

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: 39			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received 7/15/2024 4:30:32PM Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed 7/15/2024 4:30:32PM Date Imaged		
	Sukh					
NICKNAME	LAST	SUFFIX				
Kaur						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
814 W Craig Pl San Antonio TX 78212						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(210)	236-0580				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	Bobby					
NICKNAME	LAST	SUFFIX				
Mendez						
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	PHONE NUMBER	EXTENSION			
	(210)	388-1555				
9 REPORT TYPE	July 15: Semi-Annual					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
			1/1/2024	THROUGH		6/30/2024
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
			5/3/2025	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	Council District 1			Council District 1		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Sukh Kaur	15 Filer ID (Ethics Commission Filers)
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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	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22451.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1932.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 62169.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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

***** Electronically Certified *****

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sukh Kaur, this the 15th day of July, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Sukh Kaur		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 22451.00
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		\$ 1932.88
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 14

2 FILER NAME
Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
1/31/2024

5 Full name of contributor out-of-state PAC (ID# _____)
ACEC SA PAC

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**259 Emporia Blvd #3
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
3/28/2024

Full name of contributor out-of-state PAC (ID# _____)
Linebarger Goggan Blair & Simpson

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 17428
Austin, TX 78760**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/2/2024

Full name of contributor out-of-state PAC (ID# _____)
Paul Martin

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**207 E Mulberry Ave #1
SAN ANTONIO, TX 78212**

Principal occupation / Job title (See instructions)
Investment Advisor

Employer (See instructions)
Martin Capital Advisors

Date
4/2/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9000 Tesoro Drive #300
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)
Business Owner

Employer (See instructions)
Presidian Hospitality

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 14

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
4/3/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Lorraine Castillo

7 Amount of contribution (\$)
250.00

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

8 Principal occupation / Job title (See instructions)
VP Marketing

9 Employer (See instructions)
NatureSweet

Date
4/3/2024

Full name of contributor out-of-state PAC (ID# _____)
Kacy Cigarroa

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**18 Gallery Court
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Dykema Gossett PLLC

Date
4/4/2024

Full name of contributor out-of-state PAC (ID# _____)
Elizabeth Avelar

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 483
Somerset, TX 78069**

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

Employer (See instructions)
Project Manager

Date
4/5/2024

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

Amount of contribution (\$)
250.00

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

Principal occupation / Job title (See instructions)
Marketing/Comms

Employer (See instructions)
talkStrategy, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 14

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
4/5/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Lloyd and Camille Denton

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**1 Bitterblue Ln
San Antonio, TX 78218**

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Bitterblue Investments

Date
4/7/2024

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

Amount of contribution (\$)
250.00

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

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
4/9/2024

Full name of contributor out-of-state PAC (ID# _____)
Patti Larsen

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**7415 Quail Run Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Patti Larsen Consulting

Date
4/9/2024

Full name of contributor out-of-state PAC (ID# _____)
Lauren Mandel

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**528 Normandy Ave
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
San Antonio AGC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 14

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
4/9/2024

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

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**3401 fm 3009
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Physician

9 Employer (See instructions)
kellum physician partners

Date
4/9/2024

Full name of contributor out-of-state PAC (ID# _____)
Laura Cabanilla

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**3334 Nantucket Dr
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Finance

Employer (See instructions)
USAA

Date
4/10/2024

Full name of contributor out-of-state PAC (ID# _____)
sara villarreal

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**123 Park Drive
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
homemaker

Employer (See instructions)
homemaker

Date
4/15/2024

Full name of contributor out-of-state PAC (ID# _____)
Michelle Martinez

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**618 Sacramento Street
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Public Relations

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 14

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
4/18/2024

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**9311 San Pedro Ave #600
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Chairman

9 Employer (See instructions)
SWBC

Date
5/14/2024

Full name of contributor out-of-state PAC (ID# _____)
Jack Vexler

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**201 Charles Rd
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Monterrey Iron

Date
5/15/2024

Full name of contributor out-of-state PAC (ID# _____)
Mary Jordan Vexler

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
COO

Employer (See instructions)
Ferrous Sales

Date
6/10/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**16839 Harbour Town Drive
Silver Spring, MD 20861**

Principal occupation / Job title (See instructions)
COO

Employer (See instructions)
Roshni Foods

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:
6 of 14

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
6/10/2024

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**16839 Harbour Town Drive
Silver Spring, MD 20861**

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
Roshni Foods

Date
6/10/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**16839 Harbour Town Drive
Silver Spring, MD 20861**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Roshni Foods

Date
6/18/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**229 center st #229
san antonio, TX 78202**

Principal occupation / Job title (See instructions)
Medical Scribe

Employer (See instructions)
Kellum Medical Group

Date
6/18/2024

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

Amount of contribution (\$)
500.00

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

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: 7 of 14
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 6/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel and Nancy Kellum	7 Amount of contribution (\$) 800.00
6 Contributor address; City; State; Zip Code 17347 Fountain Mist San antonio, TX 78248		
8 Principal occupation / Job title (See instructions) Lawyer		9 Employer (See instructions) Raul B. Rodriguez Law, P.C.
Date 6/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel and Rose Kellum	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 330 E Summit Ave San Antonio, TX 78212		
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Kellum Physician Partners
Date 6/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blake and Jennifer Yantis	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 12018 Indigo Bend San Antonio, TX 78230		
Principal occupation / Job title (See instructions) Real estate		Employer (See instructions) Mosaic
Date 6/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wade Becker and Aurther Campsey III	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 323 W Gramercy PI San Antonio, TX 78212		
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Texas Institute for Graduate Medical Education

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 14

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
6/21/2024

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

7 Amount of contribution (\$)
1000.00

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

8 Principal occupation / Job title (See instructions)
Community Affairs

9 Employer (See instructions)
Dr. Daniel Kellum

Date
6/24/2024

Full name of contributor out-of-state PAC (ID# _____)
Lionel and Katherine Sosa

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**PO Box 830106
San Antonio, TX 78283**

Principal occupation / Job title (See instructions)
Artist

Employer (See instructions)
Self

Date
6/28/2024

Full name of contributor out-of-state PAC (ID# _____)
David Vexler

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**312 Pereida
san antonio, TX 78210**

Principal occupation / Job title (See instructions)
Metal Recycling

Employer (See instructions)
Monterrey Iron & Metal

Date
6/28/2024

Full name of contributor out-of-state PAC (ID# _____)
Veronica Valdovinos

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3123 Clearfield Dr
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
SAISD

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 14
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 6/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aparna Vohra	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 8802 Woodland Bend San Antonio, TX 78255		
8 Principal occupation / Job title (See instructions) Project manager		9 Employer (See instructions) Hcl
Date 6/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Aldrete	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 335 Country Wood Dr San Antonio, TX 78216		
Principal occupation / Job title (See instructions) consultant		Employer (See instructions) Aldrete Strategic Partners
Date 6/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Riley Robinson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1803 S Preas St San Antonio, TX 78210		
Principal occupation / Job title (See instructions) Director / artist		Employer (See instructions) Artpace
Date 6/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Mery	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 11211 Cedar Mountain San Antonio, TX 78249		
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 14
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 6/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorraine Guzman	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 6 Andover Creek Drive San Antonio, TX 78254		
8 Principal occupation / Job title (See instructions) VP Marketing		9 Employer (See instructions) NatureSweet
Date 6/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Debra Guerrero	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3915 Skylark Avenue San Antonio, TX 78210		
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) The NRP Group
Date 6/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jordan Ghawi	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 903 W Huisache Ave San Antonio, TX 78201		
Principal occupation / Job title (See instructions) Healthcare		Employer (See instructions) STRAC
Date 6/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramon Flores	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 132 East Magnolia Avenue San Antonio, TX 78212		
Principal occupation / Job title (See instructions) SVP		Employer (See instructions) Port San Antonio



ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 14
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 6/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daiana Lambrecht	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 415 Mary Louise dr San antonio, TX 78201		
8 Principal occupation / Job title (See instructions) Executive director		9 Employer (See instructions) Futuro San Antonio
Date 6/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin L. Matula	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 221 Lexington Ave ##213 San Antonio, TX 78215		
Principal occupation / Job title (See instructions) Director		Employer (See instructions) USAA
Date 6/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martha Martinez	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 319 w kings hwy San Antonio, TX 78212		
Principal occupation / Job title (See instructions) Creative Director		Employer (See instructions) MM Creative LLC
Date 6/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henry Bonilla	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 610 E Market St #2918 San Antonio, TX 78205		
Principal occupation / Job title (See instructions) Partner		Employer (See instructions) The Normandy Group

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12 of 14

2 FILER NAME

Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date
6/29/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Byron Berkus

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**535 East Dewey Place
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Enterprise Account Executive

9 Employer (See instructions)
Qualtrics

Date
6/29/2024

Full name of contributor out-of-state PAC (ID# _____)
Lainey Berkus

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**15 Tilbury Lane
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
6/29/2024

Full name of contributor out-of-state PAC (ID# _____)
Jitendra Chaudhary

Amount of contribution (\$)
101.00

Contributor address; City; State; Zip Code
**1310 Osnats Point
San Antonio, TX 78258**

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

Employer (See instructions)
N/A

Date
6/29/2024

Full name of contributor out-of-state PAC (ID# _____)
La Juana Chambers Lawson

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2400 McCullough Avenue #15435
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Tacit Growth Strategies

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: 13 of 14
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shokare Nakpodia	7 Amount of contribution (\$) 200.00
	6 Contributor address; City; State; Zip Code 1142 E Commerce St San Antonio, TX 78205	
8 Principal occupation / Job title (See instructions) The Mightygroup		9 Employer (See instructions) Entrepreneur
Date 6/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marco Barros	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 14018 Sage Bluff San Antonio, TX 78216	
Principal occupation / Job title (See instructions) President		Employer (See instructions) MARCO BARROS MANAGEMENT
Date 6/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Inga Cotton	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 537 Abiso Avenue San Antonio, TX 78209	
Principal occupation / Job title (See instructions) Executive Director		Employer (See instructions) San Antonio Charter Moms
Date 6/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Joergensen	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 254 Verbena Hill San Antonio, TX 78258	
Principal occupation / Job title (See instructions) Chief Marketing Officer		Employer (See instructions) Silver Ventures

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: 14 of 14
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julie Mery	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 5157 Blanco Road San Antonio, TX 78216		
8 Principal occupation / Job title (See instructions) Executive		9 Employer (See instructions) Elegant worldwide transportation
Date 6/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roger Perez	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 427 S St Marys San Antonio, TX 78205		
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
Date 6/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rick Wilson	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 110 w elsmere place San antonio, TX 78212		
Principal occupation / Job title (See instructions) Education		Employer (See instructions) CSA Advisors
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender <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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation (See instructions)		Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 10	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 1/1/2024	5 Payee name Google Services	
6 Amount (\$) 16.22	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 1/2/2024	Payee name Google Domains	
Amount (\$) 12.79	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 1/26/2024	Payee name Wix	
Amount (\$) 198.74	Payee address; City; State; Zip Code 500 Tery A Francois Blvd ##FI 6 San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Overhead	Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1
		Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 10		2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)	
4 Date 1/31/2024		5 Payee name FROST BANK			
6 Amount (\$) 5.00		7 Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Bank Fee		
	<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 2/1/2024		Payee name Google Services			
Amount (\$) 14.28		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 2/3/2024		Payee name Google Domains			
Amount (\$) 12.79		Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Website Hosting		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Sukh Kaur		Office sought Council District 1	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By 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 10	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)	
4 Date 2/29/2024	5 Payee name FROST BANK		
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Bank Fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1	Office held
Date 3/1/2024	Payee name Google Services		
Amount (\$) 14.28	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 3/2/2024	Payee name Google Domains		
Amount (\$) 12.79	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Website Hosting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By 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 10	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2024	5 Payee name MetalPromo	
6 Amount (\$) 1251.37	7 Payee address; City; State; Zip Code 1700 S Lamar Blvd #338-M Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Other	(b) Description Fiesta Medals
	(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 3/29/2024	Payee name FROST BANK	
Amount (\$) 5.00	Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Bank Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1
Office held		
Date 4/1/2024	Payee name Google Services	
Amount (\$) 23.57	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1
Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 10		2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)	
4 Date 4/5/2024		5 Payee name ANEDOT			
6 Amount (\$) 40.30		7 Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Contribution Fee		
	<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 4/8/2024		Payee name ANEDOT			
Amount (\$) 20.30		Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Contribution Fee		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Sukh Kaur		Office sought Council District 1	Office held
Date 4/9/2024		Payee name ANEDOT			
Amount (\$) 10.30		Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Contribution Fee		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Sukh Kaur		Office sought Council District 1	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 10	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2024	5 Payee name ANEDOT	
6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112	
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
4 Date 4/12/2024	5 Payee name ANEDOT	
6 Amount (\$) 10.30	7 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
4 Date 4/18/2024	5 Payee name ANEDOT	
6 Amount (\$) 8.30	7 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

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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: 7 of 10	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)	
4 Date 4/30/2024	5 Payee name FROST BANK		
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Bank Fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1	Office held
Date 5/1/2024	Payee name Google Services		
Amount (\$) 26.29	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 5/7/2024	Payee name Google Domains		
Amount (\$) 12.79	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Website Hosting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 10	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2024	5 Payee name Flower Shop Network	
6 Amount (\$) 87.18	7 Payee address; City; State; Zip Code PO Box 786 Paragould, AR 72541	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Other	(b) Description Flowers
	(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 5/31/2024	Payee name FROST BANK	
Amount (\$) 5.00	Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Bank Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1
Office held		
Date 6/3/2024	Payee name Google Services	
Amount (\$) 26.29	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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 10		2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)	
4 Date 6/7/2024		5 Payee name Google Domains			
6 Amount (\$) 12.80		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		
	<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 6/13/2024		Payee name ANEDOT			
Amount (\$) 20.30		Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Contribution Fee		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Sukh Kaur		Office sought Council District 1	Office held
Date 6/24/2024		Payee name ANEDOT			
Amount (\$) 20.30		Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Contribution Fee		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Sukh Kaur		Office sought Council District 1	Office held

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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: 10 of 10	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 6/25/2024	5 Payee name ANEDOT	
6 Amount (\$) 40.30	7 Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Contribution Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1
6/28/2024	Payee name FROST BANK	
5.00	Payee address; City; State; Zip Code 111 W Houston St ##100 San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Bank Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sukh Kaur	Office sought Council District 1
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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 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 (\$)	

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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 Sukh Kaur	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 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
------------------------------	---

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
---------------------	---

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

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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking 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)
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The Instruction Guide explains how to complete this form

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
1 of 1

2 FILER NAME
Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
 6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <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		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <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		
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: <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		
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)	

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**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

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

C/OH NAME
Sukh Kaur

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder