

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

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Ms Sukh Kaur		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Charter Schools Now PAC
		COMMITTEE ADDRESS 3005 S Lamar Blvd #D109 Austin TX 78704
		COMMITTEE CAMPAIGN TREASURER NAME Rex Gore
		COMMITTEE CAMPAIGN TREASURER ADDRESS 1301 W Oltorf St. Austin TX 78704
17 CONTRIBUTION TOTALS		1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0
EXPENDITURE TOTALS		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 10630.00
CONTRIBUTION BALANCE		3. TOTAL UNITEMIZED POLITICAL EXPENDITURES. \$ 0
OUTSTANDING LOAN TOTALS		4. TOTAL POLITICAL EXPENDITURES \$ 21132.70
		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 20750.95
		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

18 AFFIDAVIT

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

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said 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**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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

<p>The Instruction Guide explains how to complete this form.</p>			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 D.D. Behrens	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 142 E Elsmere Place San Antonio, TX 78212			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Colonel	
Date 4/6/2023	Full name of contributor Kristin Kellum	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 116 W Woodlawn Ave. San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Real Estate Agent		Employer (See instructions) Phyllis Browning Company	
Date 4/6/2023	Full name of contributor John Kellum	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 116 W Woodlawn Ave. San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Physican		Employer (See instructions) Kellum Physician Partners	
Date 4/6/2023	Full name of contributor Sarabjit Bakshi	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 14915 Saddle Creek Drive ##1501 Burtonsville, MD 20866			City; State; Zip Code
Principal occupation / Job title (See instructions) ADNET		Employer (See instructions) SE	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		
2 FILER NAME Ms Sukh Kaur		1 Total pages Schedule A1: 4 of 10
4 Date 4/7/2023	5 Full name of contributor Lisa Walden 6 Contributor address; 807 E. Magnolia Ave San Antonio, TX 78212	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Selt		9 Employer (See instructions) Self
Date 4/8/2023	Full name of contributor Cyle Perez Contributor address; 609 W Summit Ave San Antonio, TX 78212	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Director of Public Relations		Employer (See instructions) San Antonio Zoo
Date 4/10/2023	Full name of contributor Darian Padua Contributor address; 609 W Summit Ave San Antonio, TX 78212	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Entrepreneur		Employer (See instructions) Medical Imaging
Date 4/10/2023	Full name of contributor Rachel Garcia Contributor address; 7101 Marseille Place Northeast Albuquerque, NM 87122	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) New Mexico Legislative Finance Committee		Employer (See instructions) Program Evaluator
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			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 James Drury	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 25.00
6 Contributor address; 626 John Vance Dr. San Antonio, TX 78216			City; State; Zip Code
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired	
Date 4/14/2023	Full name of contributor Karla Gurgiolo	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 75.00
Contributor address; 818 West Craig Place San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Las Misiones		Employer (See instructions) Event Planner	
Date 4/15/2023	Full name of contributor Lynsey Tucker	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 1407 W Rosewood Ave San Antonio, TX 78201			City; State; Zip Code
Principal occupation / Job title (See instructions) UT Health		Employer (See instructions) Social Worker	
Date 4/15/2023	Full name of contributor Sonia Takkar	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 3749 Running Springs Rd. Ellicott City, MD 21042			City; State; Zip Code
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

<p>The Instruction Guide explains how to complete this form.</p>			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 Christina Wright	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
6 Contributor address; 634 W Huisache Ave San Antonio, TX 78212			City; State; Zip Code
8 Principal occupation / Job title (See instructions) USAID		9 Employer (See instructions) Program Analyst	
Date 4/17/2023	Full name of contributor Catherine Meyer	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 230 Dwyer Ave. ##802 San Antonio, TX 78204			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 4/22/2023	Full name of contributor Tim Barberio	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 315 Frost Street San Antonio, TX 78201			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 4/22/2023	Full name of contributor PHILLIP ESSEX	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 2134 KERRISDALE DR SAN ANTONIO, TX 78260			City; State; Zip Code
Principal occupation / Job title (See instructions) Essex Properties		Employer (See instructions) Real Estate	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			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 Laura Saldivar Luna	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 200.00
6 Contributor address; 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 Arthur Nicholson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 125.00
Contributor address; 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 Erika Garza	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 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 Ray Garza	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 108 N Abrego Crossing Floresville, TX 78114			
Principal occupation / Job title (See instructions) On Par Golf		Employer (See instructions) Self employed	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

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 <input type="checkbox"/> 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 <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal occupation (See instructions)		21 Employer (See instructions)	
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 1 of 8	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2023	5 Payee name FROST BANK	
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Bank Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/3/2023	Payee name Mailchimp	
Amount (\$) 25.42	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE ##5000 ATLANTA, GA 30308	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Email Newsletter
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/3/2023	Payee name Jennifer Longoria	
Amount (\$) 1500.00	Payee address; City; State; Zip Code 403 Basswood Dr San Antonio, TX 78213	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Contract Labor	Description Field Director
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 2 of 8	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2023	5 Payee name Irvin Dominguez	
6 Amount (\$) 700.00	7 Payee address; City; State; Zip Code 1327 Mission Grande ##514 San Antonio, TX 78221	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Contract Labor	(b) Description Field Walker
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/3/2023	Payee name GOOGLE *Domains	
Amount (\$) 10.63	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/5/2023	Payee name Sandra Hernandez	
Amount (\$) 3714.06	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Mailer Printing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 3 of 8	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 4/6/2023	5 Payee name ALAMO MAILING CO SALE	
6 Amount (\$) 3432.50	7 Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78233	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Mailer Postage
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/10/2023	Payee name Irvin Dominguez	
Amount (\$) 660.00	Payee address; City; State; Zip Code 1327 Mission Grande ##514 San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Contract Labor	Description Field Walker
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/17/2023	Payee name Melinda Cirilo	
Amount (\$) 130.00	Payee address; City; State; Zip Code 8722 Cinnamon Creek Dr. San Antonio, TX 78240	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Contract Labor	Description Field Walker
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 4 of 8	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 4/17/2023	5 Payee name Irvin Dominguez	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 1327 Mission Grande ##514 San Antonio, TX 78221	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Contract Labor	(b) Description Field Walker
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/17/2023	Payee name Brett Misquez	
Amount (\$) 540.00	Payee address; City; State; Zip Code 5107 Ozark St. San Antonio, TX 78201	
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Contract Labor	Description Field Walker
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/17/2023	Payee name Tabitha Escebedo	
Amount (\$) 150.00	Payee address; City; State; Zip Code 1327 Mission Grande ##514 San Antonio, TX 78221	
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Contract Labor	Description Field Walker
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 5 of 8	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2023	5 Payee name GOOGLE *Domains	
6 Amount (\$) 12.72	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Website Hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/20/2023	Payee name ALAMO MAILING CO SALE	
Amount (\$) 4565.46	Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78233	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Mailer Postage
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/20/2023	Payee name Sandra Hernandez	
Amount (\$) 2593.67	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Mailer Printing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 6 of 8	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2023	5 Payee name Brett Misquez	
6 Amount (\$) 300.00	7 Payee address; 5107 Ozark St. San Antonio, TX 78201	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Contract Labor	(b) Description Field Walker
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/24/2023	Payee name Melinda Cirilo	
Amount (\$) 230.00	Payee address; City; State; Zip Code 8722 Cinnamon Creek Dr. San Antonio, TX 78240	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Contract Labor	Description Field Walker
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/24/2023	Payee name Irvin Dominguez	
Amount (\$) 600.00	Payee address; City; State; Zip Code 1327 Mission Grande ##514 San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Contract Labor	Description Field Walker
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 7 of 8	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2023	5 Payee name Patrick Orosco	
6 Amount (\$) 919.58	7 Payee address; 8015 W 2nd St Somerset, TX 78069	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Signs Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/24/2023	Payee name Tabitha Escebedo	
Amount (\$) 600.00	Payee address; City; State; Zip Code 1327 Mission Grande ##514 San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Contract Labor	Description Field Walker
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
Date 4/26/2023	Payee name ANEDOT	
Amount (\$) 288.80	Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Contribution Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1 Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 8 of 8	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)	
4 Date 4/26/2023	5 Payee name VENMO		
6 Amount (\$) 4.86	7 Payee address; 117 Barrow St New York, NY 10014	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Contribution Fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1	Office held

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 (\$)	
	Name of person from whom investment is purchased Address of person from whom investment is purchased; City; State; Zip Code	
Date	Description of investment	
	Amount of investment (\$)	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F4: 1 of 1	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0	
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 1 of 1	2 FILER NAME Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee Name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 Ms Sukh Kaur	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: 1 of 1</p>
<p>2 FILER NAME Ms Sukh Kaur</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p>	<p>5 Name of person from whom amount is received</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code</p>	<p>8 Amount (\$)</p>
	<p>7 Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	

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

SCHEDULE T

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

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