content as a final report terminates my campaign treasurer appointment. I also putions or make any campaign expenditures without a campaign treasure	understand that I may not accept any campaign
		Signature of Candidate / Officeholder
	WHO IS NOT AN OFFICEHOLDER lete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	k only one:	
	I do not have unexpended contributions or unexpended interest or incor	me earned from political contributions.
	I have unexpended contributions or unexpended interest or income earl convert unexpended political contributions or unexpended interest or income also understand that I must file an annual report of unexpended contribution or unexpended interest or income earned on political contributions long understand that I must dispose of unexpended political contributions an contributions in accordance with the requirements of Election Code, § 2	come earned on political contributions to personal use. I utions and that I may not retain unexpended contributions er than six years after filing this final report. Further, I d unexpended interest or income earned on political
В.	ASSETS	
Chec	k only one:	
	I do not retain assets purchased with political contributions or interest of	other income from political contributions.
	I do retain assets purchased with political contributions or interest or off may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political Code, § 254.204.	or other income from political contributions to personal
		Signature of Candidate
	EHOLDER lete this section only if you are an officeholder. ••	
	I am aware that I remain subject to filing requirements applicable to an am also aware that I will be required to file reports of unexpended contr I retain political contributions, interest of other income from political continuerest or other income from political contributions.	ibutions if, after filing the last required report as an officeholder
		Signature of Officeholder