



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>14 C/OH NAME</b> <b>Ms Sukh Kaur</b>	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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 type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	<b>\$ 0</b>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ 31251.00</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	<b>\$ 0</b>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	<b>\$ 17120.97</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<b>\$ 110226.99</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 0</b>

**18 AFFIDAVIT**

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

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

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ms Sukh Kaur, this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

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

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

<b>19</b> FILER NAME <b>Ms Sukh Kaur</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$ 31251.00</b>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		<b>\$ 0</b>
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		<b>\$ 0</b>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		<b>\$ 17120.97</b>
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$ 0</b>
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$ 0</b>
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		<b>\$ 0</b>
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		<b>\$ 0</b>
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 26**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/1/2025**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**La Juana Chambers Lawson**

7 Amount of contribution (\$)  
**20.00**

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

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

9 Employer (See instructions)  
**Tacit Growth Strategies**

Date  
**1/2/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Natasha Kaur**

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

Contributor address; City; State; Zip Code  
**5180 Princess Anne Rd  
La Canada Flintridge, CA 91011**

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

Employer (See instructions)  
**Verdugo Anesthesia**

Date  
**1/2/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Bhajneet Singh**

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

Contributor address; City; State; Zip Code  
**5180 Princess Anne Rd  
La Canada Flintridge, CA 91011**

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

Employer (See instructions)  
**Papillon**

Date  
**1/2/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jyot Singh**

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

Contributor address; City; State; Zip Code  
**3448 Grist Mill Ct  
Peachtree Corners, GA 30096**

Principal occupation / Job title (See instructions)  
**Owner/Consultant**

Employer (See instructions)  
**Blue Husky Group LLC**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**2 of 26**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/4/2025**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Marco and Frances Barros**

7 Amount of contribution (\$)  
**400.00**

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

8 Principal occupation / Job title (See instructions)  
**Business Development and Governmental Affairs**

9 Employer (See instructions)  
**Marco Barros Management**

Date  
**1/7/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Selsa And Omar Gonzalez**

Amount of contribution (\$)  
**150.00**

Contributor address; City; State; Zip Code  
**304 Sadie  
San Antonio, TX 78210**

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

Employer (See instructions)  
**Advanced smile care**

Date  
**1/7/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Chris Hill**

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

Contributor address; City; State; Zip Code  
**5111 Broadway  
San Antonio, TX 78209**

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

Employer (See instructions)  
**Self**

Date  
**1/8/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Terry Corless**

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

Contributor address; City; State; Zip Code  
**27906 Copper Crest  
San Antonio, TX 78260**

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

Employer (See instructions)  
**Mad Dogs Restaurant Group**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3 of 26</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/11/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kevin Covey</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>4515 San Pedro Ave San Antonio, TX 78212</b>		
8 Principal occupation / Job title (See instructions) <b>Real estate</b>		9 Employer (See instructions) <b>GrayStreet</b>
Date <b>1/14/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John and Ruth Agather</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>300 W French Pl San Antonio, TX 78212</b>		
Principal occupation / Job title (See instructions) <b>Attorney &amp; retired</b>		Employer (See instructions) <b>Rosenthal, Pauerstein et al, &amp; retired</b>
Date <b>1/16/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ryan K Salts</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>7727 Nimrod San Antonio, TX 78240</b>		
Principal occupation / Job title (See instructions) <b>Chief of Staff</b>		Employer (See instructions) <b>City of San Antonio</b>
Date <b>1/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Harkirat Saggi</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>6302 Calle Montalvo Cir Granite Bay, CA 95746</b>		
Principal occupation / Job title (See instructions) <b>Psychiatrist</b>		Employer (See instructions) <b>Malwa doctors Inc</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**4 of 26**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/20/2025**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Bonnie Reed**

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

6 Contributor address; City; State; Zip Code  
**45 Longsford  
San Antonio, TX 78209**

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

9 Employer (See instructions)  
**retired**

Date  
**1/21/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Desi Martinez**

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

Contributor address; City; State; Zip Code  
**2828 Goliad Rd  
San Antonio, TX 78223**

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

Employer (See instructions)  
**Martinez and Associates**

Date  
**1/25/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Edward Collins**

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

Contributor address; City; State; Zip Code  
**114 Camp St #301  
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)  
**not employed**

Employer (See instructions)  
**not employed**

Date  
**1/25/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Penelope Speier**

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

Contributor address; City; State; Zip Code  
**114 Camp St #301  
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)  
**not employed**

Employer (See instructions)  
**not employed**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5 of 26</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/25/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Carole Burger</b>	7 Amount of contribution (\$) <b>15.00</b>
6 Contributor address; City; State; Zip Code <b>11211 Mystery Dr San Antonio, TX 78216</b>		
8 Principal occupation / Job title (See instructions) <b>Elder care asst</b>		9 Employer (See instructions) <b>Self employed</b>
Date <b>1/28/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kaitlin OConnell</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>301 E Cevallos #304 San Antonio, TX 78204</b>		
Principal occupation / Job title (See instructions) <b>Govt</b>		Employer (See instructions) <b>Govt</b>
Date <b>1/28/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gurmit Bhatia</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>10910 Elmwood Ridge Dr Cypress, TX 77433</b>		
Principal occupation / Job title (See instructions) <b>retired</b>		Employer (See instructions) <b>retired</b>
Date <b>1/30/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Karla Gurgiolo</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>818 W Craig PI San Antonio, TX 78212</b>		
Principal occupation / Job title (See instructions) <b>Executive Director</b>		Employer (See instructions) <b>Mission Heritage Partners</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**6 of 26**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/30/2025**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Sharyll Teneyuca**

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

6 Contributor address; City; State; Zip Code  
**1104 W Craig Pl  
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)  
**Attorney, Writer**

9 Employer (See instructions)  
**Law Office of Sharyll S Teneyuca, PLLC**

Date  
**1/31/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Kirk Oden**

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

Contributor address; City; State; Zip Code  
**707 College Blvd  
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)  
**Loan Shark**

Employer (See instructions)  
**Trinity Real Estate Finance, Inc.**

Date  
**1/31/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Katie Jarl**

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

Contributor address; City; State; Zip Code  
**307 Carolina St  
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)  
**Vice President**

Employer (See instructions)  
**Animal Policy Group**

Date  
**2/2/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Summer Greathouse**

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

Contributor address; City; State; Zip Code  
**125 W Agarita Ave  
San Antonio, TX 78212**

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

Employer (See instructions)  
**Bracewell LLP**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**7 of 26**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/2/2025**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**La Juana Chambers Lawson**

7 Amount of contribution (\$)  
**20.00**

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

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

9 Employer (See instructions)  
**Tacit Growth Strategies**

Date  
**2/6/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Randy Rodgers**

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

Contributor address; City; State; Zip Code  
**174 Schreiner Pl  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Landscape Design**

Employer (See instructions)  
**Blue Heron Designs, Inc,**

Date  
**2/6/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mark Cevallos**

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

Contributor address; City; State; Zip Code  
**PO Box 100605  
San Antonio, TX 78201**

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

Employer (See instructions)  
**Law Office of Mark A. Cevallos**

Date  
**2/6/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Manpreet Singh**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**11752 Lake Potomac Dr  
Potomac, MD 20854**

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

Employer (See instructions)  
**UsInspect**

**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: <b>8 of 26</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/9/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Hope Andrade</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>123 Lexington Ave #1604 San Antonio, TX 78205</b>		
8 Principal occupation / Job title (See instructions) <b>Entrepreneur</b>		9 Employer (See instructions) <b>Self</b>
Date <b>2/12/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rachel Holland</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>1711 Fawn Crest San Antonio, TX 78248</b>		
Principal occupation / Job title (See instructions) <b>Public Affairs</b>		Employer (See instructions) <b>Meta</b>
Date <b>2/12/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Howard Cohen</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>161 NW 6th St #1020 San Antonio, TX 33136</b>		
Principal occupation / Job title (See instructions) <b>CEO</b>		Employer (See instructions) <b>Atlantic Pacific Communities LLC</b>
Date <b>2/13/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jitendra (Jitu) Chaudhary</b>	Amount of contribution (\$) <b>151.00</b>
Contributor address; City; State; Zip Code <b>1310 Osnats point San Antonio, TX 78258</b>		
Principal occupation / Job title (See instructions) <b>Pharmacy Manager</b>		Employer (See instructions) <b>Rite Away Pharmacy</b>

**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

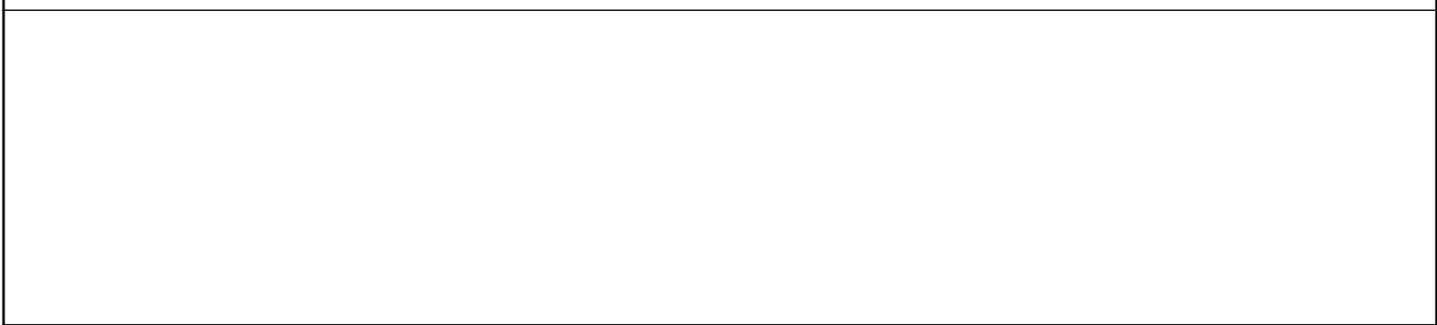
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9 of 26</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/13/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Trey Sadiq</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>5435 Redwing Dr San Antonio, TX 78240</b>		
8 Principal occupation / Job title (See instructions) <b>General Counsel</b>		9 Employer (See instructions) <b>Gauntlet Networks</b>
Date <b>2/13/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Vanessa and John Hurd</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>206 W Agarita Ave San Antonio, TX 78212</b>		
Principal occupation / Job title (See instructions) <b>consultant</b>		Employer (See instructions) <b>self-employed</b>
Date <b>2/15/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ryan Reed</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>242 W Lynwood Ave San Antonio, TX 78212</b>		
Principal occupation / Job title (See instructions) <b>Investment Management</b>		Employer (See instructions) <b>Douglas Daniel</b>
Date <b>2/15/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sheryl Bonilla</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>610 E Market St #2918 San Antonio, TX 78205</b>		
Principal occupation / Job title (See instructions) <b>retired</b>		Employer (See instructions) <b>retired</b>

**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: <b>10 of 26</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/17/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Tejinder and Suman Glamour</b> ..... 6 Contributor address; City; State; Zip Code <b>5354 62nd Ave S Saint Petersburg, FL 33715</b>	7 Amount of contribution (\$) <b>1000.00</b>
8 Principal occupation / Job title (See instructions) <b>Gastroenterologist</b>		9 Employer (See instructions) <b>Gastro Florida</b>
Date <b>2/18/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Charles Brehm</b> ..... Contributor address; City; State; Zip Code <b>454 Soledad #100 San Antonio, TX 78205</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>President</b>		Employer (See instructions) <b>Universal Services Group LLC</b>
Date <b>2/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Wendy Black</b> ..... Contributor address; City; State; Zip Code <b>431 King William St San Antonio, TX 78210</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>nonprofit leader</b>		Employer (See instructions) <b>Footbridge Foundation</b>
Date <b>2/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Paul Martin</b> ..... Contributor address; City; State; Zip Code <b>207 E Mulberry Ave #1 SAN ANTONIO, TX 78212</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Investment Advisor</b>		Employer (See instructions) <b>Martin Capital Advisors</b>



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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>11 of 26</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/21/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Woodelore (La Juana) Tattegrain (Chambers Lawson)</b>	7 Amount of contribution (\$) <b>30.00</b>
6 Contributor address; City; State; Zip Code <b>3700 Buchanan St #65 Riverside, CA 92503</b>		
8 Principal occupation / Job title (See instructions) <b>Military</b>		9 Employer (See instructions) <b>USAF</b>
Date <b>2/22/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Riley Robinson</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>1803 S Preas St San Antonio, TX 78210</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>2/22/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Maria Morrell</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>314 Lockhart San Antonio, TX 78202</b>		
Principal occupation / Job title (See instructions) <b>school nurse</b>		Employer (See instructions) <b>St Anthony Catholic School</b>
Date <b>2/22/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gerald W. Lee</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>8127 N New Braunfels #801 San Antonio, TX 78209</b>		
Principal occupation / Job title (See instructions) <b>Consultant</b>		Employer (See instructions) <b>Andrade - Van de Putte</b>

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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: <b>12 of 26</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/22/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Anthony Gordon</b>	7 Amount of contribution (\$) <b>10.00</b>
6 Contributor address; City; State; Zip Code <b>6535 Port Elizabeth Converse, TX 78109</b>		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>2/22/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kevin Ryan Baldwin</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>819 W Mulberry Ave San Antonio, TX 78212</b>		
Principal occupation / Job title (See instructions) <b>Property Management</b>		Employer (See instructions) <b>Franklin Apartment Management, Ltd.</b>
Date <b>2/22/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alison Beam</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>362 E Huisache Ave San Antonio, TX 78212</b>		
Principal occupation / Job title (See instructions) <b>retired</b>		Employer (See instructions) <b>retired</b>
Date <b>2/22/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lilanna Villagran</b>	Amount of contribution (\$) <b>10.00</b>
Contributor address; City; State; Zip Code <b>115 Suffolk Pl San Antonio, TX 78201</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13 of 26</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/22/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William Poneck</b>	7 Amount of contribution (\$) <b>20.00</b>
6 Contributor address; City; State; Zip Code <b>127 W Woodlawn Ave San Antonio, TX 78212</b>		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>2/22/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Juan Casas</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>70 McLennan Oak San Antonio, TX 78240</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>2/22/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Juan Casas</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>70 McLennan Oak San Antonio, TX 78240</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>2/22/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Keerat Bajaj</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>536 Castano Ave San Antonio, TX 78209</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)



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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**14 of 26**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/22/2025**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Antonio Frietze**

7 Amount of contribution (\$)  
**20.00**

6 Contributor address; City; State; Zip Code  
**339 Millwood Ln  
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**2/24/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Neel Lane Jr**

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

Contributor address; City; State; Zip Code  
**626 Mission St  
San Antonio, TX 78210**

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

Employer (See instructions)  
**Norton Rose Fulbright**

Date  
**2/24/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Barton Hawkins**

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

Contributor address; City; State; Zip Code  
**13319 Teagarden Ln  
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)  
**n/a**

Employer (See instructions)  
**n/a**

Date  
**2/24/2025**

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

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

Contributor address; City; State; Zip Code  
**201 W Craig #S  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>15 of 26</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/24/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Shawn McCormack</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>26123 Wood Chuck San Antonio, TX 78260</b>		
8 Principal occupation / Job title (See instructions) <b>Principal</b>		9 Employer (See instructions) <b>Equitable Facilities Fund</b>
Date <b>2/24/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Thad Thad</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>8404 Burkwood Cove Austin, TX 78735</b>		
Principal occupation / Job title (See instructions) <b>Real Estate</b>		Employer (See instructions) <b>Southstar</b>
Date <b>2/24/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Emily Hutcheson</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1514 Pleasure Dr Madison, WI 53704</b>		
Principal occupation / Job title (See instructions) <b>EarthShare TX Green Leader</b>		Employer (See instructions) <b>Bat Conservation International</b>
Date <b>2/24/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Murray Van Eman</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>1118 Grey Oak San Antonio, TX 78213</b>		
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>RWE Clean Energy</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**16 of 26**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/26/2025**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Chad Carey**

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

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

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

9 Employer (See instructions)  
**Empty Stomach Group**

Date  
**2/27/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Disa Campbell**

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

Contributor address; City; State; Zip Code  
**535 Tara Dr  
San Antonio, TX 78216**

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

Employer (See instructions)  
**retired**

Date  
**3/1/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Robert Reyes**

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

Contributor address; City; State; Zip Code  
**3609 Eagle Fledge Ter  
Pflugerville, TX 78660**

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

Employer (See instructions)  
**RAR Ilc**

Date  
**3/2/2025**

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

Amount of contribution (\$)  
**20.00**

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

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

Employer (See instructions)  
**Tacit Growth Strategies**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>17 of 26</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/4/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Filemon Vela</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>2619 Eastgrove Ln Houston, TX 77027</b>		
8 Principal occupation / Job title (See instructions) <b>Attorney</b>		9 Employer (See instructions) <b>Vela Justice</b>
Date <b>3/4/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Arthur Nicholson</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>230 Dwyer Ave #503 San Antonio, TX 78204</b>		
Principal occupation / Job title (See instructions) <b>retired</b>		Employer (See instructions) <b>retired</b>
Date <b>3/8/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Linda Comeaux</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>3185 Morning Creek San Antonio, TX 78247</b>		
Principal occupation / Job title (See instructions) <b>retired</b>		Employer (See instructions) <b>retired</b>
Date <b>3/10/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William Varney</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>137 E Woodlawn Ave San Antonio, TX 78212</b>		
Principal occupation / Job title (See instructions) <b>Herbalist</b>		Employer (See instructions) <b>URBANherbal</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**18 of 26**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/12/2025**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Art Veliz**

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

6 Contributor address; City; State; Zip Code  
**130 Shannon Lee St  
San Antonio, TX 78216**

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

9 Employer (See instructions)  
**retired**

Date  
**3/12/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Juan DeLeon**

Amount of contribution (\$)  
**5.00**

Contributor address; City; State; Zip Code  
**8303 Greatview #102  
San Antonio, TX 78230**

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

Employer (See instructions)  
**retired**

Date  
**3/13/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Hamilton Stewart**

Amount of contribution (\$)  
**150.00**

Contributor address; City; State; Zip Code  
**7425 Dee Gabriel Collins Rd  
Austin, TX 78744**

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

Employer (See instructions)  
**Me myself and I llc**

Date  
**3/14/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Chris Aldrete**

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

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, LLC**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**19 of 26**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/14/2025**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Andrew Grohe**

7 Amount of contribution (\$)  
**5.00**

6 Contributor address; City; State; Zip Code  
**130 North Dr  
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)  
**Petroleum Landman**

9 Employer (See instructions)  
**Self**

Date  
**3/14/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Andrew Grohe**

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

Contributor address; City; State; Zip Code  
**130 North Dr  
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)  
**Petroleum Landman**

Employer (See instructions)  
**Self**

Date  
**3/16/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Michael De La Garza**

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

Contributor address; City; State; Zip Code  
**5314 Arrowhead Dr  
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**3/17/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Christopher Mammen**

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

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

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

Employer (See instructions)  
**DH Foundation**

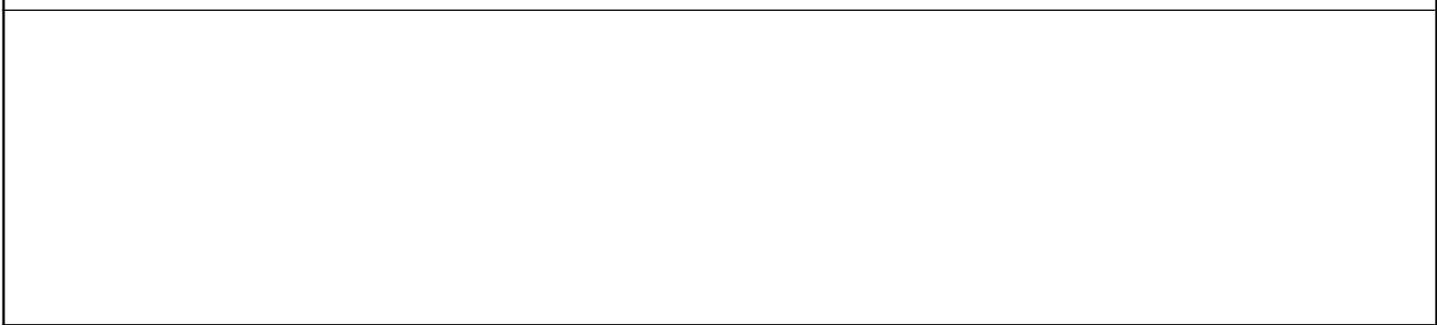
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>20 of 26</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/18/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Cheryl Carney</b> ..... 6 Contributor address; City; State; Zip Code <b>1124 W Gramercy Pl San Antonio, TX 78201</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See instructions) <b>Chef</b>		9 Employer (See instructions) <b>HEB</b>
Date <b>3/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dennis Karbach</b> ..... Contributor address; City; State; Zip Code <b>315 W Lynwood Ave San Antonio, TX 78212</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>retired</b>		Employer (See instructions) <b>retired</b>
Date <b>3/20/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dirk Elmendorf</b> ..... Contributor address; City; State; Zip Code <b>422 King William San Antonio, TX 78204</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Programmer</b>		Employer (See instructions) <b>r26d</b>
Date <b>3/21/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jamie and Travis Kowalski</b> ..... Contributor address; City; State; Zip Code <b>PO Box 1361 San Antonio, TX 78205</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions) <b>Chief Admin Officer</b>		Employer (See instructions) <b>The RK Group</b>



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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>21 of 26</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/21/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Doug McMurry</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>218 Annie San Antonio, TX 78212</b>		
8 Principal occupation / Job title (See instructions) <b>self</b>		9 Employer (See instructions) <b>McMurry Communications</b>
Date <b>3/21/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jackie Moczygemba</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>PO Box 1154 Poth, TX 78147</b>		
Principal occupation / Job title (See instructions) <b>Foundation Manager</b>		Employer (See instructions) <b>Ewing Halsell Foundation</b>
Date <b>3/21/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daiana Lambrecht</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>415 Mary Louise dr San antonio, TX 78201</b>		
Principal occupation / Job title (See instructions) <b>Executive Director</b>		Employer (See instructions) <b>Futuro San Antonio</b>
Date <b>3/21/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Eduardo Belmares</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>5919 Pearl Oass San Antonio, TX 78222</b>		
Principal occupation / Job title (See instructions) <b>COO</b>		Employer (See instructions) <b>Capital Electric</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**22 of 26**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/21/2025**

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

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

6 Contributor address; City; State; Zip Code  
**5919 Pearl Oass  
San Antonio, TX 78222**

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

9 Employer (See instructions)  
**Childrens Hospital of San Antonio**

Date  
**3/21/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Inga Cotton**

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

Contributor address; City; State; Zip Code  
**537 Abiso Ave  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Executive Director**

Employer (See instructions)  
**SA Charter Moms**

Date  
**3/21/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Families for Education and Opportunity PAC**

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

Contributor address; City; State; Zip Code  
**415 Mary Louise Dr  
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**3/21/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Christopher Goldsbury**

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

Contributor address; City; State; Zip Code  
**303 Pearl Pkwy #300  
San Antonio, TX 78215**

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

Employer (See instructions)  
**Silver Ventures**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**23 of 26**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/21/2025**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Angie Goldsbury**

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

6 Contributor address; City; State; Zip Code  
**303 Pearl Pkwy #300  
San Antonio, TX 78215**

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

9 Employer (See instructions)  
**Silver Ventures**

Date  
**3/24/2025**

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

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

Contributor address; City; State; Zip Code  
**23119 W IH 10 #902  
San Antonio, TX 78257**

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

Employer (See instructions)  
**self**

Date  
**3/24/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Daniel Anthony**

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

Contributor address; City; State; Zip Code  
**1211 Taubefeld  
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)  
**Senior VP**

Employer (See instructions)  
**American Momentum Bank**

Date  
**3/24/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jarves Warren**

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

Contributor address; City; State; Zip Code  
**26006 Las Pilas  
San Antonio, TX 78261**

Principal occupation / Job title (See instructions)  
**VP of Sales**

Employer (See instructions)  
**Scott Felder Homes**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**24 of 26**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/24/2025**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Kristi Sutterfield**

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

6 Contributor address; City; State; Zip Code  
**18328 Wild Onion  
San Antonio, TX 78268**

8 Principal occupation / Job title (See instructions)  
**Executive Director**

9 Employer (See instructions)  
**Greater San Antonio Builders Association**

Date  
**3/24/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Nickolas Handel**

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

Contributor address; City; State; Zip Code  
**218 Adams St  
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)  
**Land Acquisition Manager**

Employer (See instructions)  
**PulteGroup**

Date  
**3/24/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Timothy Pruski**

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

Contributor address; City; State; Zip Code  
**26227 High Timber Pass St  
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)  
**Land manager**

Employer (See instructions)  
**Bella Vista Homes**

Date  
**3/24/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jeffrey Czar**

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

Contributor address; City; State; Zip Code  
**307 Huntington Pl  
San Antonio, TX 78231**

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

Employer (See instructions)  
**self**

**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: <b>25 of 26</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/24/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Caroline Brown</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>210 Cave Ln San Antonio, TX 78209</b>		
8 Principal occupation / Job title (See instructions) <b>Attorney</b>		9 Employer (See instructions) <b>Brown &amp; McDonald</b>
Date <b>3/24/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mary Jordan Vexler</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>305 W Kings Hwy San Antonio, TX 78212</b>		
Principal occupation / Job title (See instructions) <b>COO</b>		Employer (See instructions) <b>Ferrous Sales</b>
Date <b>3/24/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Stephen Louis</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>318 Caleb Court Cibolo, TX 78108</b>		
Principal occupation / Job title (See instructions) <b>home builder</b>		Employer (See instructions) <b>TETG Housing</b>
Date <b>3/24/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Reynaldo Diaz</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>308 W Josephine St San Antonio, TX 78212</b>		
Principal occupation / Job title (See instructions) <b>Accident Injury Attorney PC</b>		Employer (See instructions) <b>Reynaldo Diaz Accident Injury Attorney PC</b>

**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:  
**26 of 26**

2 FILER NAME  
**Ms Sukh Kaur**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/24/2025**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Tomeka Pierce**

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

6 Contributor address; City; State; Zip Code  
**318 W Grayson St #202  
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)  
**Owner, COO**

9 Employer (See instructions)  
**Level 1 AG LLC**

Date  
**3/24/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Shad Schmid**

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

Contributor address; City; State; Zip Code  
**318 Waxberry Trail  
San Antonio, TX 78256**

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

Employer (See instructions)  
**King Fish Development**

Date  
**3/24/2025**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Eduardo Bravo**

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

Contributor address; City; State; Zip Code  
**1201 Avenue B #1033  
San Antonio, TX 78215**

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

Employer (See instructions)  
**Irys Technologies, Inc.**

Date

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

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

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

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

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

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>1 of 1</b>
<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$ 0</b>
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; . . . . . City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See instructions)		<b>13</b> Employer (See instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; . . . . . City; State; Zip Code	
<b>20</b> Principal occupation (See instructions)		<b>21</b> 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

<b>1</b> Total pages Schedule F1: <b>1 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>1/1/2025</b>	<b>5</b> Payee name <b>ANEDOT</b>
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<b>6</b> Amount (\$) <b>1.10</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Contribution Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held
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Date <b>1/2/2025</b>	Payee name <b>ANEDOT</b>
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Amount (\$) <b>44.90</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held
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Date <b>1/2/2025</b>	Payee name <b>Google</b>
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Amount (\$) <b>26.58</b>	Payee address; City; State; Zip Code <b>1600 Amphitheatre Parkway Mountain View, CA 94043</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website Hosting</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>2 of 20</b>		<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>1/4/2025</b>		<b>5</b> Payee name <b>ANEDOT</b>			
<b>6</b> Amount (\$) <b>6.30</b>		<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Contribution Fee</b>		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Sukh Kaur</b>		Office sought <b>Council District 1</b>	Office held
Date <b>1/8/2025</b>		Payee name <b>ANEDOT</b>			
Amount (\$) <b>20.30</b>		Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Contribution Fee</b>		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Sukh Kaur</b>		Office sought <b>Council District 1</b>	Office held
Date <b>1/12/2025</b>		Payee name <b>ANEDOT</b>			
Amount (\$) <b>40.30</b>		Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Contribution Fee</b>		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Sukh Kaur</b>		Office sought <b>Council District 1</b>	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>3 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/16/2025</b>	<b>5</b> Payee name <b>ANEDOT</b>	
<b>6</b> Amount (\$) <b>4.30</b>	<b>7</b> Payee address;                      City;     State;     Zip Code <b>1340 Poydras Street ##770</b> <b>New Orleans, LA 70112</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Contribution Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Office held		
Date <b>1/18/2025</b>	Payee name <b>ANEDOT</b>	
Amount (\$) <b>20.30</b>	Payee address;                      City;     State;     Zip Code <b>1340 Poydras Street ##770</b> <b>New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Office held		
Date <b>1/20/2025</b>	Payee name <b>ANEDOT</b>	
Amount (\$) <b>20.30</b>	Payee address;                      City;     State;     Zip Code <b>1340 Poydras Street ##770</b> <b>New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Office held		

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By 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

<b>1</b> Total pages Schedule F1: <b>4 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/21/2025</b>	<b>5</b> Payee name <b>USPS</b>	
<b>6</b> Amount (\$) <b>73.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>2400 McCullough Ave San Antonio, TX 78212</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Postage</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
		Office held

Date <b>1/22/2025</b>	Payee name <b>USPS</b>		
Amount (\$) <b>219.00</b>	Payee address; City; State; Zip Code <b>2400 McCullough Ave San Antonio, TX 78212</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Postage</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

Date <b>1/22/2025</b>	Payee name <b>ANEDOT</b>		
Amount (\$) <b>0.90</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>5 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/26/2025</b>	<b>5</b> Payee name <b>ANEDOT</b>	
<b>6</b> Amount (\$) <b>24.60</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Contribution Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
	Office held	

Date <b>1/30/2025</b>	Payee name <b>ANEDOT</b>	
Amount (\$) <b>59.20</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
	Office held	

Date <b>1/31/2025</b>	Payee name <b>FROST BANK</b>	
Amount (\$) <b>5.00</b>	Payee address; City; State; Zip Code <b>111 W Houston St ##100 San Antonio, TX 78205</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Bank Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
	Office held	

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>6 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/1/2025</b>	<b>5</b> Payee name <b>ANEDOT</b>	
<b>6</b> Amount (\$) <b>21.40</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Contribution Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
	Office held	

Date <b>2/3/2025</b>	Payee name <b>ANEDOT</b>	
Amount (\$) <b>56.90</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
	Office held	

Date <b>2/3/2025</b>	Payee name <b>Google</b>	
Amount (\$) <b>26.73</b>	Payee address; City; State; Zip Code <b>1600 Amphitheatre Parkway Mountain View, CA 94043</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website Hosting</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
	Office held	

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>7 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>2/4/2025</b>	<b>5</b> Payee name <b>3D Signs</b>		
<b>6</b> Amount (\$) <b>5290.72</b>	<b>7</b> Payee address; City; State; Zip Code <b>7986 1st Street Somerset, TX 78069</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Signs</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held
Date <b>2/8/2025</b>	Payee name <b>ANEDOT</b>		
Amount (\$) <b>10.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held
Date <b>2/11/2025</b>	Payee name <b>ANEDOT</b>		
Amount (\$) <b>20.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>8 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/12/2025</b>	<b>5</b> Payee name <b>Jiffy Shirts</b>	
<b>6</b> Amount (\$) <b>594.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1000 N West St Wilmington, DE 19801</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Tshirts</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date <b>2/13/2025</b>	Payee name <b>ANEDOT</b>		
Amount (\$) <b>35.24</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

Date <b>2/15/2025</b>	Payee name <b>ANEDOT</b>		
Amount (\$) <b>40.90</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>9 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/17/2025</b>	<b>5</b> Payee name <b>ANEDOT</b>	
<b>6</b> Amount (\$) <b>60.60</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Contribution Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
	Office held	

Date <b>2/18/2025</b>	Payee name <b>Mike Woods</b>		
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>23114 Angostura Blvd San Antonio, TX 78261</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	Description <b>Design</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <b>2/19/2025</b>	Payee name <b>ANEDOT</b>		
Amount (\$) <b>22.60</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>10 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/21/2025</b>	<b>5</b> Payee name <b>ANEDOT</b>	
<b>6</b> Amount (\$) <b>38.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Contribution Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Office held		
Date <b>2/23/2025</b>	Payee name <b>ANEDOT</b>	
Amount (\$) <b>34.90</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Office held		
Date <b>2/24/2025</b>	Payee name <b>Prestige Printing</b>	
Amount (\$) <b>1251.37</b>	Payee address; City; State; Zip Code <b>8 Burwood Ln San Antonio, TX 78216</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Mailer Printing</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>11 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/25/2025</b>	<b>5</b> Payee name <b>ANEDOT</b>	
<b>6</b> Amount (\$) <b>20.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Contribution Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
<b>2/27/2025</b>	<b>ANEDOT</b>	
<b>2.30</b>	<b>1340 Poydras Street ##770 New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Fees</b>	<b>Description</b> <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
<b>2/28/2025</b>	<b>FROST BANK</b>	
<b>5.00</b>	<b>111 W Houston St ##100 San Antonio, TX 78205</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Fees</b>	<b>Description</b> <b>Bank Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>

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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

<b>1</b> Total pages Schedule F1: <b>12 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>3/1/2025</b>	<b>5</b> Payee name <b>ANEDOT</b>		
<b>6</b> Amount (\$) <b>41.40</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Contribution Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held
Date <b>3/3/2025</b>	Payee name <b>ANEDOT</b>		
Amount (\$) <b>40.60</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held
Date <b>3/3/2025</b>	Payee name <b>Google</b>		
Amount (\$) <b>26.73</b>	Payee address; City; State; Zip Code <b>1600 Amphitheatre Parkway Mountain View, CA 94043</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Website Hosting</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>13 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/3/2025</b>	<b>5</b> Payee name <b>Amanda Flores</b>	
<b>6</b> Amount (\$) <b>60.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1602 Sunbend Falls San Antonio, TX 78224</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	<b>(b)</b> Description <b>Campaign Team</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Office held		
Date <b>3/5/2025</b>	Payee name <b>ANEDOT</b>	
Amount (\$) <b>4.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Office held		
Date <b>3/6/2025</b>	Payee name <b>Prestige Printing</b>	
Amount (\$) <b>2171.50</b>	Payee address; City; State; Zip Code <b>8 Burwood Ln San Antonio, TX 78216</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Mailer Printing</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
Office held		

**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

<b>1</b> Total pages Schedule F1: <b>14 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/6/2025</b>	<b>5</b> Payee name <b>Mike Woods</b>	
<b>6</b> Amount (\$) <b>225.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>23114 Angostura Blvd San Antonio, TX 78261</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	<b>(b)</b> Description <b>Design</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date <b>3/7/2025</b>	Payee name <b>Marshall Cavazos</b>		
Amount (\$) <b>400.00</b>	Payee address; City; State; Zip Code <b>11789 Donop Rd San Antonio, TX 78223</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	Description <b>Campaign Team</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

Date <b>3/7/2025</b>	Payee name <b>Alex Ruiz</b>		
Amount (\$) <b>400.00</b>	Payee address; City; State; Zip Code <b>103 Obregon St San Antonio, TX 78207</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	Description <b>Campaign Team</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>15 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/7/2025</b>	<b>5</b> Payee name <b>Kara Lee</b>	
<b>6</b> Amount (\$) <b>60.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>205 E Huisache San Antonio, TX 78212</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	<b>(b)</b> Description <b>Campaign Team</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
	Office held	

Date <b>3/9/2025</b>	Payee name <b>ANEDOT</b>		
Amount (\$) <b>6.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

Date <b>3/11/2025</b>	Payee name <b>ANEDOT</b>		
Amount (\$) <b>11.10</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>16 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/12/2025</b>	<b>5</b> Payee name <b>Kara Lee</b>	
<b>6</b> Amount (\$) <b>400.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>205 E Huisache San Antonio, TX 78212</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	<b>(b)</b> Description <b>Campaign Team</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office held <b>Council District 1</b>
<b>4</b> Date <b>3/12/2025</b>	<b>5</b> Payee name <b>Marshall Cavazos</b>	
<b>6</b> Amount (\$) <b>285.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>11789 Donop Rd San Antonio, TX 78223</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	<b>Description</b> <b>Campaign Team</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office held <b>Council District 1</b>
<b>4</b> Date <b>3/12/2025</b>	<b>5</b> Payee name <b>Alex Ruiz</b>	
<b>6</b> Amount (\$) <b>525.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>103 Obregon St San Antonio, TX 78207</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	<b>Description</b> <b>Campaign Team</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office held <b>Council District 1</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>17 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/14/2025</b>	<b>5</b> Payee name <b>3D Signs</b>	
<b>6</b> Amount (\$) <b>1125.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>7986 1st Street Somerset, TX 78069</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Signs</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
	Office held	

Date <b>3/14/2025</b>	Payee name <b>ANEDOT</b>		
Amount (\$) <b>13.10</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

Date <b>3/15/2025</b>	Payee name <b>ANEDOT</b>		
Amount (\$) <b>2.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>18 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/17/2025</b>	<b>5</b> Payee name <b>ANEDOT</b>	
<b>6</b> Amount (\$) <b>8.60</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Contribution Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
<b>4</b> Date <b>3/18/2025</b>	<b>5</b> Payee name <b>Alex Ruiz</b>	
<b>6</b> Amount (\$) <b>525.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>103 Obregon St San Antonio, TX 78207</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	Description <b>Campaign Team</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
<b>4</b> Date <b>3/18/2025</b>	<b>5</b> Payee name <b>Kara Lee</b>	
<b>6</b> Amount (\$) <b>335.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>205 E Huisache San Antonio, TX 78212</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>	Description <b>Campaign Team</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By 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

<b>1</b> Total pages Schedule F1: <b>19 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>3/18/2025</b>	<b>5</b> Payee name <b>Brett Misquez</b>		
<b>6</b> Amount (\$) <b>110.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>5107 Ozark San Antonio, TX 78201</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>		<b>(b)</b> Description <b>Campaign Team</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held
Date <b>3/18/2025</b>	Payee name <b>Colt Osburn</b>		
Amount (\$) <b>2000.00</b>	Payee address; City; State; Zip Code <b>3407 Stallion creek San Antonio, TX 78247</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Contract Labor</b>		Description <b>Campaign Team</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held
Date <b>3/19/2025</b>	Payee name <b>ANEDOT</b>		
Amount (\$) <b>40.60</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By 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

<b>1</b> Total pages Schedule F1: <b>20 of 20</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/21/2025</b>	<b>5</b> Payee name <b>ANEDOT</b>	
<b>6</b> Amount (\$) <b>20.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Contribution Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
<b>4</b> Date <b>3/23/2025</b>	<b>5</b> Payee name <b>ANEDOT</b>	
<b>6</b> Amount (\$) <b>34.90</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street ##770 New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Contribution Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sukh Kaur</b>	Office sought <b>Council District 1</b>
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
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<b>5</b> Date	<b>6</b> Payee name
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Amount (\$)	Payee address; City; State; Zip Code
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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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<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

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

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

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

**4** Date

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

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

**7** Description of investment

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

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

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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	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)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ms Sukh Kaur</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
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<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

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

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

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

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

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

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

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

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

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

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking 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**

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

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

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
1 of 1

2 FILER NAME  
Ms Sukh Kaur

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	..... 6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <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: <b>1 of 1</b>
2 FILER NAME <b>Ms Sukh Kaur</b>		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  
**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