

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 53	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 120101 San Antonio TX 78212			Date Received 1/15/2025 4:23:29PM	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 236-0580	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed 1/15/2025 4:23:29PM	
	Mendez			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 455 Sharon Dr San Antonio TX 78216				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 388-1555	EXTENSION		
9 REPORT TYPE	January 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year Month Day Year 7/1/2024 THROUGH 12/31/2024				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5/3/2025	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description			
12 OFFICE	OFFICE HELD (if any) Council District 1		13 OFFICE SOUGHT (if known) Council District 1		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
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 ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 36560.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 6655.99

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 92329.18

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

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

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Sukh Kaur**, this the **15th** day of **January**, 20**25**, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Sukh Kaur		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36560.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6655.99
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 24

2 FILER NAME
Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
7/1/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Greg and Bekki Kowalski

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**PO Box 1361
San Antonio, TX 78295**

8 Principal occupation / Job title (See instructions)
Executive

9 Employer (See instructions)
The RK Group

Date
7/2/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Douglas K Polk

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**15511 W Hwy 71 Suite 110 #442
Austin, TX 78738**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Lodge Card Club

Date
7/3/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
John Kuntz

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**130 East Travis Street #435
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
7/5/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gabe and Katie Farias

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**1122 Par Four
San Antonio, TX 78221**

Principal occupation / Job title (See instructions)
Community Affairs

Employer (See instructions)
Kellum Group

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 24

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
7/9/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Manny Ruiz

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**13554 Norland Street
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)
San Antonio Market President

9 Employer (See instructions)
American Bank

Date
7/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Frank Burney

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**112 E Pecan St #1616
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Martin & Drought, P.C.

Date
7/19/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Vanessa Lacoss Hurd

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**7373 Broadway #200
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)

Employer (See instructions)
Vanessa Lacoss Hurd

Date
7/19/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Esther Tricoche

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**1405 Van Ness Ave #604
San Francisco, CA 94109**

Principal occupation / Job title (See instructions)
Investor

Employer (See instructions)
MALIAM

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 24

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
7/19/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Tilman Fertitta

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1510 West Loop South
Houston, TX 77027**

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
Landrys

Date
7/23/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kaushalya Subramaniam

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**11 San Isidro
San Antonio, TX 78261**

Principal occupation / Job title (See instructions)
Dance instructor

Employer (See instructions)
Self employed

Date
8/23/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pat Frost

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**520 Geneseo Road
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
9/28/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
George Mery

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5157 Blanco Rd
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
President and CEO

Employer (See instructions)
Elegant Limousine

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 24
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Riley Robinson 6 Contributor address; City; State; Zip Code 1803 S Preas St San Antonio, TX 78210	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Director		9 Employer (See instructions) Artpace San Antonio
Date 11/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Christensen Contributor address; City; State; Zip Code 328 W Mistletoe Ave San Antonio, TX 78212	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
Date 11/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger Goggan Blair & Simpson, LLP Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kristi Sutterfield Contributor address; City; State; Zip Code 18523 Wild Onion San Antonio, TX 78258	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Executive Director		Employer (See instructions) Greater San Antonio Builders Association
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 24

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
11/17/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Kathryn Brown

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**4416 Ramsgate Street #103
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Woman and minority owned

9 Employer (See instructions)
Visage collaborative

Date
11/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Leticia D Gonzales

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**9422 Mariposa Pass
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)
VP

Employer (See instructions)
GFCU

Date
11/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Leticia D Gonzales

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**9422 Mariposa Pass
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)
VP

Employer (See instructions)
GFCU

Date
11/18/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wendy Black

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**431 King William Street
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Nonprofit (volunteer) leader

Employer (See instructions)
Footbridge Foundation

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
11/18/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Willie Burroughs

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**515 Carleton Ct
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
President/CEO

9 Employer (See instructions)
Issachar Solutions Group, Inc

Date
11/18/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Preston Woolfolk

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**7743 Winecup Hill
San Antonio, TX 78256**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Documation

Date
11/21/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
USAA Employee PAC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9800 Fredericksburg Rd
San Antonio, TX 78288**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
11/21/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jaime Arechiga

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2310 Winding Vw
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Hillstar investments

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 24
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Aldrete 6 Contributor address; City; State; Zip Code 335 Country Wood Drive San Antonio, TX 78216	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) consultant		9 Employer (See instructions) Aldrete Strategic Partners, LLC
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marialuisa Casso Contributor address; City; State; Zip Code 203 Nogalitos #6 San Antonio, TX 78204	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Chief of Staff		Employer (See instructions) Trinity University
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marsha Shields Contributor address; City; State; Zip Code 755 E Mulberry Ave #600 San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CEO and Managing Partner		Employer (See instructions) McCombs Enterprises
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Shields Contributor address; City; State; Zip Code 325 Wildrose Ave San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Director		Employer (See instructions) McCombs Enterprises
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
11/22/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Charles Leddy

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
324 Ridgemont Ave
San Antonio, TX 78209

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
Presidian Hospitality

Date
11/22/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nicole Jackson

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
246 Donaldson
San Antonio, TX 78201

Principal occupation / Job title (See instructions)
Marketing

Employer (See instructions)
Alert 360

Date
11/22/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gerald W. Lee

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
8127 N New Braunfels #801
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Andrade- Van de Putte

Date
11/22/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Eduardo Parra

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
28 Grantham Glen
San Antonio, TX 78257

Principal occupation / Job title (See instructions)
Civil Engineer

Employer (See instructions)
Parra & Co

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
11/22/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Karina Alderete

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**231 Wickes Street
San Antonio, TX 78210**

8 Principal occupation / Job title (See instructions)
Marketing

9 Employer (See instructions)
Broadway Bank

Date
11/22/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sonia Gonzales

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**5910 Wales Street
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Linebarger

Date
11/22/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Javier Paredes

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2603 Country Square St.
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Architect

Employer (See instructions)
JPR3 LLC

Date
11/22/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lockwood Capital Group, LLC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**309 W Dewey PI
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Self-employed

Employer (See instructions)
Lockwood Capital Group, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
11/22/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Lorenzo Gomez III

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**119 McKay Ave
San Antonio, TX 78204**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
11/22/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Blake Yantis

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**6812 West Avenue
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Mosaic Land Development

Date
11/22/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Karla Gurgio

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**818 W Craig Pl
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Executive Director

Employer (See instructions)
Mission Heritage Partners

Date
11/22/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Peggy Brimhall

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**515 Leigh St
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Real Estate Developer

Employer (See instructions)
Able City Communities

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11 of 24

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
11/22/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Hope Andrade

7 Amount of contribution (\$)
150.00

6 Contributor address; City; State; Zip Code
**123 Lexington Ave
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)
Entrepreneur

9 Employer (See instructions)
Self

Date
11/22/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Karen Miles

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**123 Lexington #1208
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
11/22/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sara V Card

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2733 35th Street Northwest
Washington, DC 20007**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
11/22/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
SABPAC I

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**3625 Paesanos Pkwy
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 24
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glenn Revell 6 Contributor address; City; State; Zip Code 419 Belmont San Antonio, TX 78202	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Owner		9 Employer (See instructions) Revellation Facilitation
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donald Ray Thomas II Contributor address; City; State; Zip Code 1100 NE Loop 410 #400 San Antonio, TX 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) FVP		Employer (See instructions) CBRE
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown & McDonald PLLC Contributor address; City; State; Zip Code 100 NE Loop 410 #1385 San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Ramos Contributor address; City; State; Zip Code 5910 Wales St San Antonio, TX 78223	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) Lead Client Advisor		Employer (See instructions) Halff
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 24
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emma Guerrero 6 Contributor address; City; State; Zip Code 3915 Skylark Ave San Antonio, TX 78210	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) none		9 Employer (See instructions) none
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luis Miguel Martinez Contributor address; City; State; Zip Code 627 W Russell Pl San Antonio, TX 78212	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Principal		Employer (See instructions) All Hat No Cattle Investments, LLC
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Adelman Contributor address; City; State; Zip Code 1221 Broadway #104 San Antonio, TX 78215	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Principal		Employer (See instructions) AREA Real Estate, LLC
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Cabanilla Contributor address; City; State; Zip Code 3334 Nantucket Dr San Antonio, TX 78230	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Construction		Employer (See instructions) LJC Painting
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 of 24

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
11/23/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Anamaria Suescun-Fast

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**360 Pike Road
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Marketing

9 Employer (See instructions)
talkStrategy

Date
11/23/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Juan Flores

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**439 Calumet PI
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)

Employer (See instructions)
Port San Antonio

Date
11/24/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hector and Delia Cardenas

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**539 W Elsmere PI
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
11/24/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Martha Martinez-Flores

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**319 W Kings Hwy
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Creative Director

Employer (See instructions)
MM Creative LLC

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15 of 24

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
11/25/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mark Bohanan

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**219 E Houston St 2nd Floor
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)
Owner and Executive Chef

9 Employer (See instructions)
Bohanans Group

Date
12/2/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jana Falic

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**6100 Pines Blvd
Pembroke Pines, FL 33024**

Principal occupation / Job title (See instructions)
Director

Employer (See instructions)
Duty Free Americas

Date
12/2/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Simon Falic

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**6100 Hollywood Blvd #407
Hollywood, FL 33024**

Principal occupation / Job title (See instructions)
Principal

Employer (See instructions)
Duty Free Americas

Date
12/5/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wade Becker

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**323 W. Gramercy Pl
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16 of 24

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
12/5/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Arthur Campsey III

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**323 W. Gramercy Pl
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
12/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Zach Dickson

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**27031 Trinity Heights
San Antonio, TX 78261**

Principal occupation / Job title (See instructions)
Creative Director

Employer (See instructions)
Jaeger FC

Date
12/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marc Rodriguez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**317 E Rosewood Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Advertising Director

Employer (See instructions)
Jaeger FC

Date
12/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gabriel Farias

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**1122 Par Four
San Antonio, TX 78221**

Principal occupation / Job title (See instructions)
Managing Partner

Employer (See instructions)
Jaeger FC Consultancy

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17 of 24

2 FILER NAME
Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
12/12/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Cristian Kellum

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**910 Bungalow Ct
Fort Collins, CO 80521**

8 Principal occupation / Job title (See instructions)
student

9 Employer (See instructions)
student

Date
12/12/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Daniel Kellum

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**426 Shadywood Ln
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Raul b Rodriguez law P.C

Date
12/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Chetveer Aneja

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**16839 Harbour Town Dr
Ashton, MD 20861**

Principal occupation / Job title (See instructions)
C00

Employer (See instructions)
Roshni Foods

Date
12/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mitch Meyer

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9033 Aero #202
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Loopy Limited

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 of 24

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
12/17/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Arvinder Kakar

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**10220 Iron Gate Rd
Potomac, MD 20854**

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
SevaSpaces

Date
12/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jagjit Aneja

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**16839 Harbour Town dr
Ashton, MD 20861**

Principal occupation / Job title (See instructions)
CFO

Employer (See instructions)
Roshni Foods

Date
12/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pardeep Aneja

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**16839 Harbour Town dr
Ashton, MD 20861**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Roshni Foods

Date
12/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ajooni Kaur

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**16839 Harbour Town dr
Ashton, MD 20861**

Principal occupation / Job title (See instructions)
Student

Employer (See instructions)
Student

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
19 of 24

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
12/17/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Nirvair Singh

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**16839 Harbour Town Dr
Ashton, MD 20861**

8 Principal occupation / Job title (See instructions)
Student

9 Employer (See instructions)
Student

Date
12/20/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Shawn Bhatia

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**10910 Elmwood Ridge Dr
Cypress, TX 77433**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Stand Together

Date
12/23/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Julie Mery

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5157 Blanco Rd
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Elegant Limousine

Date
12/24/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marco Barros

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**14018 Sage Bluff
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Marco Barros Management

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20 of 24
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 12/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Samuel Panchevre 6 Contributor address; City; State; Zip Code 215 North Center #2002 San Antonio, TX 78202	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) CEO		9 Employer (See instructions) Aztec Family Group
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Imaani Chhabra Contributor address; City; State; Zip Code 2036 Yellowstone Trl Friendswood, TX 77546	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) student		Employer (See instructions) student
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arun Chhabra Contributor address; City; State; Zip Code 5927 Almeda Road #21114 Houston, TX 77004	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) University of Texas-Medical Branch
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allan Soni Contributor address; City; State; Zip Code 7805 E. Viewrim DR Anaheim Hills, CA 92808	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) unemployed		Employer (See instructions) unemployed
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
12/29/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Baljit Soni

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**4361 Mission Hills Dr
Chino Hills, CA 91709**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jasraj Aneja

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**628 Eucalyptus Way
Alameda, CA 94501**

Principal occupation / Job title (See instructions)
student

Employer (See instructions)
student

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Harjas Aneja

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**628 Eucalyptus Way
Alameda, CA 94501**

Principal occupation / Job title (See instructions)
student

Employer (See instructions)
student

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kazim Fahim

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**409 E Olmos Dr
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Associate Creative Director

Employer (See instructions)
Chamoy Creative

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
12/30/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Amrit Aneja

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**628 Eucalyptus Way
Alameda, CA 94501**

8 Principal occupation / Job title (See instructions)
Teacher

9 Employer (See instructions)
Golestan kids

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Parvinder Kaur

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**98 Turnberry Way
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Apar Ghuman

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2003 Annapolis Circle
Alameda, CA 94501**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Alameda Health System

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Christopher Mammen

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1510 Spanish Oaks Dr
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Self-employed

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
12/31/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
G.P. Singh

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**98 Turnberry Way
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tajinder Ahluwalia

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**11520 Manorstone Lane
Columbia, MD 21044**

Principal occupation / Job title (See instructions)
Retail sales

Employer (See instructions)
Seasons & Reasons Enterprises USA Inc

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gurvinder Walia

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**11520 Manorstone Lane
Columbia, MD 21044**

Principal occupation / Job title (See instructions)
Retail sales

Employer (See instructions)
Seasons & Reasons Enterprises USA Inc

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Darian Padua

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**609 W Summit Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24 of 24
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberto C Jr 6 Contributor address; City; State; Zip Code 40 NE Loop 410 #604 San Antonio, TX 78216	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Tax Preparer		9 Employer (See instructions) Superior Tax Service
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcie Trevino Ripper Contributor address; City; State; Zip Code 200 Briarcliff San Antonio, TX 78213	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) SATX Consultants
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simran Chowdhary Contributor address; City; State; Zip Code 1331 Sweetbay Lane West Chicago, IL 60185	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Senior Associate		Employer (See instructions) Singh Capital Partners
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Justin Rodriguez Contributor address; City; State; Zip Code 4122 Greensboro Dr San Antonio, TX 78229	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Commissioner		Employer (See instructions) Bexar County
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

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 <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> 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 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 Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Sukh Kaur

3 Filer ID (Ethics Commission Filers)

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
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ 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
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

☐ Check if personal funds were deposited into political
account (See Instructions)

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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 14	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/2024	5 Payee name Google Services		
6 Amount (\$) 26.29	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Website Hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 7/2/2024	Payee name Squarespace		
Amount (\$) 12.99	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 7/3/2024	Payee name ANEDOT		
Amount (\$) 18.60	Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Contribution Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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: 2 of 14	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 7/9/2024	5 Payee name ANEDOT		
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Contribution Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 7/11/2024	Payee name ANEDOT		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Contribution Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 7/17/2024	Payee name Kinder+DeBauche		
Amount (\$) 3500.00	Payee address; City; State; Zip Code 302 W Rosewood Ave San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Other		Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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: 3 of 14	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 7/19/2024	5 Payee name ANEDOT		
6 Amount (\$) 32.60	7 Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Contribution Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 7/22/2024	Payee name American Express		
Amount (\$) 195.00	Payee address; City; State; Zip Code PO Box 96001 Los Angeles, CA 96001		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Account Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 7/23/2024	Payee name ANEDOT		
Amount (\$) 40.30	Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Contribution Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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: 4 of 14	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 7/31/2024	5 Payee name FROST BANK		
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Bank Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 8/1/2024	Payee name Google Services		
Amount (\$) 26.47	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 8/2/2024	Payee name Squarespace		
Amount (\$) 25.98	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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: 5 of 14	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/2024	5 Payee name ANEDOT		
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Contribution Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 8/30/2024	Payee name FROST BANK		
Amount (\$) 5.00	Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Bank Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 9/2/2024	Payee name Squarespace		
Amount (\$) 12.99	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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: 6 of 14	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 9/3/2024	5 Payee name Google Services		
6 Amount (\$) 26.47	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Website Hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 9/30/2024	Payee name FROST BANK		
Amount (\$) 5.00	Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Bank Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 10/1/2024	Payee name Google Services		
Amount (\$) 26.47	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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: 7 of 14	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/2024	5 Payee name Squarespace		
6 Amount (\$) 12.00	7 Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Website Hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 10/2/2024	Payee name Squarespace		
Amount (\$) 12.99	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 10/5/2024	Payee name ANEDOT		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Contribution Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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: 8 of 14	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 10/9/2024	5 Payee name USPS	
6 Amount (\$) 73.00	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 schedule) Fees	(b) Description Post Office Box
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1
Date 10/31/2024	Payee name FROST BANK	
Amount (\$) 5.00	Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Bank Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1
Date 11/1/2024	Payee name Google Services	
Amount (\$) 26.58	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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: 9 of 14	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 11/2/2024	5 Payee name Squarespace		
6 Amount (\$) 15.59	7 Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Website Hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 11/15/2024	Payee name Gabe & Katie Farias		
Amount (\$) 1000.00	Payee address; City; State; Zip Code 1122 Par Four San Antonio, TX 78221		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Other		Description Returned Contribution
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 11/15/2024	Payee name FROST BANK		
Amount (\$) 5.00	Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Bank Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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: 10 of 14	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2024	5 Payee name ANEDOT		
6 Amount (\$) 48.10	7 Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Contribution Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 11/22/2024	Payee name ANEDOT		
Amount (\$) 205.40	Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Contribution Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 11/24/2024	Payee name ANEDOT		
Amount (\$) 39.20	Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Contribution Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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: 11 of 14	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 11/29/2024	5 Payee name FROST BANK		
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Bank Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 12/2/2024	Payee name Google Services		
Amount (\$) 26.58	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 12/2/2024	Payee name Squarespace		
Amount (\$) 15.59	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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: 12 of 14	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 12/6/2024	5 Payee name TEXAS DEMOCRATIC PARTY	
6 Amount (\$) 530.00	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Voter File Access
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held		
Date 12/6/2024	Payee name ANEDOT	
Amount (\$) 40.60	Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Contribution Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held		
Date 12/12/2024	Payee name ANEDOT	
Amount (\$) 141.50	Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Contribution Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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: 13 of 14	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2024	5 Payee name ANEDOT		
6 Amount (\$) 162.10	7 Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Contribution Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			

Date 12/20/2024	Payee name ANEDOT		
Amount (\$) 8.30	Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Contribution Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			

Date 12/30/2024	Payee name ANEDOT		
Amount (\$) 157.00	Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Contribution Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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: 14 of 14	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2024	5 Payee name FROST BANK		
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Bank Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date 12/31/2024	Payee name ANEDOT		
Amount (\$) 97.10	Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Contribution Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Sukh Kaur Office sought Council District 1 Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS 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
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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip 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 NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising 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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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 G: 1 of 1	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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	Legal Services	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 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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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.)	(b) Description (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.)	Description (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.)	Description (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.)	Description (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.)	Description (See instructions regarding type of information required.)	

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

SCHEDULE K

The 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

☐ Check 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

☐ Check 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

☐ Check 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

☐ Check if political contribution returned to filer

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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 Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH 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 NAME
Sukh Kaur

Filer ID (Ethics Commission Filers)

SIGNATURE

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.

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from 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.

B. ASSETS

Check 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 political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder