CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete th		Filer ID (Eth	ics Commission Filers)	2 Total pages f84	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRS Suk		M	II	OFFICE U	SE ONLY
NAME	NICKNAME LAST		S		Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUIT 814 W Craig PI San Antonio TX 78212	ΓΕ#; CITY;	; STA	TE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUM (210) 236-058		EXTENS	SION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRS		N	II	Receipt #	Amount \$
NAME	NICKNAME LAST		· · · · · s		Date Processed	
	Men	idez			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX 455 Sharon Dr San Antonio TX 78216 AREA CODE PHONE NUM (210) 388-155	//BER	EXTENS		ATE; ZIP CODE	
9 REPORT TYPE						
	8th Day Before Runoff	Election				
10 PERIOD COVERED	Month Day	/ Year		Month	Day Year	
	4/27/20	123	THROUGH	5/3	31/2023	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 6/10/2023	Primary General	X Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT Council Distri		
		GO TO PA	AGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer ID (Ethics Commission Filers)	
Sukh Kaur					
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
		Charter Schools No	ow PAC		
	X GENERAL	X GENERAL COMMITTEE ADDRESS			
		3005 S Lamar Blvd	#D109		
	SPECIFIC	SPECIFIC Austin TX 78704			
X Additional Pages		COMMITTEE CAMPA	IGN TREASURER NAME		
	ľ	COMMITTEE CAMPA	IGN TREASURER ADDRESS		
		1301 W Oltorf St.			
		Austin TX 78704			
17 CONTRIBUTION TOTALS	1. PLEDGES, LC	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$ o	
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$ 60367.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$ o		
	4. TOTAL POLIT	TICAL EXPENDITURES		\$ 46219.00	
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$ 34898.95	
OUTSTANDING LOAN TOTALS	ļ 0 .	CIPAL AMOUNT OF ALL OF THE REPORTING PERIC	OUTSTANDING LOANS AS OF THE	\$ o	
18 AFFIDAVIT					
				perjury, that the accompanying report information required to be reported by	
			* * * Electronically	Certified * * *	
			Signature of Candidat	e or Officeholder	
AFFIX NOTARY STAM	P / SEAL ABOVE				
Sworn to and subscribe	ed before me, by the sa	aid <u>Sukh Kaur</u>		this the 2nd day	
of <u>June</u> ,	20 23 , to certify	which, witness my hand	d and seal of office.		
Signature of officer adn	ninistering oath	Printed name of o	officer administering oath	Title of officer administering oath	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2 - A

The Instruct	tion Guide explains	1 Total pages: 1 of 1				
2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission filers)			
	COMMITTEES TO SUPI	PORT THE CANDIDATE / OFFICEHOLDER. THESE	D OR POLITICAL EXPENDITURES MADE BY POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE ANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO JRES.			
NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEE TYPE X GENERAL SPECIFIC	COMMITTEE NAME San Antonio Equity Alliance PAC COMMITTEE ADDRESS PO Box 12156 San Antonio TX 78212 COMMITTEE CAMPAIGN TREASURER NAME Darryl Byrd COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 12156 San Antonio TX 78212 COMMITTEE NAME				
NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED						

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAME		20 Filer ID (Ethics Commission Filers)		
	Sukh Kaur				
21	SCHEDULE SU NAME OF SCH			SUBTOTAL AMOUNT	
1.	X SCHE	EDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 59967.00	
2.	X SCHE	EDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 400.00	
3.	X SCHE	EDULE B: PLEDGED CONTRIBUTIONS		\$0	
4.	X SCHE	X SCHEDULE E: LOANS			
5.	X SCHE	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	X SCHE	EDULE F2: UNPAID INCURRED OBLIGATIONS		\$0	
7.	X SCHE	EDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION:	S	\$0	
8.	X SCHE	EDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0	
9.	X SCHE	EDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0	
10.	X SCHE	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	X SCHE	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.		EDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS JRNED TO FILER		\$0	

SCHEDULE A1

	ī	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 1 of 50	
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)	
4	Date 4/29/2023	5 Full name of contributor Alexander Tam	out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 15.00	
		6 Contributor address; 11 Brooks Road Lincoln, MA 01773	City;	State; Zip Code		
8	Principal occupa Ground Game 1	ation / Job title (See instructions) Texas		9 Employer (See instru Canvasser	uctions)	
	Date 4/29/2023	Full name of contributor Lisa G Delao	out-of-state P	AC (ID#)	Amount of contribution (\$) 25.00	
		Contributor address; 3622 Windgap Dr San Antonio, TX 78230	City;	State; Zip Code		
Principal occupation / Job title (See instructions) Employer (See retired retired			Employer (See instru	uctions)		
	Date 5/7/2023	Full name of contributor Matthew Baiza	Out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00	
		Contributor address; 7343 Park West Drive San Antonio, TX 78250	City;	State; Zip Code		
	Principal occupa	ation / Job title (See instructions)		Employer (See instructions) Texas Organizing Director		
	Date 5/7/2023	Full name of contributor Madison Wilson	out-of-state P	AC (ID#)	Amount of contribution (\$) 20.00	
		Contributor address; 1045 Shook Ave San Antonio, TX 78212	City;	State; Zip Code		
	Principal occupa Self-employed	ation / Job title (See instructions)		Employer (See instru	uctions)	

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SCHEDULE A1

	Ţ	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 2 of 50	
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/7/2023	5 Full name of contributor ☐ out-of-state PA Rupinder Singh	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 14107 Ashland Landing Drive Cypress, TX 77429	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru Physician	ctions)
	Date 5/7/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 950 W. Monroe St Chicago, IL 60607	State; Zip Code	
	Principal occupa Chicago Public	ntion / Job title (See instructions) Schools	Employer (See instru Senior Advisor to th	•
	Date 5/7/2023	Full name of contributor Michelle Casillas Contributor address; City; Casewood Ave San Antonio, TX 78212	C (ID#) State; Zip Code	Amount of contribution (\$) 150.00
	Principal occupa Jefferson Bank	tion / Job title (See instructions)	Employer (See instru Trust Officer	ctions)
	Date 5/7/2023	Christopher Mammen	C (ID#)	Amount of contribution (\$) 250.00
		1510 Spanish Oaks Dr San Antonio, TX 78213	·	
	Principal occupa Greater:SATX	tion / Job title (See instructions)	Employer (See instru Workforce Developn	-

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

SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/8/2023	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 10.00
		6 Contributor address; City; S 10423 Legacy Hill San Antonio, TX 78240	State; Zip Code	
8	Principal occupa John Courage	tion / Job title (See instructions)	9 Employer (See instru City Council Aide	ctions)
	Date 5/8/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 8220 crestwood heights drive Mclean, VA 22102	State; Zip Code	
	Principal occupa Signify	ation / Job title (See instructions)	Employer (See instru Financial coach	ctions)
	Date 5/8/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 4040 Broadway San Antonio, TX 78209		
	Principal occupa GrayStreet Part	ners	Employer (See instru Real Estate	ctions)
	Date 5/8/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 4515 San Pedro Ave San Antonio, TX 78212	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru Business Developm	·

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

SCHEDULE A1

	ī	he Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 4 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/8/2023	5 Full name of contributor K COVEY	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 4515 San Pedro Ave San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occupa GrayStreet	ation / Job title (See instructions)		9 Employer (See instru Investor	ctions)
	Date 5/8/2023	Full name of contributor Kamil Alavi	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 342 Garraty Road San Antonio, TX 78209	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) GrayStreet Partners Real Estate		Employer (See instru Real Estate	ctions)		
	Date 5/8/2023	Full name of contributor DEBRA DEHLINGER	·		Amount of contribution (\$) 50.00
		Contributor address; 123 Hermine Blvd San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See inst		ctions)
	Date 5/8/2023	Full name of contributor MARK GARRETT	out-of-state PA	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 1726 Fredericksburg Rd SAN ANTONIO, TX 78201	City;	State; Zip Code	
	Principal occupa retired	ation / Job title (See instructions)		Employer (See instru	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how t	1 Total pages Schedule A1: 5 of 50		
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/8/2023	5 Full name of contributor Chetveer Aneja	out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 16839 Harbour Town Drive Ashton, MD 20861	City;	State; Zip Code	
8	Principal occupa Roshni Foods	tion / Job title (See instructions)		9 Employer (See instru Chief Growth Office	
	Date 5/8/2023	Full name of contributor Jagjit Aneja	Out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 16839 Harbour Town Drive Ashton, MD 20861	City;	State; Zip Code	
	Principal occupa Roshni foods	tion / Job title (See instructions)		Employer (See instru	uctions)
	Date 5/8/2023	Full name of contributor Pardeep Aneja	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 16839 Harbour Town Drive Ashton, MD 20861	City;	State; Zip Code	
	Principal occupa Roshni foods	tion / Job title (See instructions)		Employer (See instru	uctions)
	Date 5/8/2023	Full name of contributor Apar Ghuman	Out-of-state Pa	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 2003 Annapolis Circle Alameda, CA 94501	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	ī	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 50	
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)	
4	Date 5/8/2023	5 Full name of contributor ut-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 15.00	
		6 Contributor address; City; S 231 Cypress Garden Dr San Antonio, TX 78245	State; Zip Code		
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru homemaker	ctions)	
	Date 5/8/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 25.00	
		Contributor address; City; S 1033 Ivy Lane San Antonio, TX 78209	State; Zip Code		
Principal occupation / Job title (See instructions) Employ retired retired			Employer (See instru	ctions)	
	Date 5/8/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 2003 Annapolis Circle #B Alameda, CA 94501	State; Zip Code		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru teacher	ctions)	
	Date 5/8/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00	
		Contributor address; City; S 419 Belmont San Antonio, TX 78202	State; Zip Code		
Principal occupation / Job title (See instructions) Central Catholic			Employer (See instructions) Educator		

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

SCHEDULE A1

	т	he Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 7 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/8/2023	5 Full name of contributor ☐ out-of-state William Varney	e PAC (ID#)	7 Amount of contribution (\$) 150.00
		6 Contributor address; City; 137 E. Woodlawn ave San Antonio, TX 78212	State; Zip Code	
8 Principal occupation / Job title (See instructions) URBANherbal 9 Employer (See instructions) Herbalist			9 Employer (See instru Herbalist	ictions)
	Date 5/8/2023	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 3522 Paesanos Pkwy #301 San Antonio, TX 78231	State; Zip Code	
	Principal occupa Council Membe	tion / Job title (See instructions) r	Employer (See instru	uctions)
	Date 5/9/2023	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 10321 Sunflower Lane San Antonio, TX 78213	State; Zip Code	
	Principal occupa retired	tion / Job title (See instructions)	Employer (See instru	ictions)
	Date 5/9/2023	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 230 Dwyer Avenue San Antonio, TX 78204	State; Zip Code	
	Principal occupa retired	tion / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	7	he Instruction Guide explains how to cor	mplete this f	orm.	1 Total pages Schedule A1: 8 of 50	
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)	
4	Date 5/9/2023	5 Full name of contributor	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 25.00	
		6 Contributor address; 1330 W Woodlawn Ave San Antonio, TX 78201	City; S	tate; Zip Code		
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru student	ctions)	
	Date 5/9/2023	Full name of contributor				
		Contributor address; 8150 West Hausman Road San Antonio, TX 78249	City; S	tate; Zip Code		
	Principal occupa Gauntlet	ation / Job title (See instructions)		Employer (See instru Lawyer	ctions)	
	Date 5/9/2023	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; 11520 Manorstone Lane Columbia, MD 21044	City; S	tate; Zip Code		
	Principal occupa student	ation / Job title (See instructions)		Employer (See instructions) student		
	Date 5/9/2023	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; 11520 Manorstone Lane Columbia, MD 21044	City; S	tate; Zip Code		
Principal occupation / Job title (See instructions) Divano Designs				Employer (See instructions) Social Media advisor & soon to be PT DR.		

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

SCHEDULE A1

	Ţ	he Instruction Guide explains how to o	1 Total pages Schedule A1: 9 of 50		
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/9/2023	5 Full name of contributor John Newman	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 203 Bushnell Avenue San Antonio, TX 78212	City; S	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru Business analyst	uctions)
	Date 5/9/2023	Full name of contributor Michael Montaño	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 1200 Avenue B San Antonio, TX 78215	City; S		
	Principal occupa Watts Guerra L	tion / Job title (See instructions) _P		Employer (See instru Associate	uctions)
	Date 5/9/2023	Full name of contributor Tajinder Ahluwalia Contributor address; 11520 Manorstone Lane Columbia, MD 21044	out-of-state PA		Amount of contribution (\$) 500.00
		tion / Job title (See instructions) sons Enterprises		Employer (See instru	•
	Date 5/9/2023	Full name of contributor Gurvinder Walia	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 11520 Manorstone Lane Columbia, MD 21044	City; S	State; Zip Code	
		tion / Job title (See instructions) sons Enterprises		Employer (See instru	

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

SCHEDULE A1

	Т	he Instruction Guide explains how to complete t	nis form.	1 Total pages Schedule A1: 10 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/9/2023	5 Full name of contributor ut-of-state	PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 220 E Magnolia Ave San Antonio, TX 78212	State; Zip Code	
8	Principal occupa homemaker	ation / Job title (See instructions)	9 Employer (See instru homemaker	uctions)
	Date 5/9/2023	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 113 Armour Place San Antonio, TX 78212	State; Zip Code	
	Principal occupa City Council Dis	ntion / Job title (See instructions)	Employer (See instru Director of Commu	•
	Date 5/9/2023	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 605 E. Dewey Place San Antonio, TX 78212	State; Zip Code	
	Principal occupa DMASSOCIATE	tion / Job title (See instructions) S	Employer (See instru Tax Consultant	uctions)
	Date 5/9/2023	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 300 West French PI San Antonio, TX 78212	State; Zip Code	
	Principal occupa Self	tion / Job title (See instructions)	Employer (See instru Musician	uctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 11 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/9/2023	5 Full name of contributor ut-of-state PA Patricia Smothers	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; S 114 Geneseo Road San Antonio, TX 78209	State; Zip Code	
8	Principal occup	pation / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 5/9/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 1122 Par Foir San Antonio, TX 78221	State; Zip Code	
Principal occupation / Job title (See instructions) Community Affairs			Employer (See instru Dr, Daniel Kellum	ctions)
	Date 5/9/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 1122 Par Foir San Antonio, TX 78221	State; Zip Code	
	Principal occup Community Af	pation / Job title (See instructions)	Employer (See instru Dr, Daniel Kellum	ctions)
	Date 5/9/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 330 Summit San Antonio, TX 78212	State; Zip Code	
	Principal occup Physcian	pation / Job title (See instructions)	Employer (See instru Dr Daniel Kellum	ctions)

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SCHEDULE A1

	٦	The Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 12 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/9/2023	5 Full name of contributor Dr. Daniel Kellum	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; 330 Summit San Antonio, TX 78212	City; S	State; Zip Code	
8	Principal occupa	Principal occupation / Job title (See instructions) Physcian 9 Employer (See instructions) Dr Daniel Kellum			ctions)
	Date 5/9/2023	Full name of contributor Paul Martin	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 207 E Mulberry Ave #1 #1 San Antonio, TX 78212	City; S	State; Zip Code	
			Employer (See instru Investment Advisor	ctions)	
	Date 5/10/2023	Full name of contributor Cristina Ortiz	☐ out-of-state PA	\C (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 7915 emerald elm san antonio, TX 78251	City; S	State; Zip Code	
		ation / Job title (See instructions) Stomach Group		Employer (See instru Manager	ctions)
	Date 5/10/2023	Full name of contributor Jeanne Russell	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 639 Mission Street SAN ANTONIO, TX 78210	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) CAST Schools				Employer (See instru Exec Director	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 13 of 50	
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/10/2023	5 Full name of contributor	C (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; S 410 e. Rampart San Antonio, TX 78216	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Entrepreneur	uctions)
	Date 5/10/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 302 West Rosewood Avenue San Antonio, TX 78212	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See inst Kinder+DeBauche Principal			Employer (See instru Principal	uctions)
	Date 5/10/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; S 312 Pearl Parkway San Antonio, TX 78215	State; Zip Code	
	Principal occupa retired	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/10/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 146 E Myrtle Street San Antonio, TX 78212	State; Zip Code	
	Principal occupa Curry Boys	ation / Job title (See instructions)	Employer (See instru Restaurant Owner	uctions)

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

SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 14 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/10/2023	5 Full name of contributor ☐ out-of-state P. Arthur Nicholson	AC (ID#)	7 Amount of contribution (\$) 375.00
		6 Contributor address; City; 230 Dwyer Avenue San Antonio, TX 78204	State; Zip Code	
8	Principal occup	ation / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 5/10/2023	Full name of contributor ut-of-state P. Pat Condon	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 322 Washington Street San Antonio, TX 78204	State; Zip Code	
Principal occupation / Job title (See instructions) Self Employer (See instructions) Self Employed			ctions)	
	Date 5/10/2023	Full name of contributor ut-of-state P. Christian Torres	AC (ID#)	Amount of contribution (\$) 10.00
		Contributor address; City; 150 Division Avenue San Antonio, TX 78214	State; Zip Code	
	Principal occup Midnight Swim	ation / Job title (See instructions)	Employer (See instru Bartender	ctions)
	Date 5/10/2023	Full name of contributor ut-of-state P. Charlie Biedenharn	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 215 Riddle San Antonio, TX 78210	State; Zip Code	
	Principal occup JAC Bakery LL	ation / Job title (See instructions) _C	Employer (See instru Business Owner	ctions)

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SCHEDULE A1

		The Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 15 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/10/2023	5 Full name of contributor Deandra Coy	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 200.00
		6 Contributor address; 137 Thelka San Antonio, TX 78214	City; S	State; Zip Code	
8	Principal occup Empty Stomac	eation / Job title (See instructions)		9 Employer (See instru Bar Manager	uctions)
	Date 5/10/2023	Full name of contributor Erick De Luna	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 8670 W Rockport Rd Von Ormy, TX 78073	City;	State; Zip Code	
	Principal occup Erick De Luna	oation / Job title (See instructions)		Employer (See instru	uctions)
	Date 5/10/2023			AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 135 Pinecrest Boulevard San Antonio, TX 78209	City;	State; Zip Code	
	Principal occup	pation / Job title (See instructions)		Employer (See instru	uctions)
	Date 5/10/2023	Full name of contributor Matthew Trevino	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 75.00
		Contributor address; 102 Paul St San Antonio, TX 78203	City;	State; Zip Code	
	Principal occup City Council D	pation / Job title (See instructions) istrict 7		Employer (See instru Council Aide	uctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 16 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/10/2023	5 Full name of contributor ut-of-state PA Pat Matthews	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; S 1405 Wiltshire Ave San Antonio, TX 78209	State; Zip Code	
8	Principal occup Active Capital	pation / Job title (See instructions)	9 Employer (See instru CEO	ctions)
	Date 5/10/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 20.00
		Contributor address; City; S 9539 Sinsonte Street San Antonio, TX 78230	State; Zip Code	
	Principal occup	pation / Job title (See instructions)	Employer (See instru	ctions)
	Date 5/10/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 150.00
		Contributor address; City; S PO Box 131 San Antonio, TX 78210	State; Zip Code	
	Principal occup Utsa	pation / Job title (See instructions)	Employer (See instru Teacher	ctions)
	Date 5/10/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 102 East Huisache Avenue San Antonio, TX 78212	State; Zip Code	
	Principal occup The Alamo	pation / Job title (See instructions)	Employer (See instru Educator	ctions)

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SCHEDULE A1

	1	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 17 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/10/2023	5 Full name of contributor Amada Miller	☐ out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1012 South Presa Street San Antonio, TX 78210	City;	State; Zip Code	
8	Principal occupa Hands Down	ation / Job title (See instructions)		9 Employer (See instru Bar Manager/Owner	•
	Date 5/10/2023	Full name of contributor Sophie Gonzales	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1134 w agarita ave San antonio, TX 78201	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Empty Stomach/ Loud Noises Operator			Employer (See instru Operator	actions)	
	Date 5/10/2023	Full name of contributor John Villanueva	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 2435 W Mistletoe San Antonio, TX 78228	City;	State; Zip Code	
	Principal occupa Midnight Swim	ation / Job title (See instructions)		Employer (See instru Operator	actions)
	Date 5/10/2023	Full name of contributor Kristian Carranza	out-of-state P	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 623 Hemisfair blvd San Antonio, TX 78221	City;	State; Zip Code	
Principal occupation / Job title (See instructions) N/A				Employer (See instru Unemployed	ictions)

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SCHEDULE A1

	1	he Instruction Guide explains how to co	1 Total pages Schedule A1: 18 of 50		
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/10/2023	5 Full name of contributor □ a Wayne Wright	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 5707 W Interstate 10 #10 San Antonio, TX 78201	City; S	State; Zip Code	
8	Principal occupa wayne wright la	tion / Job title (See instructions) wyers		9 Employer (See instru	uctions)
	Date 5/10/2023	Full name of contributor	out-of-state PA	\C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 5707 W Interstate 10 #10 San Antonio, TX 78201	City; S		
	Principal occupa Wayne Wright I	tion / Job title (See instructions) LP		Employer (See instruattorney	uctions)
	Date 5/10/2023	Catherine Meyer	out-of-state PA	C (ID#) Ctate; Zip Code	Amount of contribution (\$) 100.00
		230 Dwyer San Antonio, TX 78204			
	Principal occupa Teacher	tion / Job title (See instructions)		Employer (See instru Northside ISD	uctions)
	Date 5/10/2023	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 515 Camden San Antonio, TX 78215	City; S	State; Zip Code	
	Principal occupa Physician	tion / Job title (See instructions)		Employer (See instru Baptist Medical Cen	•

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 19 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/10/2023	5 Full name of contributor	: (ID#)	7 Amount of contribution (\$) 200.00
		6 Contributor address; City; St. 401 Adams St San Antonio, TX 78210	ate; Zip Code	
8	Principal occupa OBGYN	tion / Job title (See instructions)	Employer (See instru Legacy Womens He	•
	Date 5/10/2023	Full name of contributor	: (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; St. 529 Elsmere PI San Antonio, TX 78212	ate; Zip Code	
Principal occupation / Job title (See instructions) Employer (See VP of University Relations UTSA			Employer (See instru UTSA	ctions)
	Date 5/10/2023	Full name of contributor		Amount of contribution (\$) 250.00
		Contributor address; City; St. 102 Park Dr San Antonio, TX 78212	ate; Zip Code	
	Principal occupa Self	tion / Job title (See instructions)	Employer (See instru Self	ctions)
	Date 5/10/2023	Full name of contributor	(ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; St. 211 W Rosewood Ave San Antonio, TX 78212	ate; Zip Code	
Principal occupation / Job title (See instructions) Employer Trinity University Faculty			Employer (See instru Faculty	ctions)

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SCHEDULE A1

	7	The Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 20 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/11/2023	5 Full name of contributor ☐ out-of-state chris cullum	e PAC (ID#)	7 Amount of contribution (\$) 200.00
		6 Contributor address; City; 826 East Mistletoe San Antonio, TX 78212	State; Zip Code	
8	Principal occupa attaboy & attag	ation / Job title (See instructions) irl	9 Employer (See instruowner	uctions)
	Date 5/11/2023	Full name of contributor ut-of-stat	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 315 Barrera St San Antonio, TX 78210	State; Zip Code	
			Employer (See instru Business owner	uctions)
	Date 5/11/2023	Full name of contributor ut-of-stat	e PAC (ID#)	Amount of contribution (\$) 35.00
		Contributor address; City; 114 Camp Street #105 San Antonio, TX 78204	State; Zip Code	
	Principal occupa retired	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/11/2023	Full name of contributor ut-of-stat	e PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; 205 Vance Street San Antonio, TX 78210	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	Т	The Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 21 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/11/2023	5 Full name of contributor Jeret Pena	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 3415 huntwick san antonio, TX 78230	City; S	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	ctions)
	Date 5/11/2023	Full name of contributor Timothy watt	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 535 Lamont Ave San Antonio, TX 78209	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See ins retired retired		Employer (See instru	ctions)		
	Date 5/11/2023	Full name of contributor James Lifshutz	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 215 W Travis St San Antonio, TX 78205	City; S		
	Principal occupa Developer	ation / Job title (See instructions)		Employer (See instru Self	ctions)
	Date 5/12/2023	Full name of contributor Tracie Hasslocher	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 129 Haskin Dr San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa Hasslocher Bou	ation / Job title (See instructions) utique Realty		Employer (See instru Realtor	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to com	1	Total pages Schedule A1: 22 of 50		
2	FILER NAME Sukh Kaur				3	Filer ID (Ethics Commission Filers)
4	Date 5/12/2023	5 Full name of contributor until out	of-state PA	AC (ID#)	7	Amount of contribution (\$) 500.00
		6 Contributor address; Contrib	City; S	State; Zip Code		
8	Principal occupa Jims Restauran	tion / Job title (See instructions) ts		9 Employer (See instr Owner	uctio	ns)
	Date 5/12/2023	Full name of contributor	of-state PA	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; C 934 W Lynwood Ave San Antonio, TX 78201	 City; S	State; Zip Code		
	Principal occupa	tion / Job title (See instructions)		Employer (See instr n/a	uctio	ns)
	Date 5/12/2023	Full name of contributor	-of-state PA	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; Contribut	 City; S	State; Zip Code		
	Principal occupa Elegant Limous	tion / Job title (See instructions) ine		Employer (See instr GM	uctio	ns)
	Date 5/12/2023	Full name of contributor	-of-state PA	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; C 98 Turnberry Way San Antonio, TX 78230	 City; S			
	Principal occupa retired	tion / Job title (See instructions)		Employer (See instr	uctio	ns)

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SCHEDULE A1

	1	he Instruction Guide explains how to complete t	nis form.	1 Total pages Schedule A1: 23 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/12/2023	5 Full name of contributor ☐ out-of-state Doug Dawson	PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 8003 Lennon Dr Austin, TX 78744	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Education	uctions)
	Date 5/12/2023	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; 8613 Saddleback Pl Laurel, MD 20723	State; Zip Code	
	Principal occupa Self	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/12/2023	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 400.00
		Contributor address; City; PO Box 241509 san antonio, TX 78224	State; Zip Code	
	Principal occupa Monterrey Iron	ation / Job title (See instructions)	Employer (See instru Recycling	uctions)
	Date 5/12/2023	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 231 Adams Street San Antonio, TX 78210	State; Zip Code	
	Principal occupa NS Brands	ation / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

		The Instruction Guide explains how to co	omplete this f	form.	1 Total pages Schedule A1: 24 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/12/2023	5 Full name of contributor Cristina Ortiz	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 7915 emerald elm san antonio, TX 78251	City; S	tate; Zip Code	
8	Principal occup	ation / Job title (See instructions)		9 Employer (See instru Manager	ctions)
	Date 5/12/2023	Full name of contributor Martina Hinojosa	out-of-state PA	C (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 1020 NE Loop 410 #410 San Antonio, TX 78209	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Cantu Harden Montoya LLP				Employer (See instru attorney	ctions)
	Date 5/12/2023	Full name of contributor Inderpal Singh	out-of-state PA	C (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 4429 Hycliffe Troy, MI 48098	City; S	tate; Zip Code	
	Principal occup Zelus	ation / Job title (See instructions)		Employer (See instru	ctions)
	Date 5/12/2023	Full name of contributor Matthew West	out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 338 Ridgehaven Place San Antonio, TX 78209	City; S	tate; Zip Code	
	Principal occup	ation / Job title (See instructions)		Employer (See instru Self	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how t	1 Total pages Schedule A1: 25 of 50			
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission	Filers)
4	Date 5/12/2023	5 Full name of contributor Paul Martin	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00	
		6 Contributor address; 207 E Mulberry Ave #1 #1 San Antonio, TX 78212	City;	State; Zip Code		
8	Principal occupa Martin Capital A	ation / Job title (See instructions)		9 Employer (See instru Investment Advisor	-	
	martin Gapitai F	Laviooro .				
	Date 5/12/2023	Full name of contributor R Lamar Sawyer Jr	out-of-state PA	AC (ID#)	Amount of contribution (\$) 25.00	
		Contributor address; 832 West Mistletoe Avenue San Antonio, TX 78212	City;	State; Zip Code		
Principal occupation / Job title (See instructions) Employer (See instructions) retired			Employer (See instru	uctions)		
	Date 5/12/2023	Full name of contributor Paul Basaldua	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; 3 Woltwood San Antonio, TX 78248	City;	State; Zip Code		
	Principal occupa VersaTerra Dev	tion / Job title (See instructions) elopment		Employer (See instru Real Estate	uctions)	
	Date 5/12/2023	Full name of contributor Tim Barberio	Out-of-state P/	AC (ID#)	Amount of contribution (\$) 100.00	
		Contributor address; 315 Frost San Antonio, TX 78201	City;	State; Zip Code		
	Principal occupa retired	tion / Job title (See instructions)		Employer (See instru	uctions)	

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SCHEDULE A1

		The Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 26 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/12/2023	5 Full name of contributor Cheryl Carney	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 1124 West Gramercy Place San Antonio, TX 78201	City; S	State; Zip Code	
8	Principal occup	ation / Job title (See instructions)		9 Employer (See instru Chef	ctions)
	Date 5/12/2023	Full name of contributor Jasleen Singh	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 251.00
		Contributor address; 355 1st Street San Francisco, CA 94105	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Altair Law		Employer (See instru Attorney	ctions)		
	Date 5/12/2023	Full name of contributor G.P. Singh	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 98 Turnberry Way San Antonio, TX 78230	City; S	State; Zip Code	
	Principal occup retired	ation / Job title (See instructions)		Employer (See instru	ctions)
	Date 5/12/2023	Full name of contributor Tejinder Glamour	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 5354 62nd ave S Saint Petersburg, FL 33715	City; S	State; Zip Code	
	Principal occup Gastro Florida	ation / Job title (See instructions)		Employer (See instru Physician	ctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 27 of 50
2	FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4	Date 5/13/2023	5 Full name of contributor	7 Amount of contribution (\$) 5.00
		6 Contributor address; City; State; Zip Code 848 County Road 122 #122 Floresville, TX 78114	•
8	Principal occup North Park Lin	ation / Job title (See instructions) coln 9 Employer (See instructions) Porter	tructions)
	Date 5/13/2023	Full name of contributor	Amount of contribution (\$) 50.00
		Contributor address; City; State; Zip Code 1401 E Crockett St San Antonio, TX 78202	•
	Principal occup CPS Energy	ation / Job title (See instructions) Employer (See ins	tructions)
	Date 5/13/2023	Full name of contributor	Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip Code 9 Penny Lane San Antonio, TX 78209	
	Principal occup Loopy Limited	ation / Job title (See instructions) Employer (See ins Real Estate	tructions)
	Date 5/13/2023	Full name of contributor	Amount of contribution (\$) 250.00
		Contributor address; City; State; Zip Code 517 E. Park Ave San Antonio, TX 78212	•
	Principal occup Managing Part	ation / Job title (See instructions) Employer (See ins ner East Park Propert	

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SCHEDULE A1

		The Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 28 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/13/2023	5 Full name of contributor Lou Miller	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 4458 E Houston San Antonio, TX 78220	City;	State; Zip Code	
8	Principal occup Insurance Age	oation / Job title (See instructions) ent		9 Employer (See instru State Farm Insurance	
	Date 5/13/2023	Full name of contributor Rebecca Kaye	out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 213 S Mendenhall St Greensboro, NC 27403	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Guilford County Schools			Employer (See instructions) School system administrator		
	Date Full name of contributor □ out-of-state PAC (ID#) 5/14/2023 Madeleine Peery		AC (ID#)	Amount of contribution (\$) 50.00	
		Contributor address; 808 W Mulberry Ave San Antonio, TX 78212	City;	State; Zip Code	
	Principal occup	nation / Job title (See instructions)		Employer (See instru homemaker	uctions)
	Date 5/14/2023	Full name of contributor Hector Troche	out-of-state PA	AC (ID#)	Amount of contribution (\$) 60.00
		Contributor address; 2502 Blossom Drive San Antonio, TX 78217	City;	State; Zip Code	
	Principal occup	nation / Job title (See instructions)		Employer (See instru Geospatial Analyst	uctions)

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SCHEDULE A1

	1	The Instruction Guide explains how to c	complete this t	form.	1 Total pages Schedule A1: 29 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/14/2023	5 Full name of contributor Jean Cheever	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 501 Terrell Road San Antonio, TX 78209	City; S	itate; Zip Code	
8	Principal occupa Self-Employed	ation / Job title (See instructions)		9 Employer (See instru Investor	ctions)
	Date 5/14/2023	Full name of contributor MARLENE MARTIN	out-of-state PA	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 10202 Charter Ridge San Antonio, TX 78230	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Self			Employer (See instru Attorney	ctions)	
	Date 5/14/2023	Full name of contributor Priti Sood	out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 11674 Foxspur Court Ellicott City, MD 21042	City; S	tate; Zip Code	
	Principal occupa Kaiser	ation / Job title (See instructions)		Employer (See instru Physician	ctions)
	Date 5/14/2023	Full name of contributor Veronica Valdovinos	out-of-state PA	C (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 3123 Clearfield Dr San Antonio, TX 78230	City; S	tate; Zip Code	
	Principal occupa San Antonio	ation / Job title (See instructions)		Employer (See instru Teacher	ctions)

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SCHEDULE A1

	1	he Instruction Guide explains how to comp	olete this f	form.	1 Total pages Schedule A1: 30 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/15/2023	5 Full name of contributor	of-state PA	C (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; C 31 N Dragonwood PI The Woodlands, TX 77381	 City; S	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Civil Engineer	ctions)
	Date 5/15/2023	Full name of contributor	of-state PA	C (ID#)	Amount of contribution (\$) 25.00
		Contributor address; C 331 Altgelt Avenue San Antonio, TX 78201	 City; S	tate; Zip Code	
			Employer (See instru Early Childhood Inte	•	
	Date 5/15/2023	Full name of contributor	• —————		Amount of contribution (\$) 500.00
		Contributor address; C 2211 30th St NW Washington, DC 20008	 City; S	tate; Zip Code	
	Principal occupa CityBridge Edu	ation / Job title (See instructions) cation		Employer (See instru Founding Chair	ctions)
	Date 5/15/2023	Full name of contributor	of-state PA	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; C 118 Park Hill Dr San Antonio, TX 78212	city; S	tate; Zip Code	
	Principal occupa retired	ation / Job title (See instructions)		Employer (See instru	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 31 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/15/2023	5 Full name of contributor ☐ out-of-state PAC Arun Chhabra	(ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; St 2036 Yellowstone Trail Friendswood, TX 77546	ate; Zip Code	
8	Principal occupa Utmb	ation / Job title (See instructions)	9 Employer (See instru Physician	ctions)
	Date 5/15/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; St 142 E. Elsmere Place San Antonio, TX 78212	ate; Zip Code	
Principal occupation / Job title (See instructions) Retired			Employer (See instru Retired	ctions)
	Date 5/16/2023	Full name of contributor		Amount of contribution (\$) 50.00
		Contributor address; City; St 220 Garden View San Antonio, TX 78213	ate; Zip Code	
	Principal occupa Owner	ation / Job title (See instructions)	Employer (See instru Core Research	ctions)
	Date 5/16/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; St 1102 Morgans Peak San Antonio, TX 78258	ate; Zip Code	
	Principal occupa Los Barrios	tion / Job title (See instructions)	Employer (See instru Ceo	ctions)

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

SCHEDULE A1

	ī	The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 32 of 50	
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)	
4	Date 5/16/2023	5 Full name of contributor ut-of-state F	PAC (ID#)	7 Amount of contribution (\$) 500.00	
		6 Contributor address; City; 517 Genseo Rd San Antonio, TX 78209	State; Zip Code		
8	Principal occupa Retired	ation / Job title (See instructions)	9 Employer (See instru Retired	uctions)	
	Date 5/16/2023	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; 4242 Broadway #506 San Antonio, TX 78209	State; Zip Code		
	Principal occupa Retired	ation / Job title (See instructions)	Employer (See instru Retired	uctions)	
	Date 5/16/2023	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; 5725 Quail Canyon San Antonio, TX 78249	State; Zip Code		
	Principal occupa	ation / Job title (See instructions)	Employer (See instructions) NA		
	Date 5/16/2023	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; 700 E Hildebrand Ave #1401 San Antonio, TX 78212	State; Zip Code		
	Principal occupa Retired	ation / Job title (See instructions)	Employer (See instru Retired	uctions)	

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SCHEDULE A1

	1	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 33 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/16/2023	5 Full name of contributor ☐ out-of-state Rene Wender	PAC (ID#)	7 Amount of contribution (\$) 500.00
8	Principal occupa Retired	ation / Job title (See instructions)	9 Employer (See instru Retired	uctions)
	Date 5/16/2023	Full name of contributor Nikhil Patel Contributor address; Cas S St marys St. San Antonio, TX 78205	PAC (ID#) State; Zip Code	Amount of contribution (\$) 50.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Lawyer	uctions)
	Date 5/16/2023	Full name of contributor Steven Soto Contributor address; City; Contributor addrest Drive San Antonio, TX 78216	PAC (ID#) State; Zip Code	Amount of contribution (\$) 25.00
	Principal occupa Mixing Tin	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/16/2023	Full name of contributor William Moll Contributor address; City; 433 College Boulevard San Antonio, TX 78209	PAC (ID#) State; Zip Code	Amount of contribution (\$) 100.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	T	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 34 of 50	
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)	
4	Date 5/17/2023	5 Full name of contributor ut-of-state PA Elizabeth Avelar	AC (ID#)	7 Amount of contribution (\$) 250.00	
		6 Contributor address; City; S PO Box 483 Somerset, TX 78069	State; Zip Code		
8	Principal occupation / Job title (See instructions) Livetech 9 Employer (See instructions) Project Manager				
	Date 5/17/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00	
		Contributor address; City; S 135 Cedar St San Antonio, TX 78210	State; Zip Code		
Principal occupation / Job title (See instructions) Employ David Weakley Owner			Employer (See instru Owner	ctions)	
	Date 5/17/2023	· ———		Amount of contribution (\$) 500.00	
		Contributor address; City; S 228 Saddle Lane Floresville, TX 78114	State; Zip Code		
	Principal occupa Ozcorp Freight	ation / Job title (See instructions) Brokers	Employer (See instru Transportation	ctions)	
	Date 5/17/2023	Full name of contributor	\C (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 303 Tamworth Dr. SAN ANTONIO, TX 78213	State; Zip Code		
		ation / Job title (See instructions)	Employer (See instru	•	
	Transwestern		Commercial Real Es	tate Agent	

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SCHEDULE A1

	Т	he Instruction Guide explains how t	1 Total pages Schedule A1: 35 of 50		
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/17/2023	5 Full name of contributor Richard Gonzales	out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 25.00
		6 Contributor address; 4 Loop Street San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 5/17/2023	Full name of contributor Chris Aldrete	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 335 Country Wood Dr San Antonio, TX 78216	City;	State; Zip Code	
	Principal occupa Aldrete Strategi	tion / Job title (See instructions) c Partners		Employer (See instru Consultant	ictions)
	Date 5/17/2023	Full name of contributor Lloyd Denton Jr	Out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1 Bitterblue Ln San Antonio , TX 78218	City;	State; Zip Code	
	Principal occupa Bitterblue Inves	tion / Job title (See instructions) tments		Employer (See instru	uctions)
	Date 5/17/2023	Full name of contributor Camille Denton	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1 Bitterblue Ln San Antonio, TX 78218	City;	State; Zip Code	
	Principal occupa Bitterblue Inves	tion / Job title (See instructions) tments		Employer (See instru	uctions)

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SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 36 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/17/2023	5 Full name of contributor Erlinda Cortez	Out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 807 E. Magnolia Ave San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occup Retired	ation / Job title (See instructions)		9 Employer (See instru Retired	uctions)
	Date 5/18/2023	Full name of contributor John P Casey	out-of-state PA	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 201 W. Craig San Antonio, TX 78212	City;	State; Zip Code	
	Principal occup N/A	ation / Job title (See instructions)		Employer (See instru N/A	uctions)
	Date 5/18/2023	Full name of contributor Danny Farias	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 13018 Heimer Rd #918 San Antonio, TX 78218	City;	State; Zip Code	
	-	ation / Job title (See instructions) and Entertaniment		Employer (See instru Sales	uctions)
	Date 5/18/2023	Full name of contributor Jessica Farias	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 13018 Heimer Rd #918 San Antonio, TX 78218	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See ins NA			Employer (See instru NA	uctions)	

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SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 37 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/18/2023	5 Full name of contributor Joey Farias	☐ out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 8907 Mission Stream San Antonio, TX 78223	City;	State; Zip Code	
8	Principal occup Get Fit SATX	pation / Job title (See instructions)		9 Employer (See instru Fitness Trainer	uctions)
	Date 5/18/2023	Full name of contributor Athena Farias	☐ out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 8907 Mission Stream San Antonio, TX 78223	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Get Fit SATX			Employer (See instru Exercise Physiologi	-	
	Date 5/18/2023			AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 257 Bustillos San Antonio, TX 78214	City;	State; Zip Code	
	Principal occup Mission Crafts	nation / Job title (See instructions)		Employer (See instru	uctions)
	Date 5/18/2023	Full name of contributor Malcolm Hartman	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 207 Primera Dr San Antonio, TX 78212	City;	State; Zip Code	
	Principal occup Tycoon Flats	pation / Job title (See instructions)		Employer (See instru Restaurateur	uctions)

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SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 38 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/18/2023	5 Full name of contributor Mary Rose Brown	out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 48 Vineyard Drive San Antonio, TX 78257	City;	State; Zip Code	
8	Principal occup NuStar Energy	ation / Job title (See instructions)		9 Employer (See instru Executive Vice Pres	•
	Date 5/18/2023	Full name of contributor Edward E. III	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 114 Camp St # 301 #301 San Antonio, TX 78204	City;	State; Zip Code	
	Principal occup retired	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 5/18/2023	Full name of contributor Daniel Kellum	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 17347 Fountain Mist San antonio, TX 78248	City;	State; Zip Code	
	Principal occup	nation / Job title (See instructions)	Employer (See instructions) student		uctions)
	Date 5/18/2023	Full name of contributor Daniel Kellum	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 17347 Fountain Mist San antonio, TX 78248	City;	State; Zip Code	
	Principal occup Raul b. Rodrig	ation / Job title (See instructions) uez Law, P.C		Employer (See instru	uctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to	1 Total pages Schedule A1: 39 of 50		
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/18/2023	5 Full name of contributor Alexander Kellum		AC (ID#)	7 Amount of contribution (\$) 500.00
		1130 Broadway St Hispanic or Latino, TX 78215	•	state, Zip Gode	
8	Principal occupa Kellum Medical	tion / Job title (See instructions) Group		9 Employer (See instru Medical Scribe	uctions)
	Date 5/18/2023	Full name of contributor RAJEEV PURI	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 16 CAMDEN OAKS SAN ANTONIO, TX 78248	City; S	State; Zip Code	
	Principal occupa Athena Domain	tion / Job title (See instructions)		Employer (See instru Owner	uctions)
	Date 5/18/2023	Full name of contributor Mark Larson	out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 14107 Bluff Manor Dr San Antonio, TX 78216	City;	State; Zip Code	
	Principal occupa Early Matters	tion / Job title (See instructions)		Employer (See instru Exec Dir	uctions)
	Date 5/18/2023	Full name of contributor Wade Becker	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 323 W. Gramercy Pl San Antonio, TX 78212	City; S	State; Zip Code	
	Principal occupa Medical Profess	tion / Job title (See instructions)		Employer (See instru Resident	uctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 40 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/18/2023	5 Full name of contributor ☐ out-of-state Arthur Campsey	PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 323 W. Gramercy PI San Antonio, TX 78212	State; Zip Code	
8	Principal occup PA	eation / Job title (See instructions)	9 Employer (See instru Kellum Physicians	actions)
	Date 5/19/2023	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 635 W Silver Sands Dr San Antonio, TX 78216	State; Zip Code	
	Principal occup	eation / Job title (See instructions)	Employer (See instru	ictions)
	Date 5/19/2023	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 6306 Forest VIg San Antonio, TX 78250	State; Zip Code	
	Principal occup Texas Towing	pation / Job title (See instructions)	Employer (See instru Manager	actions)
	Date 5/19/2023	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 1305 Arroyo Loma Schertz , TX 78154	State; Zip Code	
Principal occupation / Job title (See instructions) Realtor			Employer (See instru	actions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 41 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/20/2023	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; S 218 East Melrose Drive San Antonio, TX 78212	State; Zip Code	
8	Principal occupa Catalyst Porper	ation / Job title (See instructions) ty Partners	9 Employer (See instru Cofounder	ctions)
	Date 5/20/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 241 King William Street San Antonio, TX 78204	State; Zip Code	
			Employer (See instru Architect	ctions)
	Date 5/20/2023	Nelson Wolff Contributor address; City; State; Zip Code		Amount of contribution (\$) 250.00
		107 Regents Park San Antonio, TX 78230		
	Principal occupa retired	tion / Job title (See instructions)	Employer (See instru	ctions)
	Date 5/21/2023	Full name of contributor	\C (ID#)	Amount of contribution (\$) 300.00
		Contributor address; City; S 137 E. Woodlawn ave San Antonio, TX 78212	State; Zip Code	
	Principal occupa URBANherbal	tion / Job title (See instructions)	Employer (See instru Herbalist	ctions)

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SCHEDULE A1

	7	The Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 42 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/21/2023	 5 Full name of contributor Victoria Rico 6 Contributor address; 127 E Lynwood Ave San Antonio, TX 78212 	out-of-state Pr	AC (ID#)	7 Amount of contribution (\$) 400.00
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 5/21/2023	Full name of contributor Edward Piner		AC (ID#)	Amount of contribution (\$) 25.00
		143 Magnolia Dr San Antonio, TX 78212	,		
Principal occupation / Job title (See instructions) NA		Employer (See instru NA	uctions)		
	Date 5/22/2023	Full name of contributor Lea Rosenauer Contributor address;	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		4938 Corian Well Drive San Antonio, TX 78247	,		
	Principal occupa	ation / Job title (See instructions) n Antonio		Employer (See instru President & CEO	uctions)
	Date 5/23/2023	Full name of contributor R M Berrier	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 202 Lavaca Street San Antonio, TX 78210	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 43 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/23/2023	5 Full name of contributor ☐ out-of-state Sarah McLornan	PAC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; 115 Paloma Dr San Antonio, TX 78212	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ictions)
	Date 5/23/2023	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; PO Box 483 Somerset, TX 78069	State; Zip Code	
Principal occupation / Job title (See instructions) Livetech			Employer (See instru	actions)
	Date 5/23/2023	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 1027 Kirk Place San Antonio, TX 78226	State; Zip Code	
	Principal occupa ML Marketing	ation / Job title (See instructions)	Employer (See instru Government Affairs	•
	Date 5/23/2023	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 1027 Kirk Place San Antonio, TX 78226	State; Zip Code	
	Principal occupa ML Marketing	ation / Job title (See instructions)	Employer (See instru	ictions)

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SCHEDULE A1

	1	The Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 44 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/24/2023	5 Full name of contributor Mohinder Khangura	out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 51.00
		6 Contributor address; 205 West Summit Avenue San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	ictions)
	Date 5/24/2023	Full name of contributor Anne Monahan	out-of-state P	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 147 West Mariposa Drive San Antonio, TX 78212	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Self-employed			Employer (See instru Attorney	uctions)	
	Date Full name of contributor □ out-of-state PAC (ID#		AC (ID#)	Amount of contribution (\$) 150.00	
		Contributor address; 300 e basse san antonio, TX 78209	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions) d associates		Employer (See instru	ictions)
	Date 5/24/2023	Full name of contributor Prabhleen Aneja	out-of-state P	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 1595 E 13 mile Road Madison heights, MI 48071	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Beaumont Royal Oak			Employer (See instru	ictions)	

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SCHEDULE A1

		The Instruction Guide explains how to com	plete this	form.	1 Total pages Schedule A1: 45 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/24/2023	5 Full name of contributor □ out Demi Asvestas	of-state PA	.C (ID#)	7 Amount of contribution (\$) 300.00
		6 Contributor address; C 4134 City View Drive San Antonio, TX 78228	City; S	state; Zip Code	
8	Principal occup Self	pation / Job title (See instructions)		9 Employer (See instru Certified Nurse Midv	
	Date 5/25/2023	Full name of contributor ut	-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 633 South Saint Marys Street San Antonio, TX 78205	City; S	state; Zip Code	
	Principal occup HOMENOVATI	eation / Job title (See instructions) ELLC		Employer (See instru General contractor	ctions)
	Date Full name of contributor □ out-of-state PAC (ID#) 5/26/2023 Preston Woolfolk		.C (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; C 7743 Winecup Hill San Antonio, TX 78256	 City; S	tate; Zip Code	
	Principal occup Documation	pation / Job title (See instructions)		Employer (See instru President	ctions)
	Date 5/28/2023	Full name of contributor	-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 112 Mayflower Street Alamo Heights, TX 78209	City; S	State; Zip Code	
	Principal occup Santos Holdin	pation / Job title (See instructions) gs Inc		Employer (See instru Real Estate develop	

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SCHEDULE A1

	т	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 46 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/28/2023	5 Full name of contributor ut-of-state P. Bernice Beck	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 223 West Hollywood Avenue San Antonio, TX 78212	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions) Inc.	9 Employer (See instru President	ctions)
	Date 5/29/2023	Full name of contributor ut-of-state P. Lawson Picasso	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 6139 Willowridge St San Antonio, TX 78249	State; Zip Code	
	Principal occupa Self	ation / Job title (See instructions)	Employer (See instru Communications	ctions)
	Date 5/29/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 5 701 Waverly Avenue San Antonio, TX 78201	State; Zip Code	
	Principal occupa Medable	ation / Job title (See instructions)	Employer (See instru Attorney	ctions)
	Date 5/29/2023	Full name of contributor ut-of-state Pa	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 25 Armsby Rd Sutton, MA 01590	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Fundraiser	ctions)

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SCHEDULE A1

	7	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 47 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/30/2023	5 Full name of contributor Keerat Bajaj	Out-of-state P	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 40 Longsford San Antonio, TX 78209	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 5/30/2023	Full name of contributor Albert Ochoa	Out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 136 East Mulberry Avenue San Antonio, TX 78212	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Success Realty of Texas LLC		Employer (See instru Broker	uctions)		
	Date 5/30/2023	Full name of contributor Manish Kapoor	Out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 331 Pueblo Pintado Helotes, TX 78023	City;	State; Zip Code	
	Principal occupa NuStar Energy	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 5/30/2023	Full name of contributor Murthy & Lata Gedala	Out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 320 Hampton Way San Antonio, TX 78249	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 48 of 50
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/30/2023	5 Full name of contributor Sushil Valavalkar	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 1914 Far Niente San Antonio, TX 78258	City;	State; Zip Code	
8	Principal occupa Christus Trinity	tion / Job title (See instructions)		9 Employer (See instru Physician	uctions)
	Date 5/30/2023	Full name of contributor Suren Kamath	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 88 Briggs #260 San Antonio, TX 78224	City;	State; Zip Code	
	Principal occupa SouthwestDiag	ntion / Job title (See instructions)		Employer (See instru Owner	uctions)
	Date 5/30/2023	Full name of contributor Mari Tamez	out-of-state PA	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 237 Normandy Avenue Alamo Heights, TX 78209	City;	State; Zip Code	
	Principal occupa Bexar County	tion / Job title (See instructions)		Employer (See instru Manager	uctions)
	Date 5/30/2023	Full name of contributor Kathleen Thomas	out-of-state PA	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 14026 Gingerwood San Antonio, TX, TX 78231	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru homemaker	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	Т	he Instruction Guide explains how to	1 Total pages Schedule A1: 49 of 50		
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/31/2023	5 Full name of contributor Eduardo Parra	out-of-state PA		7 Amount of contribution (\$) 250.00
		6 Contributor address; 7323 Eagle Ledge San Antonio, TX 78249	City; S	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See in Civil Engineer	structions)
	Date 5/31/2023	Full name of contributor BJ Patel	out-of-state PA	AC (ID#	Amount of contribution (\$) 500.00
		Contributor address; 1814 My Anns Hill San Antonio, TX 78258	City;	State; Zip Code	•
	Principal occupa Baywood Hotels	tion / Job title (See instructions)		Employer (See ir Business Owne	•
	Date 5/31/2023	Full name of contributor Krishna Reddy	out-of-state PA	AC (ID#	Amount of contribution (\$) 500.00
		Contributor address; 13514 Able Creek Drive San Antonio, TX 78231	City;	State; Zip Code	•
	Principal occupa Meritz reddy	tion / Job title (See instructions)		Employer (See in Attorney	structions)
	Date 5/31/2023	Full name of contributor Nivedita Tunga	Out-of-state PA	AC (ID#	Amount of contribution (\$) 250.00
		Contributor address; 714 Cheos Oak Shavano Park, TX 78230	City;	State; Zip Code	•
		tion / Job title (See instructions) hcare Ministries		Employer (See in Doctor	structions)

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SCHEDULE A1

	7	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 50 of 50
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/31/2023	5 Full name of contributor ut-of-state P Sarit Kapur	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; 120 Whittingham Rd Shavano Park, TX 78231	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Business owner	uctions)
	Date	Full name of contributor ut-of-state P	AC (ID#)	Amount of contribution (\$)
		Contributor address; City;		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date	Full name of contributor ut-of-state P	AC (ID#)	Amount of contribution (\$)
		Contributor address; City;		
Principal occupation / Job title (See instructions) Employer (See instructions)			uctions)	
	Date	Full name of contributor ut-of-state P	AC (ID#)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
		ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see inst		

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAM Sukh Kaur			3 Filer ID (Ethics Commission Filers)	
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 5/28/2023	6 Full name of contributor out-of-state PAC (ID#_Chad Carey) Code	8 Amount of Contribution \$ 400.00 9 In-kind contribution description Food and Drinks	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)		Check if travel outside of Texas, complete Schedule T OR NON-JUDICIAL) (See instructions) mach Group	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's	s job title (FOR JUDICIAL) (See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of	contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zig) Code	Amount of Contribution \$ In-kind contribution description	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (F	Check if travel outside of Texas, complete Schedule T OR NON-JUDICIAL) (See instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's	s job title (FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of	contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL CODIES OF T	HIC COUEDIN E	A & NEEDED	

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PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: 1 of 1
2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED PLEDGES	\$ 0
5 Date 6 Full name of pledgor out-of-state PAC (ID# 7 Pledgor address; City; State; Zip Code	9 In-kind contribution description
10 Principal occupation / Job title (See instructions) 11	Check if travel outside of Texas, complete Schedule T Employer (See instructions)
Date Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code	In-kind contribution description
Drive in all a constant (lab title (One in structions)	Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)	Employer (See instructions)
Date Full name of pledgor out-of-state PAC (ID#) Amount of Pledge \$
Pledgor address; City; State; Zip Code	Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)	Employer (See instructions)
Date Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code) Amount of Pledge \$ In-kind contribution description
Principal occupation / Job title (See instructions)	Check if travel outside of Texas, complete Schedule T Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS	

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

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

Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gifts/Awards/Memorials Expense Drinting Evnence

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District Travel Out Of District

Candidate/Officeholder/Political C Credit Card Payment	·	ories/Wages/Contract Labor Other (enter a category not listed above) Omplete this form
1 Total pages Schedule F1: 1 of 18	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 4/28/2023	5 Payee name FROST BANK	
6 Amount (\$) 5.00	7 Payee address; City; State; 2 111 W Houston St ##100 San Antonio, TX 78205	ip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Fees	(b) Description Bank Fee
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1 Check if Austin, TX, officeholder living expense Office held
Date 5/1/2023	Payee name Jennifer Longoria	
Amount (\$) 2363.34	Payee address; City; State; Z 403 Basswood Dr San Antonio, TX 78213	üp Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Other: Contract Labor) Description Field Director
	Check if travel outside of Texas, complete sched	ule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 1
Date 5/1/2023	Payee name Irvin Dominguez	
Amount (\$) 670.00	Payee address; City; State; Z 1327 Mission Grande ##514 San Antonio, TX 78221	ip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Other: Contract Labor	Description Field Walker
	Check if travel outside of Texas, complete sched	ule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 1
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking		Loan Repayment/Reimbursement	Solicitation/Fundraising Expense			
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense			
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District			
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains how to	o complete this form				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
2 of 18	Sukh Kaur		3 · mai ·			
4 Date	5 Payee name					
5/1/2023	ALAMO MAILING CO SALE					
6 Amount (\$)	7 Payee address; City; State;	Zip Code				
4227.13	13114 Lookout Run	Zip Code				
	San Antonio, TX 78233					
	Gan Antonio, 1X 70200					
8	(a) Category (See categories listed at the top of this sched	dule) (b) Description				
PURPOSE	Advertising Expense	Mailer Postage				
OF						
EXPENDITURE						
	(c) Check if travel outside of Texas, complete scl	hedule T Check if A	Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/C	OH Sukh Kaur	Council District 1				
Date	Payee name					
5/1/2023	Melinda Cirilo					
Amount (\$)	Payee address; City; State;	Zip Code				
360.00	8722 Cinnamon Creek Dr.	p				
	San Antonio, TX 78240					
	Category (See categories listed at the top of this sched					
PURPOSE	Other: Contract Labor	Field Walker				
OF						
EXPENDITURE						
	Check if travel outside of Texas, complete scl	hedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct		Office sought	Office held			
expenditure to benefit C/C	OH Sukh Kaur	Council District 1				
Date	Payee name					
5/1/2023	Brett Misquez					
Amount (\$)	Payee address; City; State;	Zip Code				
300.00	5107 Ozark St.	•				
	San Antonio, TX 78201					
	Category (See categories listed at the top of this sched	Description Field Walker				
PURPOSE	Other: Contract Labor	rieiu vvaikei				
OF						
EXPENDITURE						
	Check if travel outside of Texas, complete scl		Austin, TX, officeholder living expense			
Complete ONLY if direct		Office sought	Office held			
expenditure to benefit C/C	OH Sukh Kaur	Council District 1				
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDIII E AS MEEDI				
	AT TACH ADDITIONAL COPIES OF TH	IS SUREDULE AS NEED!				

	EXPENDITURE CATE	GORIES FOR BOX 8(a)		
Accounting/Banking Advertising Expense	Event Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense	Fees Food/Beverage Expense	Polling Expense	Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made By	Gifts/Awards/Memorials Expens	- · · · · · · · · · · · · · · · · · · ·	Travel Out Of District	
Candidate/Officeholder/Political C	ommittee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment		ins how to complete this form		
1 Total pages Schedule F1: 3 of 18	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)	
4 Date 5/1/2023	5 Payee name Tabitha Escebedo			
6 Amount (\$) 670.00	7 Payee address; City; 1327 Mission Grande ##514	State; Zip Code		
070.00	San Antonio, TX 78221			
8 PURPOSE	(a) Category (See categories listed at the top of Other: Contract Labor	of this schedule) (b) Description Field Walker		
OF EXPENDITURE				
	(c) Check if travel outside of Texas, co	mplete schedule T Check if	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	0H Sukh Kaur	Council District 1		
Date 5/1/2023	Payee name Gary Cooper			
Amount (\$)	Payee address; City;	State; Zip Code		
1000.00	8023 Cherry Glade Dr San Antonio, TX 78109			
	Category (See categories listed at the top of Advertising Expense	of this schedule) Description Marketing		
PURPOSE OF	Advoicing Expense	g		
EXPENDITURE				
	Check if travel outside of Texas, co	mplete schedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	H Sukh Kaur	Council District 1		
Date	Payee name			
5/2/2023	GOOGLE *Domains			
Amount (\$)	Payee address; City;	State; Zip Code		
13.74	1600 Amphitheatre Parkway			
	Mountain View, CA 94043			
	Category (See categories listed at the top of	of this schedule) Description		
PURPOSE	Advertising Expense	Website Hosting		
OF	.			
EXPENDITURE				
	Check if travel outside of Texas, co	mplete schedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C		Council District 1		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEED!	ED	

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 4 of 18	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 5/4/2023	5 Payee name PRESTIGE PRINTING, LLC	l	
6 Amount (\$) 2349.03	7 Payee address; City; State 8 Burwood Ln San Antonio, TX 78216	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Printing Expense	(b) Description Mailer Printing	
	(c) Check if travel outside of Texas, complete	e schedule T Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 5/5/2023	Payee name ALAMO MAILING CO SALE		
Amount (\$) 3201.76	Payee address; City; State 13114 Lookout Run San Antonio, TX 78233	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Advertising Expense	Description Mailer Postage	
	Check if travel outside of Texas, complete	e schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 1	Office held
Date 5/8/2023	Payee name Irvin Dominguez		
Amount (\$) 580.00	Payee address; City; State 1327 Mission Grande ##514 San Antonio, TX 78221	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Other: Contract Labor	Description Field Walker	
	Check if travel outside of Texas, complete	e schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	D

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	•	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 5 of 18	2 FILER NAME Sukh Kaur	para and a complete and term	3 Filer ID (Ethics Commission Filers)
4 Date 5/8/2023	5 Payee name Melinda Cirilo		1
6 Amount (\$) 280.00	7 Payee address; City; 8722 Cinnamon Creek Dr. San Antonio, TX 78240	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Other: Contract Labor	Field Walker	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, of Candidate / Officeholder name Sukh Kaur	<u> </u>	f Austin, TX, officeholder living expense Office held
Date 5/8/2023	Payee name Tabitha Escebedo		
Amount (\$) 580.00	Payee address; City; 1327 Mission Grande ##514 San Antonio, TX 78221	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Other: Contract Labor	o of this schedule) Description Field Walker	
	Check if travel outside of Texas, c	complete schedule T Check in	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Council District 1	Office held
Date 5/8/2023	Payee name PRESTIGE PRINTING, LLC		
Amount (\$) 2232.12	Payee address; City; 8 Burwood Ln San Antonio, TX 78216	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Printing Expense	Description Mailer Printing	
	Check if travel outside of Texas, c	complete schedule T Check it	f Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEED	DED

	EVDENDITUD	E CATECODIES FOR I	DOV 0/a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Exper Gifts/Awards/Memoria ommittee Legal Services	Office Of	payment/Reimbursement verhead/Rental Expense ixpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 6 of 18	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 5/8/2023	5 Payee name Brianna Llanes			
6 Amount (\$) 150.00	7 Payee address; 10262 Kosub Lane San Antonio, TX 78232	City; State; Zip C	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed a Other: Contract Labor	at the top of this schedule)	(b) Description Poll Greeter	
EXPENDITURE	(c) Check if travel outside of T	exas, complete schedule	T Check if A	austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder	name	Office sought Council District 1	Office held
Date 5/8/2023	Payee name Vivian Stoeckert			
Amount (\$) 140.00	Payee address; 10803 green brook dr San Antonio, TX 78223	City; State; Zip C	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed a Other: Contract Labor	at the top of this schedule)	Description Poll Greeter	
	Check if travel outside of T	exas, complete schedule	T Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder DH Sukh Kaur		Office sought Council District 1	Office held
Date 5/8/2023	Payee name Marshall Cavazos			
Amount (\$) 120.00	Payee address; 11789 donop dr San Antonio, TX 78223	City; State; Zip C	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed a Other: Contract Labor	at the top of this schedule)	Description Poll Greeter	
	Check if travel outside of T	exas, complete schedule	T Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C			Office sought Council District 1	Office held
	ATTACH ADDITIONAL (COPIES OF THIS SC	HEDULE AS NEEDE	ED

	EXPENDITURE CAT	TEGORIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expe ommittee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 5/8/2023	5 Payee name Syd Urias		
6 Amount (\$) 60.00	7 Payee address; City; 15730 E Lupon Rd San Antonio, TX 78152	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Other: Contract Labor	(b) Description Poll Greeter	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, of Candidate / Officeholder name Sukh Kaur	· —	f Austin, TX, officeholder living expense Office held
Date 5/8/2023	Payee name Gabrien Gregory		
Amount (\$) 250.00	Payee address; City; 1806 Town Oak Dr San Antonio, TX 78232	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Other: Contract Labor	p of this schedule) Description Campaign Tean	n
	Check if travel outside of Texas, or	complete schedule T Check i	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Sukh Kaur	Office sought Council District 1	Office held
Date 5/9/2023	Payee name Abel Jaimes		
Amount (\$) 120.00	Payee address; City; 1101 River Ridge Pkwy ##534 San Antonio, TX 78666	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Other: Contract Labor	p of this schedule) Description Poll Greeter	
	Check if travel outside of Texas, or	complete schedule T Check i	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS NEED	DED

	EVDENDITUDE	CATECODIES EOD I	POV 9/a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expens Gifts/Awards/Memorials ommittee Legal Services	Office Over the control of the contr	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 8 of 18	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 5/10/2023	5 Payee name Brett Misquez			
6 Amount (\$) 490.00	7 Payee address; C 5107 Ozark St. San Antonio, TX 78201	city; State; Zip C	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at Other: Contract Labor	the top of this schedule)	(b) Description Field Walker	
LAFENDITONE	(c) Check if travel outside of Te	exas, complete schedule	T Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder	name	Office sought Council District 1	Office held
Date 5/11/2023	Payee name Natalie Garza			
Amount (\$) 500.00	Payee address; C 435 W Summit San Antonio, TX 78212	city; State; Zip C	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at Other: Contract Labor	the top of this schedule)	Description Campaign Team	
	Check if travel outside of Te	exas, complete schedule	T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder DH Sukh Kaur		Office sought Council District 1	Office held
Date 5/12/2023	Payee name Sherry Valerio			
Amount (\$) 80.00	Payee address; C 334 Laurelwood San Antonio, TX 78213	Sity; State; Zip C	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at Other: Contract Labor	the top of this schedule)	Description Poll Greeter	
	Check if travel outside of Te	exas, complete schedule	T Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C			Office sought Council District 1	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SC	HEDULE AS NEEDE	D

	EXPENDITURE	CATEGORIES FOR B	OX 8(a)	
Accounting/Banking	Event Expense	·	ayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting Expense	Fees Food/Beverage Expense		erhead/Rental Expense pense	Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials I	Expense Printing Ex	xpense	Travel Out Of District
Candidate/Officeholder/Political C Credit Card Payment	•		Vages/Contract Labor	Other (enter a category not listed above)
-		explains how to comple	ete this form	
1 Total pages Schedule F1: 9 of 18	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 5/12/2023	5 Payee name Mailchimp			
6 Amount (\$) 28.25	7 Payee address; Cit 675 Ponce de Leon Ave NE ATLANTA, GA 30308	•	ode	
8 PURPOSE OF	(a) Category (See categories listed at the Advertising Expense	ne top of this schedule)	(b) Description Email Newsletter	
EXPENDITURE				
	(c) Check if travel outside of Tex	as, complete schedule T	Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder n Sukh Kaur		Office sought Council District 1	Office held
Date 5/15/2023	Payee name LAS SALSAS			
Amount (\$) 53.71	Payee address; Cit 2018 San Pedro San Antonio, TX 78212	y; State; Zip Co	ode	
PURPOSE OF	Category (See categories listed at the Food/Beverage Expense	ne top of this schedule)	Description Volunteer Walk	
EXPENDITURE	Check if travel outside of Tex	as, complete schedule T	Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder n H Sukh Kaur		Office sought Council District 1	Office held
Date 5/15/2023	Payee name Gabrien Gregory			
Amount (\$) 250.00	Payee address; Cit 1806 Town Oak Dr San Antonio, TX 78232	y; State; Zip Co	ode	
PURPOSE OF EXPENDITURE	Category (See categories listed at the Other: Contract Labor	ne top of this schedule)	Description Campaign Team	
	Check if travel outside of Tex	as, complete schedule T	Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder n H Sukh Kaur		Office sought Council District 1	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	o complete this form	
1 Total pages Schedule F1: 10 of 18	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 5/17/2023	5 Payee name 3D Signs		
6 Amount (\$) 1353.13	7 Payee address; City; State; 8015 W 2nd St Somerset, TX 78069	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schere Printing Expense	(b) Description Signs Printing	
	(c) Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 5/18/2023	Payee name Imprint.Com		
Amount (\$) 175.88	Payee address; City; State; 4850 Wright Rd #100 Stafford, TX 77477	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Advertising Expense	dule) Description Cards	
	Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 5/18/2023	Payee name Cesar Mendez		
Amount (\$) 120.00	Payee address; City; State; 330 Topeka San Antonio, TX 78230	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Other: Contract Labor	Description Poll Greeter	
	Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor w to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 5/18/2023	5 Payee name USPS PO 4879640212	,	
6 Amount (\$) 63.00	7 Payee address; City; State 2400 McCullough Ave. San Antonio, TX 78212	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Advertising Expense	(b) Description Postage	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete Candidate / Officeholder name Sukh Kaur	Office sought Council District 1	ustin, TX, officeholder living expense Office held
Date 5/19/2023	Payee name Breanna Jimenez		
Amount (\$) 250.00	Payee address; City; State 14102 Miller Rd. Hedwig, TX 78152	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Other: Contract Labor	chedule) Description Poll Greeter	
	Check if travel outside of Texas, complete	schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Council District 1	Office held
Date 5/19/2023	Payee name ALAMO MAILING CO SALE		
Amount (\$) 4540.00	Payee address; City; State 13114 Lookout Run San Antonio, TX 78233	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Advertising Expense	chedule) Description Mailer Postage	
	Check if travel outside of Texas, complete	e schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	D

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	· ·	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	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 F1: 12 of 18	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 5/22/2023	5 Payee name JIFFYSHIRTS.COM		
6 Amount (\$) 80.75	7 Payee address; City; Si 1000 N West St #1200 Wilmington, DE 19801	ate; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of the Other: Contract Labor	(b) Description Shirts	
	(c) Check if travel outside of Texas, comp	lete schedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Sukh Kaur	Office sought Council District 1	Office held
Date 5/23/2023	Payee name HARBOR FREIGHT TOOLS 5		
Amount (\$) 15.05	Payee address; City; Si 1803 Vance Jackson St. San Antonio, TX 78213	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Advertising Expense	Description Sign Hardware	
	Check if travel outside of Texas, comp	lete schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Council District 1	Office held
Date 5/23/2023	Payee name 3D Signs		
Amount (\$) 265.21	Payee address; City; Si 8015 W 2nd St Somerset, TX 78069	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Printing Expense	is schedule) Description Signs Printing	
	Check if travel outside of Texas, comp	lete schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEEDI	ED

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	· ·	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur	•	3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2023	5 Payee name PRESTIGE PRINTING, LLC		
6 Amount (\$) 2590.42	7 Payee address; City; 8 Burwood Ln San Antonio, TX 78216	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Printing Expense	(b) Description Mailer Printing	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, co Candidate / Officeholder name Sukh Kaur	Office sought Council District 1	Austin, TX, officeholder living expense Office held
Date 5/30/2023	Payee name PRESTIGE PRINTING, LLC		
Amount (\$) 351.81	Payee address; City; 8 Burwood Ln San Antonio, TX 78216	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Printing Expense	of this schedule) Description Mailer Printing	
	Check if travel outside of Texas, co	omplete schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Sukh Kaur	Office sought Council District 1	Office held
Date 5/30/2023	Payee name PRESTIGE PRINTING, LLC		
Amount (\$) 649.50	Payee address; City; 8 Burwood Ln San Antonio, TX 78216	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Printing Expense	of this schedule) Description Mailer Printing	
	Check if travel outside of Texas, co	emplete schedule T Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NEED	PED

	FYDFI	NDITURE CATEGORIES FO	R BOY 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Exper Fees Food/Bevera Gifts/Awards ommittee Legal Service	nse Loan Office age Expense Pollin Memorials Expense Printii es Salari	Repayment/Reimbursement e Overhead/Rental Expense g Expense ng Expense ies/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
-		tion Guide explains how to co	mpiete this form	
1 Total pages Schedule F1: 14 of 18	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2023	5 Payee name GOOGLE *Domains			
6 Amount (\$) 17.83	7 Payee address; 1600 Amphitheatre Mountain View, CA	Parkway	p Code	
8 PURPOSE OF	(a) Category (See categori Advertising Exper	es listed at the top of this schedule)	(b) Description Website Hosting	
EXPENDITURE	(c) Check if travel out	side of Texas, complete schedu	lle T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Office DH Sukh Kaur	ceholder name	Office sought Council District 1	Office held
Date 5/30/2023	Payee name Brett Misquez			
Amount (\$) 484.00	Payee address; 5107 Ozark St. San Antonio, TX 78		o Code	
PURPOSE OF EXPENDITURE	Category (See categori Other: Contract La	es listed at the top of this schedule) abor	Description Field Walker	
	Check if travel out	side of Texas, complete schedu	lle T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Offic PH Sukh Kaur	eholder name	Office sought Council District 1	Office held
Date 5/30/2023	Payee name Devorah Frost			
Amount (\$) 500.00	Payee address; 3332 K St San Antonio, TX 78		p Code	
PURPOSE OF EXPENDITURE	Category (See categori Other: Contract La	es listed at the top of this schedule)	Description Field Walker	
	Check if travel out	side of Texas, complete schedu	lle T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		eholder name	Office sought Council District 1	Office held
	ATTACH ADDITIO	ONAL COPIES OF THIS S	SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 15 of 18	2 FILER NAME Sukh Kaur	, , , , , , , , , , , , , , , , , , , ,	3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2023	5 Payee name Matt Spadoni		
6 Amount (\$) 420.00	7 Payee address; City; St 414 W Kings Hwy San Antonio, TX 78212	ate; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of the Other: Contract Labor	(b) Description Field Walker	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, comp Candidate / Officeholder name Sukh Kaur	Office sought Council District 1	Austin, TX, officeholder living expense Office held
Date 5/30/2023	Payee name Jaokb Silva		
Amount (\$) 320.00	Payee address; City; St 9659 Bratton San Antonio, TX 78245	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of th Other: Contract Labor	is schedule) Description Field Walker	
	Check if travel outside of Texas, comp	lete schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Council District 1	Office held
Date 5/30/2023	Payee name Urban Uniforms		
Amount (\$) 135.31	Payee address; City; St 12300 I-10 bldg 3 San Antonio, TX 78230	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of th Advertising Expense	is schedule) Description Shirts	
	Check if travel outside of Texas, comp	lete schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS NEEDE	ED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES I	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense	Event Expense Lo Fees Of	nan Repayment/Reimbursement fice Overhead/Rental Expense olling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor		Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	•	Strot (error a dategory not noted above)
1 Total pages Schedule F1: 16 of 18	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2023	5 Payee name TLAHCO MEXICAN KIT		
6 Amount (\$) 50.00	7 Payee address; City; State; 6702 San Pedro San Antonio, TX 78216	Zip Code	
PURPOSE OF	(a) Category (See categories listed at the top of this schedu Food/Beverage Expense	(b) Description Volunteer Walk	
EXPENDITURE	(c) Check if travel outside of Texas, complete sche	edule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 1	Office held
Date 5/30/2023	Payee name WALGREENS #2944		
Amount (\$) 34.97	Payee address; City; State; 7423 Basse San Antonio, TX 78209	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu Food/Beverage Expense	Description Volunteer Walk	
EXPENDITURE	Check if travel outside of Texas, complete sche	edule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 5/30/2023	Payee name Gabrien Gregory		
Amount (\$) 250.00	Payee address; City; State; 1806 Town Oak Dr San Antonio, TX 78232	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu Other: Contract Labor	Description Campaign Team	
	Check if travel outside of Texas, complete sche	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED!	ED .

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains he	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)		
4 Date 5/31/2023	5 Payee name Path to Victory	,			
6 Amount (\$) 3250.00	7 Payee address; City; State; Zip Code 136 S Hanrock San Antonio, TX 53703				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Advertising Expense	(b) Description Digital Media			
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete Candidate / Officeholder name Sukh Kaur	Office sought Council District 1	Office held		
Date 5/31/2023	Payee name Pescador Public St				
Amount (\$) 3000.00	Payee address; City; State 4007 McCullough #168 San Antonio, TX 78212	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Advertising Expense	Description Digital Media			
	Check if travel outside of Texas, complete	e schedule T Check if A	sustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Council District 1	Office held		
Date 5/31/2023	Payee name FROST BANK				
Amount (\$) 5.00	Payee address; City; State 111 W Houston St ##100 San Antonio, TX 78205	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Fees	Description Bank Fee			
	Check if travel outside of Texas, complete	e schedule T Check if A	sustin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Council District 1	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED .		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

		EXPENDITURE CATEGORIE	S FOR I	3OX 8(a)	
Accounting/Banking		vent Expense		payment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting Expense	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense		Transportation Equipment & Related Expense Travel in District		
Contributions/Donations Made By	Gifts/Awards/Memorials Expense Printing Expense		Travel Out Of District		
Candidate/Officeholder/Political C			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: 18 of 18	2 FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2023	5 Payee name ANEDOT				
6 Amount (\$) 1884.08	7 Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112				
8 PURPOSE OF	(a) Category (Se Fees	e categories listed at the top of this scho	nedule)	(b) Description Contribution Fee	
EXPENDITURE					
	(c) Check if t	ravel outside of Texas, complete s			Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name aur		Office sought Council District 1	Office held
Date 5/31/2023	Payee name ALAMO MAII	ING CO SALE			
Amount (\$) 4338.98	Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78233				
PURPOSE OF	Category (Se Advertising	e categories listed at the top of this scho	nedule)	Description Mailer Postage	
EXPENDITURE	Check if t	ravel outside of Texas, complete s	schedule ¹	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name aur		Office sought Council District 1	Office held
Date	Payee name				
Amount (\$)	Payee address	s; City; State;	Zip C	Code	
PURPOSE OF EXPENDITURE	Category (Se	e categories listed at the top of this sch	nedule)	Description	
	Check if	ravel outside of Texas, complete s	schedule	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name		Office sought	Office held
	ATTACH A	DDITIONAL COPIES OF TH	HIS SC	HEDULE AS NEEDE	ED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel in District

Solicitation/Fundraising Expense

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees

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

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Travel Out Of District

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Accounting/Banking Advertising Expense Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gitts/Awards/Memonals Expense Printing Expense Travel Out Or District Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 of 1	Sukh Kaur
4 Date	5 Payee Name
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description
	(c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
PURPOSE OF	Category (See categories listed at the top of this schedule) Description
EXPENDITURE	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code
PURPOSE OF	Category (See categories listed at the top of this schedule) Description
EXPENDITURE	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense

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

Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Political C Credit Card Payment	Unitical Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form				
1 Total pages Schedule H: 1 of 1	2 FILER NAME Sukh Kaur 3 Filer ID (Ethics Commission Filers)				
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description				
	(C) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH				
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description				
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description				
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held DH				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

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

SCHEDULE K

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 1 of 1
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code
	7 Purpose for which amount is received	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received Ch	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received Ch	eck if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED

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

SCHEDULE T

The Ins	truction Guide e	xplains how to complete thi	s form.	1 Total pages Schedule 1 of 1	→ T:
2 FILER NAME Sukh Kaur				3 Filer ID (Ethics Comn	nission Filers)
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee		
5 Contribution / Expendi	ture reported on				-
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	7 Name of pers	son(s) traveling			
	8 Departure cit	y or name of departure location	on		
	9 Destination of	ity or name of destination loc	ation		
10 Means of transporta	ation	11 Purpose of travel (includir	ng name of conference, ser	ninar, or other event)	
Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee		
Contribution / Expendi	ture reported on				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of pers	son(s) traveling			
	Departure city or name of departure location				
	Destination of	ity or name of destination loc	ation		
Means of transporta	ation	Purpose of travel (including	ng name of conference, ser	minar, or other event)	
Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee		
Contribution / Expendi	ture reported on				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of pers	son(s) traveling			
	Departure cit	y or name of departure location	on		
	Destination of	ity or name of destination loc	ation		
Means of transporta	ation	Purpose of travel (includin	ng name of conference, ser	minar, or other event)	
	ATTA	CH ADDITIONAL COPIES	OF THIS SCHEDULE A	S NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to comple •• Complete only if "Report Type" on page 1 is marked				
C/OH N Sukh K		Filer ID (Ethics Commission Filers)			
SIGNA	TURE				
a rep	not expect any further political contributions or political expenditures in connection or as a final report terminates my campaign treasurer appointment. I also und ibutions or make any campaign expenditures without a campaign treasurer app	erstand that I may not accept any campaign			
	-	Signature of Candidate / Officeholder			
	WHO IS NOT AN OFFICEHOLDER olete A & B below only if you are not an officeholder. ••				
A.	CAMPAIGN FUNDS				
Chec	ck only one:				
	I do not have unexpended contributions or unexpended interest or income e	arned 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.				
В.	ASSETS				
Chec	ck only one:				
	I do not retain assets purchased with political contributions or interest or other	er income from political contributions.			
	I do retain assets purchased with political contributions or interest or other in may not convert assets purchased with political contributions or interest or ouse. I also understand that I must dispose of assets purchased with political Election Code, § 254.204.	ther income from political contributions to personal			
	_	Signature of Candidate			
-	EHOLDER Diete this section only if you are an officeholder. ••				
	I am aware that I remain subject to filing requirements applicable to an office am also aware that I will be required to file reports of unexpended contribution I retain political contributions, interest of other income from political contributions interest or other income from political contributions.	ons if, after filing the last required report as an officeholder,			
	_	Signature of Officeholder			