

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>33</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Ms</b>	FIRST <b>Sukh</b>	MI	OFFICE USE ONLY		
	NICKNAME	LAST <b>Kaur</b>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 120101 San Antonio TX 78212</b>			Date Received		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>236-0580</b>	EXTENSION			Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Bobby</b>	MI			Receipt #
	NICKNAME	LAST <b>Mendez</b>	SUFFIX	Date Processed		
				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>455 Sharon Dr San Antonio TX 78216</b>					
8 CAMPAIGN TREASURER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>388-1555</b>	EXTENSION			
9 REPORT TYPE	<b>8th Day Before General Election</b>					
10 PERIOD COVERED	Month Day Year <b>3/28/2023</b>		THROUGH	Month Day Year <b>4/26/2023</b>		
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month Day Year <b>5/6/2023</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Council District 1</b>			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> <b>Ms Sukh Kaur</b>	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<small>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.</small>
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COMMITTEE TYPE  <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <b>Charter Schools Now PAC</b>  COMMITTEE ADDRESS <b>3005 S Lamar Blvd #D109 Austin TX 78704</b>  COMMITTEE CAMPAIGN TREASURER NAME <b>Rex Gore</b>  COMMITTEE CAMPAIGN TREASURER ADDRESS <b>1301 W Oltorf St. Austin TX 78704</b>
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☐ Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	<b>\$ 0</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ 10630.00</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	<b>\$ 0</b>
	4. TOTAL POLITICAL EXPENDITURES	<b>\$ 21132.70</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<b>\$ 20750.95</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 0</b>

## 18 AFFIDAVIT

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

\*\*\* Electronically Certified \*\*\*

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ms Sukh Kaur, this the 1st day of May, 2023, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - COH

## FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME <b>Ms Sukh Kaur</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 10630.00</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 0</b>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 21132.70</b>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$ 0</b>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 1150.00</b>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 10**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/28/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Valero Political Action Committee**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**PO Box 696000  
San Antonio, TX 78269**

8 Principal occupation / Job title (See instructions)  
**N/A**

9 Employer (See instructions)  
**N/A**

Date  
**4/1/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Paul Ingmundson**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**804 West Woodlawn Avenue  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Southern Sleep Diagnostics**

Employer (See instructions)  
**Sleep Disorders**

Date  
**4/1/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Linda Vela**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**8902 Catkin Meadow  
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)  
**Quiddity**

Employer (See instructions)  
**Consultant**

Date  
**4/4/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Margaret Kanyusik**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**700 E. Hildebrand  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**retired**

Employer (See instructions)  
**retired**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**2 of 10**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/5/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**D.D. Behrens**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**142 E Elsmere Place  
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)  
**Retired**

9 Employer (See instructions)  
**Colonel**

Date  
**4/6/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Kristin Kellum**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**116 W Woodlawn Ave.  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Real Estate Agent**

Employer (See instructions)  
**Phyllis Browning Company**

Date  
**4/6/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**John Kellum**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**116 W Woodlawn Ave.  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Physican**

Employer (See instructions)  
**Kellum Physician Partners**

Date  
**4/6/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Sarabjit Bakshi**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**14915 Saddle Creek Drive ##1501  
Burtonsville, MD 20866**

Principal occupation / Job title (See instructions)  
**ADNET**

Employer (See instructions)  
**SE**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <div style="text-align: right;"><b>3 of 10</b></div>
<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/6/2023</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Elizabeth Avelar</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>PO Box 483</b> <b>Somerset, TX 78069</b>	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Livetech LLC</b>		<b>9</b> Employer (See instructions) <b>Instructor</b>
Date <b>4/7/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Katy Hoefer</b> ..... Contributor address; City; State; Zip Code <b>1130 Broadway ##483</b> <b>San Antonio, TX 78215</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Motion industries</b>		Employer (See instructions) <b>Inside sales</b>
Date <b>4/7/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alexander Kellum</b> ..... Contributor address; City; State; Zip Code <b>1130 Broadway St ##123</b> <b>San Antonio, TX 78215</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Kellum Medical Group</b>		Employer (See instructions) <b>Medical Scribe</b>
Date <b>4/7/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daniel Kellum</b> ..... Contributor address; City; State; Zip Code <b>17347 Fountain Mist ##123</b> <b>San antonio, TX 78248</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions) <b>Raul b. Rodriguez Law, P.C.</b>		Employer (See instructions) <b>Attorney</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**4 of 10**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/7/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Lisa Walden**

7 Amount of contribution (\$)  
**50.00**

6 Contributor address; City; State; Zip Code  
**807 E. Magnolia Ave  
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)  
**Selt**

9 Employer (See instructions)  
**Self**

Date  
**4/8/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Cyle Perez**

Amount of contribution (\$)  
**50.00**

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

Principal occupation / Job title (See instructions)  
**Director of Public Relations**

Employer (See instructions)  
**San Antonio Zoo**

Date  
**4/10/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Darian Padua**

Amount of contribution (\$)  
**50.00**

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

Principal occupation / Job title (See instructions)  
**Entrepreneur**

Employer (See instructions)  
**Medical Imaging**

Date  
**4/10/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Rachel Garcia**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**7101 Marseille Place Northeast  
Albuquerque, NM 87122**

Principal occupation / Job title (See instructions)  
**New Mexico Legislative Finance Committee**

Employer (See instructions)  
**Program Evaluator**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5 of 10</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/10/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Chad Carey</b> ..... 6 Contributor address; City; State; Zip Code <b>102 East Huisache Avenue</b> <b>San Antonio, TX 78212</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>SA Empty Plate LLC</b>		9 Employer (See instructions) <b>Business Owner</b>
Date <b>4/11/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Andrew Hull</b> ..... Contributor address; City; State; Zip Code <b>324 West Rosewood Avenue</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See instructions) <b>unemployed</b>		Employer (See instructions) <b>unemployed</b>
Date <b>4/11/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Michelle Casillas</b> ..... Contributor address; City; State; Zip Code <b>229 West Rosewood Avenue</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Jefferson Bank</b>		Employer (See instructions) <b>Trust Officer</b>
Date <b>4/11/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Doug Dawson</b> ..... Contributor address; City; State; Zip Code <b>8003 Lennon Dr</b> <b>Austin, TX 78744</b>	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See instructions) <b>NA</b>		Employer (See instructions) <b>Education</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6 of 10</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/11/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gabriel Farias</b> ..... 6 Contributor address; City; State; Zip Code <b>1122 Par Four</b> <b>San Antonio, TX 78221-000`</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Medical Exective</b>		9 Employer (See instructions) <b>Kellum Physician Partners</b>
Date <b>4/11/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Katie Farias</b> ..... Contributor address; City; State; Zip Code <b>1122 Par Four</b> <b>San Antonio, TX 78221</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>District Director</b>		Employer (See instructions) <b>State State</b>
Date <b>4/11/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>San Antonio Hotel &amp; Lodging Association</b> ..... Contributor address; City; State; Zip Code <b>119 Heiman #300</b> <b>San Antonio, TX 78205</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions) <b>N/A</b>
Date <b>4/12/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Carlos Cardenas</b> ..... Contributor address; City; State; Zip Code <b>411 Mason St</b> <b>San Antonio, TX 78208</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Contractor</b>		Employer (See instructions) <b>Homepros SA</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7 of 10</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/12/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Anne Monahan</b> ..... 6 Contributor address; City; State; Zip Code <b>147 West Mariposa Drive</b> <b>San Antonio, TX 78212</b>	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See instructions) <b>Self-employed</b>		9 Employer (See instructions) <b>Attorney</b>
Date <b>4/13/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kevin Cortinas</b> ..... Contributor address; City; State; Zip Code <b>211 Sutton Drive</b> <b>San Antonio, TX 78228</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>San Antonio Water System</b>		Employer (See instructions) <b>Communications Specialist</b>
Date <b>4/13/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Martina Hinojosa</b> ..... Contributor address; City; State; Zip Code <b>825 Wiltshire Avenue</b> <b>Terrell Hills, TX 78209</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See instructions) <b>Cantu Harden Montoya LLP</b>		Employer (See instructions) <b>attorney</b>
Date <b>4/13/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sonali Patel</b> ..... Contributor address; City; State; Zip Code <b>633 s Saint Mary's st</b> <b>San Antonio, TX 78205</b>	Amount of contribution (\$) <b>30.00</b>
Principal occupation / Job title (See instructions) <b>Private Wealth</b>		Employer (See instructions) <b>Texas Capital Bank</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**8 of 10**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/14/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**James Drury**

7 Amount of contribution (\$) **25.00**

6 Contributor address; City; State; Zip Code  
**626 John Vance Dr.  
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)  
**retired**

9 Employer (See instructions)  
**retired**

Date  
**4/14/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Karla Gurgio**

Amount of contribution (\$) **75.00**

Contributor address; City; State; Zip Code  
**818 West Craig Place  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Las Misiones**

Employer (See instructions)  
**Event Planner**

Date  
**4/15/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Lynsey Tucker**

Amount of contribution (\$) **50.00**

Contributor address; City; State; Zip Code  
**1407 W Rosewood Ave  
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)  
**UT Health**

Employer (See instructions)  
**Social Worker**

Date  
**4/15/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Sonia Takkar**

Amount of contribution (\$) **100.00**

Contributor address; City; State; Zip Code  
**3749 Running Springs Rd.  
Ellicott City, MD 21042**

Principal occupation / Job title (See instructions)  
**unemployed**

Employer (See instructions)  
**unemployed**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**9 of 10**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/17/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Christina Wright**

7 Amount of contribution (\$)  
**50.00**

6 Contributor address; City; State; Zip Code  
**634 W Huisache Ave  
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)  
**USAID**

9 Employer (See instructions)  
**Program Analyst**

Date  
**4/17/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Catherine Meyer**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**230 Dwyer Ave. ##802  
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)  
**retired**

Employer (See instructions)  
**retired**

Date  
**4/22/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Tim Barberio**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**315 Frost Street  
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)  
**retired**

Employer (See instructions)  
**retired**

Date  
**4/22/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**PHILLIP ESSEX**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**2134 KERRISDALE DR  
SAN ANTONIO, TX 78260**

Principal occupation / Job title (See instructions)  
**Essex Properties**

Employer (See instructions)  
**Real Estate**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**10 of 10**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/26/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Laura Saldivar Luna**

7 Amount of contribution (\$)  
**200.00**

6 Contributor address; City; State; Zip Code  
**5103 Slayden  
San Antonio, TX 78228**

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

9 Employer (See instructions)  
**Self-employed**

Date  
**4/26/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Arthur Nicholson**

Amount of contribution (\$)  
**125.00**

Contributor address; City; State; Zip Code  
**230 Dwyer Ave.  
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)  
**retired**

Employer (See instructions)  
**retired**

Date  
**4/26/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Erika Garza**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**108 North Abrego Crossing ##503  
Floresville, TX 78114**

Principal occupation / Job title (See instructions)  
**WM**

Employer (See instructions)  
**Medical Field**

Date  
**4/26/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ray Garza**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**108 N Abrego Crossing  
Floresville, TX 78114**

Principal occupation / Job title (See instructions)  
**On Par Golf**

Employer (See instructions)  
**Self employed**

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

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Ms Sukh Kaur		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Ms Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1 of 1

2 FILER NAME  
Ms Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral  
☐ none

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

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a  
financial  
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral  
☐ none

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

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 8</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/31/2023</b>	<b>5</b> Payee name <b>FROST BANK</b>	
<b>6</b> Amount (\$) <b>5.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>111 W Houston St ##100 San Antonio, TX 78205</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Bank Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
		Office held
Date <b>4/3/2023</b>	Payee name <b>Mailchimp</b>	
Amount (\$) <b>25.42</b>	Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE ##5000 ATLANTA, GA 30308</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Email Newsletter</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
		Office held
Date <b>4/3/2023</b>	Payee name <b>Jennifer Longoria</b>	
Amount (\$) <b>1500.00</b>	Payee address; City; State; Zip Code <b>403 Basswood Dr San Antonio, TX 78213</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	Description <b>Field Director</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>2 of 8</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/3/2023</b>	<b>5</b> Payee name <b>Irvin Dominguez</b>		
<b>6</b> Amount (\$) <b>700.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1327 Mission Grande ##514 San Antonio, TX 78221</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>		<b>(b)</b> Description <b>Field Walker</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Sukh Kaur</b> Office sought <b>Council District 1</b> Office held			
Date <b>4/3/2023</b>	Payee name <b>GOOGLE *Domains</b>		
Amount (\$) <b>10.63</b>	Payee address; City; State; Zip Code <b>1600 Amphitheatre Parkway Mountain View, CA 94043</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Website Hosting</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Sukh Kaur</b> Office sought <b>Council District 1</b> Office held			
Date <b>4/5/2023</b>	Payee name <b>Sandra Hernandez</b>		
Amount (\$) <b>3714.06</b>	Payee address; City; State; Zip Code <b>8 Burwood Ln San Antonio, TX 78216</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Mailer Printing</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Sukh Kaur</b> Office sought <b>Council District 1</b> Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>3 of 8</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/6/2023</b>	<b>5</b> Payee name <b>ALAMO MAILING CO SALE</b>		
<b>6</b> Amount (\$) <b>3432.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>13114 Lookout Run San Antonio, TX 78233</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Mailer Postage</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Sukh Kaur</b> Office sought <b>Council District 1</b> Office held			
Date <b>4/10/2023</b>	Payee name <b>Irvin Dominguez</b>		
Amount (\$) <b>660.00</b>	Payee address; City; State; Zip Code <b>1327 Mission Grande ##514 San Antonio, TX 78221</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>		Description <b>Field Walker</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Sukh Kaur</b> Office sought <b>Council District 1</b> Office held			
Date <b>4/17/2023</b>	Payee name <b>Melinda Cirilo</b>		
Amount (\$) <b>130.00</b>	Payee address; City; State; Zip Code <b>8722 Cinnamon Creek Dr. San Antonio, TX 78240</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>		Description <b>Field Walker</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Sukh Kaur</b> Office sought <b>Council District 1</b> Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>4 of 8</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/17/2023</b>	<b>5</b> Payee name <b>Irvin Dominguez</b>	
<b>6</b> Amount (\$) <b>150.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1327 Mission Grande ##514 San Antonio, TX 78221</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	<b>(b)</b> Description <b>Field Walker</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Date <b>4/17/2023</b>	Payee name <b>Brett Misquez</b>	
Amount (\$) <b>540.00</b>	Payee address; City; State; Zip Code <b>5107 Ozark St. San Antonio, TX 78201</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	Description <b>Field Walker</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Date <b>4/17/2023</b>	Payee name <b>Tabitha Escebedo</b>	
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>1327 Mission Grande ##514 San Antonio, TX 78221</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	Description <b>Field Walker</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>5 of 8</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/18/2023</b>	<b>5</b> Payee name <b>GOOGLE *Domains</b>	
<b>6</b> Amount (\$) <b>12.72</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 Amphitheatre Parkway Mountain View, CA 94043</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Website Hosting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Date <b>4/20/2023</b>	Payee name <b>ALAMO MAILING CO SALE</b>	
Amount (\$) <b>4565.46</b>	Payee address; City; State; Zip Code <b>13114 Lookout Run San Antonio, TX 78233</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Mailer Postage</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Date <b>4/20/2023</b>	Payee name <b>Sandra Hernandez</b>	
Amount (\$) <b>2593.67</b>	Payee address; City; State; Zip Code <b>8 Burwood Ln San Antonio, TX 78216</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Mailer Printing</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>6 of 8</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/23/2023</b>	<b>5</b> Payee name <b>Brett Misquez</b>	
<b>6</b> Amount (\$) <b>300.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>5107 Ozark St. San Antonio, TX 78201</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	<b>(b)</b> Description <b>Field Walker</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Date <b>4/24/2023</b>	Payee name <b>Melinda Cirilo</b>	
Amount (\$) <b>230.00</b>	Payee address; City; State; Zip Code <b>8722 Cinnamon Creek Dr. San Antonio, TX 78240</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	Description <b>Field Walker</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Date <b>4/24/2023</b>	Payee name <b>Irvin Dominguez</b>	
Amount (\$) <b>600.00</b>	Payee address; City; State; Zip Code <b>1327 Mission Grande ##514 San Antonio, TX 78221</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	Description <b>Field Walker</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>7 of 8</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/24/2023</b>	<b>5</b> Payee name <b>Patrick Orosco</b>		
<b>6</b> Amount (\$) <b>919.58</b>	<b>7</b> Payee address; City; State; Zip Code <b>8015 W 2nd St Somerset, TX 78069</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		<b>(b)</b> Description <b>Signs Printing</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Sukh Kaur</b> Office sought <b>Council District 1</b> Office held			
Date <b>4/24/2023</b>	Payee name <b>Tabitha Escebedo</b>		
Amount (\$) <b>600.00</b>	Payee address; City; State; Zip Code <b>1327 Mission Grande ##514 San Antonio, TX 78221</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>		Description <b>Field Walker</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Sukh Kaur</b> Office sought <b>Council District 1</b> Office held			
Date <b>4/26/2023</b>	Payee name <b>ANEDOT</b>		
Amount (\$) <b>288.80</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Sukh Kaur</b> Office sought <b>Council District 1</b> Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>8 of 8</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/26/2023</b>	<b>5</b> Payee name <b>VENMO</b>		
<b>6</b> Amount (\$) <b>4.86</b>	<b>7</b> Payee address; City; State; Zip Code <b>117 Barrow St New York, NY 10014</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Contribution Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Sukh Kaur</b> Office sought <b>Council District 1</b> Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name         Office sought         Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name         Office sought         Office held			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

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

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F3:  
**1 of 1**

**2** FILER NAME  
**Ms Sukh Kaur**

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Name of person from whom investment is purchased

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

**7** Description of investment

**8** Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

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

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

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

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

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

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

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

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

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule G: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee Name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	
	<b>(b)</b> Description	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule H: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address;                      City;        State;        Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                      Candidate / Officeholder name                      Office sought                      Office held		
Date	Business name	
Amount (\$)	Business address;                      City;        State;        Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH                      Candidate / Officeholder name                      Office sought                      Office held		
Date	Business name	
Amount (\$)	Business address;                      City;        State;        Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH                      Candidate / Officeholder name                      Office sought                      Office held		

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/12/2023</b>	<b>5</b> Payee name <b>Janesha Dua</b>		
<b>6</b> Amount (\$) <b>500.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>601 W 57th St ##pha New York, NY 10019</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) <b>Other: Refund</b>	<b>(b)</b> Description (See instructions regarding type of information required.) <b>Refund of Contribution</b>	
Date <b>4/12/2023</b>	Payee name <b>Abhinav Capoor</b>		
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>601 W 57th St ##pha New York, NY 10019</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>Other: Refund</b>	Description (See instructions regarding type of information required.) <b>Refund of Contribution</b>	
Date <b>4/26/2023</b>	Payee name <b>Jenny Carnes</b>		
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>2911 Trailend Dr. San Antonio, TX 78209</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>Other: Refund</b>	Description (See instructions regarding type of information required.) <b>Refund of Contribution</b>	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Ms Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

**SCHEDULE T**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: <b>1 of 1</b>
<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME  
**Ms Sukh Kaur**

Filer ID (Ethics Commission Filers)

## SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

## FILER WHO IS NOT AN OFFICEHOLDER

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

### A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

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

\_\_\_\_\_  
Signature of Candidate

## OFFICEHOLDER

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

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

\_\_\_\_\_  
Signature of Officeholder