CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 60	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Sukh	MI	OFFICE USE ONLY	
NAME	NICKNAME LAST Kaur	SUFFIX	Date Received 4/25/2025 4:39:26PM	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; PO Box 120101 San Antonio TX 78212 AREA CODE PHONE NUMBER	CITY; STATE; ZIP CODE EXTENSION		
OFFICEHOLDER PHONE	(210) 236-	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Jane	MI	Receipt # Amount \$	
NAME	NICKNAME LAST Macon	SUFFIX	Date Processed <u>4/25/2025 4:39:26PM</u> Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); A 300 Convent St #2700 San Antonio TX 78205	APT / SUITE #; CITY; ST.	ATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () -	EXTENSION		
9 REPORT TYPE	8th Day Before General Election			
10 PERIOD COVERED	Month Day Year 3/25/2025	Month THROUGH 4/2	Day Year 2 3/2025	
11 ELECTION	Month Day Year 5/3/2025 ELECTION DATE Primar X General	Description		
12 OFFICE	OFFICE HELD (if any) Council District 1	13 OFFICE SOUGHT Council Distri		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer ID (Ethics Commission Filers)
Sukh Kaur				
16 NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEES TO SUF THE CANDIDATE'S	PPORT THE CANDIDATE OR OFFICEHOLDER'S	/ OFFICEHOLDER. THESE EXPENDIT	TICAL EXPENDITURES MADE BY POLITICAL ITURES MAY HAVE BEEN MADE WITHOUT CANDIDATES AND OFFICEHOLDERS ARE DITURES.
	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME		
		San Antonio Equity	Alliance PAC	
	X GENERAL	COMMITTEE ADDRE	SS	
	SPECIFIC	PO Box 12156 San Antonio TX 782	212	
Additional Pages		COMMITTEE CAMPA Darryl Byrd	IGN TREASURER NAME	
		COMMITTEE CAMPA PO Box 15751 San Antonio TX 782	IGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 1. PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 19.55			\$ 19.55
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 19284.55			\$ 19284.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$ 0	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 76042.59
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$ 58544.03
OUTSTANDING LOAN TOTALS	J .	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$ 0
18 AFFIDAVIT				
			The state of the s	of perjury, that the accompanying report ill information required to be reported by
			* * * Electronically	/ Certified * * *
			Signature of Candidat	ate or Officeholder
AFFIX NOTARY STAM	P / SEAL ABOVE			
Sworn to and subscribe	•			this the 25th day
of April ,	20 25 , to certify	which, witness my hand	d and seal of office.	
Signature of officer adm	ninistering oath	Printed name of	officer administering oath	Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAM	ME	20 Filer ID (Ethics Cor	mmission Filers)
	Sukh Kau	ır		
21	_	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X :	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 19284.55
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$0
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0
4.	X	SCHEDULE E: LOANS		\$ 0
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 76042.59
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	S	\$0
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$0
10.	X	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	C/OH	\$ 0
11.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	IS	\$ 0
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

SCHEDULE A1

		The Instruction Guide explains how to com	nplete this	form.	1 Total pages Schedule A1: 1 of 13
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 3/25/2025	5 Full name of contributor □ ou Dominick Alongi	ut-of-state PA	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 13122 Vista del Mundo San Antonio, TX 78216	City; S	State; Zip Code	
8	Principal occup Senior Accour	ation / Job title (See instructions) t Manager		9 Employer (See instru Massey Services	ctions)
	Date 3/27/2025	Full name of contributor	ıt-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 9410 Whitehall St San Antonio, TX 78216	City; S	State; Zip Code	
		Employer (See instru Jacobs Technology	ctions)		
	Date 3/28/2025	Full name of contributor LIEE Texas	outor		Amount of contribution (\$) 500.00
		Contributor address; 25 Broadway #13 New York, NY 10004	City; S	State; Zip Code	
	Principal occup	ation / Job title (See instructions)		Employer (See instru	ctions)
	Date 3/28/2025	Full name of contributor	ut-of-state PA	\C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 3 Woltwood San Antonio, TX 78248	City; S	State; Zip Code	
	Principal occup Real estate	ation / Job title (See instructions)		Employer (See instru VersaTerra	ctions)

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SCHEDULE A1

	1	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 of 13
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 3/31/2025	5 Full name of contributor ☐ out-of-state P Lorie Campos		7 Amount of contribution (\$) 100.00
		6 Contributor address; City; 204 Carnahan St San Antonio, TX 78209	State; Zip Code	
8	Principal occupa Real Estate	ation / Job title (See instructions)	9 Employer (See instru LuxAgencySA	ctions)
	Date 4/1/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; 2319 Fountain Way San Antonio, TX 78248	State; Zip Code	
	Principal occupa Vice President	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 4/1/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 221 Lexington Ave #213 San Antonio, TX 78215	State; Zip Code	
	Principal occupa Dir of Gov Rela	ation / Job title (See instructions) tions	Employer (See instru USAA	ctions)
	Date 4/1/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; 148 Schreiner PI San Antonio, TX 78212	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)	Employer (See instru Retired	ctions)

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SCHEDULE A1

т	he Instruction Guide explains how t	form.	1 Total pages Schedule A1: 3 of 13	
FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
Date 4/1/2025	5 Full name of contributor Andrea Shields	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 325 Wildrose Dr San Antonio, TX 78209	City;	State; Zip Code	
Principal occupa	tion / Job title (See instructions)		9 Employer (See instru Self-Employed	uctions)
Date 4/1/2025	Full name of contributor John Shields	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; 325 Wildrose Dr San Antonio, TX 78209	City;	State; Zip Code	
		Employer (See instru McCombs Enterpris	•	
Date 4/1/2025	Full name of contributor Jon Chamberlain Wiegand	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; 14546 Brook Hollow #415 San Antonio, TX 78232	City;		
Principal occupa Vice President	tion / Job title (See instructions)		Employer (See instru	•
Date 4/1/2025	Full name of contributor John Manning	out-of-state P	AC (ID#)	Amount of contribution (\$) 50.00
	Contributor address; 1130 Broadway #363 San Antonio, TX 78215	City;	State; Zip Code	
Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru Barton Benson Jone	•
	FILER NAME Sukh Kaur Date 4/1/2025 Principal occupa Illustrator Date 4/1/2025 Principal occupa Business Devel Date 4/1/2025 Principal occupa Vice President Date 4/1/2025	FILER NAME Sukh Kaur Date 4/1/2025 6 Contributor address; 325 Wildrose Dr San Antonio, TX 78209 Principal occupation / Job title (See instructions) Illustrator Date 4/1/2025 Full name of contributor John Shields Contributor address; 325 Wildrose Dr San Antonio, TX 78209 Principal occupation / Job title (See instructions) Business Development Date 4/1/2025 Full name of contributor John Chamberlain Wiegand Contributor address; 14546 Brook Hollow #415 San Antonio, TX 78232 Principal occupation / Job title (See instructions) Vice President Date 4/1/2025 Full name of contributor John Manning Contributor address; 1130 Broadway #363 San Antonio, TX 78215 Principal occupation / Job title (See instructions)	FILER NAME Sukh Kaur Date 4/1/2025 6 Contributor address; 325 Wildrose Dr San Antonio, TX 78209 Principal occupation / Job title (See instructions) Illustrator Date 4/1/2025 Full name of contributor John Shields Contributor address; 325 Wildrose Dr San Antonio, TX 78209 Principal occupation / Job title (See instructions) Business Development Date 4/1/2025 Full name of contributor John Shields Contributor address; 325 Wildrose Dr San Antonio, TX 78209 Principal occupation / Job title (See instructions) Business Development Date 4/1/2025 Contributor address; 14546 Brook Hollow #415 San Antonio, TX 78232 Principal occupation / Job title (See instructions) Vice President Date Full name of contributor John Manning Contributor address; 1130 Broadway #363 San Antonio, TX 78215 Principal occupation / Job title (See instructions)	Sukh Kaur Date 4/1/2025 5 Full name of contributor Andrea Shields □ out-of-state PAC (ID#

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SCHEDULE A1

	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 4 of 13					
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)		
4	Date 4/1/2025	5 Full name of contributor ☐ out-of-state PA Francisco Gonima	.C (ID#)	7 Amount of contribution (\$) 250.00		
		6 Contributor address; City; S 222 W Mulberry Ave San Antonio, TX 78212				
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Francisco Gonima E	ctions) executive Coaching & Strategy		
	Date 4/1/2025	Full name of contributor	.C (ID#)	Amount of contribution (\$) 1000.00		
		Contributor address; City; S 2 W Oaks Ct San Antonio, TX 78213	tate; Zip Code			
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)		
	Date 4/1/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 1000.00		
		Contributor address; City; S 8 Cottesmore Ct San Antonio, TX 78218	state; Zip Code			
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Sergio Remolina	ctions)		
	Date 4/1/2025	Full name of contributor	.C (ID#)	Amount of contribution (\$) 1000.00		
		Contributor address; City; S 3759 Hunters Circle San Antonio, TX 78230	State; Zip Code			
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	•		

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SCHEDULE A1

		The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: 5 of 13
2	FILER NAME Sukh Kaur		3	Filer ID (Ethics Commission Filers)
4	Date 4/1/2025	5 Full name of contributor □ out-of-state PAC (ID# Robert Knight) 7	Amount of contribution (\$) 250.00
		6 Contributor address; City; State; 2 315 Refugio St San Antonio, TX 78210	Zip Code	
8 Principal occupation / Job title (See instructions) VP Sales and Marketing 9 Employer (See instructions) ARC Automotive			ions)	
	Date 4/2/2025	Full name of contributor)	Amount of contribution (\$) 125.00
		Contributor address; City; State; 2 501 Shook Avenue San Antonio, TX 78212	Zip Code	
Principal occupation / Job title (See instructions) Employer (See instance) Lawyer Self			oyer (See instruct	ions)
	Date 4/2/2025	Full name of contributor)	Amount of contribution (\$) 125.00
		Contributor address; City; State; 501 Shook Ave San Antonio, TX 78212	Zip Code	
	Principal occup Chief of Staff		oyer (See instruct of San Antonio	ions)
	Date 4/2/2025	Full name of contributor)	Amount of contribution (\$) 1000.00
		Contributor address; City; State; 2 922 Magnolia Smt San Antonio, TX 78251	Zip Code	
Principal occupation / Job title (See instructions) Owner			oyer (See instruct milia Cortes	ions)

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SCHEDULE A1

	т	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 13	
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)	
4	Date 4/2/2025	5 Full name of contributor TREPAC	AC (ID#)	7 Amount of contribution (\$) 500.00	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	uctions)	
	Date 4/2/2025	Full name of contributor out-of-state PA Charles Amato	AC (ID#)	Amount of contribution (\$) 500.00	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)	
	Date 4/2/2025	Full name of contributor out-of-state PA La Juana Chambers Lawson Contributor address; City; S 2400 McCullough Ave #15435 San Antonio, TX 78212	AC (ID#)	Amount of contribution (\$) 20.00	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Tacit Growth Strate	·	
	Date 4/3/2025	Ortiz McKnight	AC (ID#)	Amount of contribution (\$) 500.00	
Principal occupation / Job title (See instructions) Emplo			Employer (See instru	uctions)	
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SCHEDULE A1

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 7 of 13
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 4/3/2025	5 Full name of contributor Daniel and Cassandra Ortiz		AC (ID#)	7 Amount of contribution (\$) 500.00
		9103 Mellbrook St San Antonio, TX 78230	•		
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instruction Ortiz McKnight	uctions)
	Date 4/4/2025	Full name of contributor Martha Martinez-Flores	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 319 W Kings Hwy San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa Creative Direct	ation / Job title (See instructions) or		Employer (See instr MM Creative	uctions)
	Date 4/4/2025	Full name of contributor James McKnight	out-of-state P		Amount of contribution (\$) 500.00
		Contributor address; 2019 Flint Oak San Antonio, TX 78248	City;	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instr Ortiz McKnight	uctions)
	Date 4/4/2025	Full name of contributor Kimberly McKnight	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 2019 Flint Oak San Antonio, TX 78248	City;	State; Zip Code	
	Principal occupa Program Mana	ation / Job title (See instructions) ger		Employer (See instr Healthtrust Workfo	•

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

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SCHEDULE A1

	T	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 8 of 13
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 4/4/2025	5 Full name of contributor ut-of-state PA Albert Ochoa	AC (ID#)	7 Amount of contribution (\$) 300.00
		6 Contributor address; City; S PO Box 12375 San Antonio, TX 78212	State; Zip Code	
8	Principal occupa Real Estate	tion / Job title (See instructions)	9 Employer (See instru Success Realty of To	
	Date 4/4/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 9406 Hazelton Ln San Antonio, TX 78251	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instru Attorney Self			ctions)	
	Date 4/4/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; S 231 Montfort Dr San Antonio, TX 78216	State; Zip Code	
	Principal occupa	ition / Job title (See instructions) ign Specialist	Employer (See instru Eternal Eden	ctions)
	Date 4/4/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; S 20923 Pearl Harvest San Antonio, TX 78259	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ctions)

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SCHEDULE A1

	7	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 9 of 13
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 4/6/2025	5 Full name of contributor ut-of-state P Mohinder Khangura	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; 205 W Summit Ave SAN ANTANIO, TX 78212	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	actions)
	Date 4/6/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; City; 9111 Regal St San Antonio, TX 78216	State; Zip Code	
			Employer (See instru Baptist M&S Imagin	•
Date 4/7/2025 Full name of contributor out-of-state PAC (ID#) Kausi and Murali Subramaniam Contributor address; City; State; Zip Code 11 San Isidro			Amount of contribution (\$) 1000.00	
	Principal occupa	San Antonio, TX 78261 ation / Job title (See instructions) or	Employer (See instru Kalalaya	actions)
	Date 4/8/2025 Full name of contributor Simon Guadalupe Salas Contributor address; City; State; Zip Code 515 West Gramercy Place San Antonio, TX 78212 Amount of contribution (\$) 50.00			
, , , , , , , , , , , , , , , , , , , ,			Employer (See instru Good Samaritan Co	•

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SCHEDULE A1

		The Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1: 10 of 13
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 4/9/2025	5 Full name of contributor □ out-of-s Gurpaul Singh	state PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City 2034 Sauvignon San Antonio, TX 78258	; State; Zip Code	
8	Principal occup	ation / Job title (See instructions)	9 Employer (See instru Karta Technologies	•
	Date 4/9/2025	Full name of contributor ut-of-s	state PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City 5314 Arrowhead Dr San Antonio, TX 78228	; State; Zip Code	
. , , , , , , , , , , , , , , , , , , ,		Employer (See instru Self	uctions)	
	Date Full name of contributor □ out-of-state PAC (ID#) 4/10/2025 sara villarreal		state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City 123 Park Drive San Antonio, TX 78212	; State; Zip Code	
	Principal occup	ation / Job title (See instructions)	Employer (See instru Great Springs Proje	
	Date 4/10/2025	Full name of contributor ut-of-s	state PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City 2315 E St Sacramento, CA 95816	; State; Zip Code	
	Principal occup Education	ation / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	1	The Instruction Guide explains how to co	omplete this	form.	1 Total pages Schedule A1: 11 of 13
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 4/13/2025	5 Full name of contributor			7 Amount of contribution (\$) 500.00
		6 Contributor address; 12031 Ashrock Court San Antonio, TX 78230	City; S	State; Zip Code	
8	Principal occupa	cupation / Job title (See instructions) 9 Employer (See instructions) Signify Holdings			actions)
	Date 4/14/2025	Full name of contributor	out-of-state P <i>I</i>	AC (ID#)	Amount of contribution (\$) 20.00
		Contributor address; 10223 Bull Run St San Antonio, TX 78230	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See Package Handler FedEx			Employer (See instru FedEx	structions)	
	Date Full name of contributor □ out-of-state PA 4/15/2025 Andrew LLC		AC (ID#)	Amount of contribution (\$) 50.00	
		Contributor address; 130 North Drive San Antonio, TX 78201	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions) dman		Employer (See instru Self	actions)
	Date 4/15/2025	Full name of contributor	out-of-state P <i>l</i>	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 1401 S Flores St #119 San Antonio, TX 78204	City; S	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Liberty Alliance, LL0	•

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SCHEDULE A1

	1	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 12 of 13	
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 4/15/2025	5 Full name of contributor	7 Amount of contribution (\$) 250.00	
		6 Contributor address; City; State; 3625 Paesanos Parkway San Antonio, TX 78231	Zip Code	
8	Principal occupa	ation / Job title (See instructions) 9 E	Employer (See instru	uctions)
	Date 4/15/2025	Full name of contributor	#)	Amount of contribution (\$) 500.00
		Contributor address; City; State; PO Box 12814 San Antonio, TX 78212	Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 4/16/2025	Full name of contributor	<u>#</u>)	Amount of contribution (\$) 100.00
		Contributor address; City; State; 140 Callaghan Ave San Antonio, TX 78210	Zip Code	
	Principal occupa	· · · · · · · · · · · · · · · · · · ·	Employer (See instru etired	uctions)
	Date 4/18/2025	Full name of contributor	#)	Amount of contribution (\$) 500.00
		Contributor address; City; State; 409 Oak Glen San Antonio, TX 78209	Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to co	form.	1 Total pages Schedule A1: 13 of 13			
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)		
4	Date 4/22/2025	5 Full name of contributor Ramon Flores	AC (ID#)	7 Amount of contribution (\$) 500.00			
8	Principal occupa Real estate	tion / Job title (See instructions)	9 Employer (See instru Port San Antonio	uctions)			
	Date 4/23/2025	Full name of contributor IBEW Contributor address; 900 Seventh St NW Washington, DC 20001		AC (ID# <u>C00027342</u>)	Amount of contribution (\$) 500.00		
Principal occupation / Job title (See instructions) Employer (See in the instructions)				Employer (See instru	uctions)		
	Date	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$)		
Principal occupation / Job title (See instructions) Employer (See instructions)					uctions)		
	Date	Full name of contributor □ ∘	out-of-state PA	AC (ID#)	Amount of contribution (\$)		
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	uctions)		
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Forms provided by Texas Ethics Commission

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PLEDGED CONTRIBUTIONS

SCHEDULE B

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense

Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gifts/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 1 of 32	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2025	5 Payee name Alex Ruiz	
6 Amount (\$) 505.00	7 Payee address; City; State; Zip Code 103 Obregon St San Antonio, TX 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign support (b) Description Overhead	
	(c) Check if travel outside of Texas, complete schedule T Check	ck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office held
Date 3/25/2025	Payee name Brett Misquez	
Amount (\$) 75.00	Payee address; City; State; Zip Code 5107 Ozark San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign support Description Overhead	
	Check if travel outside of Texas, complete schedule T	ck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office held
Date 3/25/2025	Payee name Colt Osburn	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 3407 Stallion creek San Antonio, TX 78247	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign support Description Overhead	
	Check if travel outside of Texas, complete schedule T	ck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	FDFD

		EXPENDITURE CATEGORIES	S FOR F	3OX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Eve Fee Foo Gift	nt Expense	Loan Rep Office Ov Polling E Printing E	payment/Reimbursement verhead/Rental Expense xpense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The	Instruction Guide explains how	to comp	lete this form	
1 Total pages Schedule F1: 2 of 32	2 FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2025	5 Payee name Kara Lee				
6 Amount (\$) 275.00	7 Payee address; 205 E Huisach San Antonio,	10	Zip C	Code	
8 PURPOSE OF		categories listed at the top of this sche paign support	edule)	(b) Description Overhead	
EXPENDITURE	(c) Check if tra	avel outside of Texas, complete so	chedule -	T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		e / Officeholder name ur		Office sought Council District 1	Office held
Date 3/25/2025	Payee name Marshall Cava	azos			
Amount (\$) 110.00	Payee address; 11789 Donop San Antonio,	Rd	Zip C	Code	
PURPOSE OF EXPENDITURE		categories listed at the top of this sche paign support	edule)	Description Overhead	
	Check if tra	avel outside of Texas, complete so	chedule	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		e / Officeholder name ur		Office sought Council District 1	Office held
Date 3/25/2025	Payee name Marshall Cava	azos			
Amount (\$) 335.00	Payee address; 11789 Donop San Antonio,	Rd	Zip C	Code	
PURPOSE OF EXPENDITURE	0 ,	categories listed at the top of this sche aign support	edule)	Description Overhead	
	Check if tra	avel outside of Texas, complete so	chedule	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		e / Officeholder name ur		Office sought Council District 1	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

		EXPENDITURE CATEGORIE	S FOR	BOX 8(a)		
Accounting/Banking		Event Expense		payment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense		Fees	Office O	verhead/Rental Expense	Transportation Equipment & Related Expense	
Consulting Expense		Food/Beverage Expense	Polling E	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	v to comp	olete this form		
1 Total pages Schedule F1:	2 FILER NA	ME			3 Filer ID (Ethics Commission Filers)	
3 of 32	Sukh Kai				3 File ID (Ethics Commission Files)	
3 01 32	Sukii Nai	λΙ 				
4 Date	5 Payee nar	ne				
3/25/2025	Marshall	Cavazos				
• • • • •	t <u> </u>			•		
6 Amount (\$)	7 Payee add		Zıp (Code		
445.00	11789 Do	nop Rd				
	San Anto	nio, TX 78223				
				1		
8	(a) Category	(See categories listed at the top of this scl	hedule)	(b) Description		
PURPOSE		Campaign support		Overhead		
OF						
EXPENDITURE				<u></u>		
	(c) Che	ck if travel outside of Texas, complete	schedule	T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Can	didate / Officeholder name		Office sought	Office held	
expenditure to benefit C/0		h Kaur		Council District 1	Office field	
experientare to benefit of	JII JUK	ii Raui		Council District		
Date	Payee nar	ne				
3/25/2025	Marshall					
0/20/2020	Warshan					
Amount (\$)	Payee add	lress; City; State;	Zip (Code		
770.00	11789 Do	nop Rd				
		nio, TX 78223				
	Jan Anto	1110, 17 70223				
	Category	(See categories listed at the top of this scl	hedule)	Description		
			noddio)	Overhead		
PURPOSE	Other.	Campaign support		Overneau		
OF						
EXPENDITURE						
	Che	ck if travel outside of Texas, complete	schedule	T Check if A	Austin, TX, officeholder living expense	
O-market ONLY if allowed		·				
Complete ONLY if direct		didate / Officeholder name		Office sought	Office held	
expenditure to benefit C/0	JH Suk	h Kaur		Council District 1		
Date	Payee nar	me.				
3/25/2025	Saadhan					
3/25/2025	Saaunan	a vijay				
Amount (\$)	Payee add	lress; City; State;	Zip (Code		
320.00		tus Circle				
	San Anto	nio, TX 78258				
	Our Anto	1110, 17, 70200				
	Catagon	(See categories listed at the top of this scl	hedule)	Description		
	, ,	Campaign support	nodulo)	Overhead		
PURPOSE	Other.	ampaign support		Overneau		
OF						
EXPENDITURE						
	Cho	ck if travel outside of Toyas, complete	schodulo	T Check if /	Austin TV officeholder living expense	
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense					
Complete ONLY if direct						
expenditure to benefit C/0	OH Suk	h Kaur		Council District 1		
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	ALIA			VILLED		

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Exper Gifts/Awards/Memoria ommittee Legal Services	Loan Re Office Office Office nse Polling E printing I	payment/Reimbursement verhead/Rental Expense expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)	
4 Date 3/26/2025	5 Payee name Herlinda Torres		-		
6 Amount (\$) 550.00	7 Payee address; 619 North Hackberry San Antonio, TX 78202	City; State; Zip (Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed a Other: Campaign suppor		(b) Description Overhead		
EXPENDITURE	(c) Check if travel outside of T	exas, complete schedule	T Check if A	austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder	r name	Office sought Council District 1	Office held	
Date 3/26/2025	Payee name McKenna Kinder				
Amount (\$) 500.00	Payee address; 102 W Crockett San Antonio, TX 78205	City; State; Zip 0	Code		
PURPOSE OF EXPENDITURE	Category (See categories listed a Other: Campaign suppor		Description Overhead		
	Check if travel outside of T	exas, complete schedule	T Check if A	uustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder OH Sukh Kaur		Office sought Council District 1	Office held	
Date 3/26/2025	Payee name ANEDOT				
Amount (\$) 4.30	Payee address; 1340 Poydras Street ##77 New Orleans, LA 70112	City; State; Zip 0 0	Code		
PURPOSE OF EXPENDITURE	Category (See categories listed a Fees	at the top of this schedule)	Description Contribution Fee		
	Check if travel outside of T	exas, complete schedule	T Check if A	austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder OH Sukh Kaur		Office sought Council District 1	Office held	
	ATTACH ADDITIONAL (COPIES OF THIS SC	HEDULE AS NEEDE	:D	

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	EXPENDITURE CATEO	CODIES FOR BOY 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 5 of 32	2 FILER NAME Sukh Kaur	o non to complete the form	3 Filer ID (Ethics Commission Filers)			
4 Date 3/28/2025	5 Payee name ANEDOT					
6 Amount (\$) 24.60	7 Payee address; City; State; Zip Code 1340 Poydras Street ##770 New Orleans, LA 70112					
8 PURPOSE OF	(a) Category (See categories listed at the top of Fees	this schedule) (b) Description Contribution Fee				
EXPENDITURE	(c) Check if travel outside of Texas, com	plete schedule T Check if A	Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 1	Office held			
Date 3/28/2025	Payee name USPS					
Amount (\$) 192.00	Payee address; City; S 2400 McCullough Ave San Antonio, TX 78212	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Other: PO Box	this schedule) Description Overhead				
	Check if travel outside of Texas, com	plete schedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
Date 3/28/2025	Payee name Herlinda Torres					
Amount (\$) 100.00	Payee address; City; S 619 North Hackberry San Antonio, TX 78202	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Other: Campaign support	this schedule) Description Overhead				
	Check if travel outside of Texas, com	plete schedule T Check if /	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 6 of 32	2 FILER NAME Sukh Kaur		Filer ID (Ethics Commission Filers)			
4 Date 3/29/2025	5 Payee name Taqueria Jalisco #9	,				
6 Amount (\$) 18.72	7 Payee address; City; State; 11791 West Ave] San Antonio, TX 78216	Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sci Other: Campaign meal	(b) Description Other				
	(c) Check if travel outside of Texas, complete	schedule T Check if Aus	tin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/C						
Date 3/31/2025	Payee name Riley Carroll					
Amount (\$) 395.00	Payee address; City; State; 514 Fulton Ave #1 San Antonio, TX 78212	Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sol Other: Campaign support	Description Overhead				
	Check if travel outside of Texas, complete	schedule T Check if Aus	tin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held			
Date 3/31/2025	Payee name Saadhana Vijay					
Amount (\$) 300.00	Payee address; City; State; 2121 Cactus Circle San Antonio, TX 78258	Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sol Other: Campaign support	Description Overhead				
	Check if travel outside of Texas, complete	schedule T Check if Aus	tin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expen Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2025	5 Payee name Andrew Reynosa		
6 Amount (\$) 110.00	7 Payee address; City; 1019 W Woodlawn San Antonio, TX 78201	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Other: Campaign support	of this schedule) (b) Description Overhead	
EXPENDITURE	(c) Check if travel outside of Texas, co	omplete schedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	<u> </u>	Office held
Date 3/31/2025	Payee name Colt Osburn		
Amount (\$) 1000.00	Payee address; City; 3407 Stallion creek San Antonio, TX 78247	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Other: Campaign support	of this schedule) Description Overhead	
	Check if travel outside of Texas, co	omplete schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Sukh Kaur	Office sought Council District 1	Office held
Date 3/31/2025	Payee name Kara Lee		
Amount (\$) 220.00	Payee address; City; 205 E Huisache San Antonio, TX 78212	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Other: Campaign support	of this schedule) Description Overhead	
	Check if travel outside of Texas, co	omplete schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEED	ED

	EXPENDITUR	RE CATEGORIES FOR I	BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	· ·	Office Over the Control of the Contr	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2025	5 Payee name Alex Ruiz			
6 Amount (\$) 590.00	7 Payee address; 103 Obregon St San Antonio, TX 78207	City; State; Zip C	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed of Other: Campaign suppor		(b) Description Overhead	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholde		T Check if A Office sought Council District 1	Austin, TX, officeholder living expense Office held
Date 3/31/2025	Payee name Brett Misquez			
Amount (\$) 85.00	Payee address; 5107 Ozark San Antonio, TX 78201	City; State; Zip C	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed of Other: Campaign support		Description Overhead	
	Check if travel outside of	Texas, complete schedule	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholde OH Sukh Kaur		Office sought Council District 1	Office held
Date 4/1/2025	Payee name ANEDOT			
Amount (\$) 143.80	Payee address; 1340 Poydras Street ##77 New Orleans, LA 70112	City; State; Zip C ′0	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed Fees	at the top of this schedule)	Description Contribution Fee	
	Check if travel outside of	Texas, complete schedule	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C			Office sought Council District 1	Office held
	ATTACH ADDITIONAL	COPIES OF THIS SC	HEDULE AS NEEDE	ED .

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 9 of 32	2 FILER NAME Sukh Kaur	·	3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2025	5 Payee name Scale To Win		
6 Amount (\$) 479.30	7 Payee address; City; State; 13742 Harper St Santa Ana, CA 92703	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Other: Voter Outreach Service	(b) Description Advertising Expe	nse
	(c) Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 4/2/2025	Payee name Herlinda Torres		
Amount (\$) 540.00	Payee address; City; State; 619 North Hackberry San Antonio, TX 78202	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Campaign support	Description Overhead	
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 4/2/2025	Payee name Herlinda Torres		
Amount (\$) 660.00	Payee address; City; State; 619 North Hackberry San Antonio, TX 78202	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Campaign support	Description Overhead	
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDE	ED .

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	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 10 of 32	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/2025	5 Payee name Squarespace		
6 Amount (\$) 18.19	7 Payee address; City; State; 8 Clarkson St New York, NY 10014	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Other: website hosting	(b) Description Advertising Expe	nse
	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 4/2/2025	Payee name Prestige Printing		
Amount (\$) 2368.51	Payee address; City; State; 8 Burwood Ln San Antonio, TX 78216	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Printing	Description Advertising Expe	nse
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 4/2/2025	Payee name Mike Woods		
Amount (\$) 50.00	Payee address; City; State; 23114 Angostura Blvd San Antonio, TX 78261	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Campaign support	Description Overhead	
-	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED.

		EXPENDITURE CATEGORIE	S FOR F	3OX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Evel Fee: Fooi Gifts ommittee Lega	nt Expense	Loan Rep Office Ov Polling E Printing E Salaries/	payment/Reimbursement verhead/Rental Expense expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4 Date 4/2/2025	5 Payee name Mike Woods				
6 Amount (\$) 225.00	7 Payee address; 23114 Angosto San Antonio,		Zip C	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Other: Camp	categories listed at the top of this sch aign support	edule)	(b) Description Overhead	
EXPENDITURE	(c) Check if tra	vel outside of Texas, complete s	chedule ⁻	T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate	/ Officeholder name		Office sought	Office held
Date 4/3/2025	Payee name ANEDOT				
Amount (\$) 112.90	Payee address; 1340 Poydras New Orleans,		Zip C	Code	
PURPOSE OF EXPENDITURE	Category (See Fees	categories listed at the top of this sch	edule)	Description Contribution Fee	
	Check if tra	vel outside of Texas, complete s	chedule -	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	•	/ Officeholder name ur		Office sought Council District 1	Office held
Date 4/3/2025	Payee name Prestige Print	ng			
Amount (\$) 2090.31	Payee address; 8 Burwood Ln San Antonio,		Zip C	Code	
PURPOSE OF EXPENDITURE	Category ^{(See} Other: Printi i	categories listed at the top of this school	edule)	Description Advertising Expe	ense
	Check if tra	vel outside of Texas, complete s	chedule	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		/ Officeholder name		Office sought	Office held
	ATTACH AD	DITIONAL COPIES OF TH	HIS SC	HEDULE AS NEEDE	ED .

		EXPENDITURE CATEGORIE	S FOR B	IOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fee Foo Gift committee Leg	ent Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 12 of 32	2 FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4 Date 4/4/2025	5 Payee name USPS				
6 Amount (\$) 1064.00	7 Payee address; 2400 McCullo San Antonio,	ugh Ave	Zip C	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Other: Posta	categories listed at the top of this sch	nedule)	(b) Description Advertising Expe	nse
EXPENDITORE	(c) Check if tr	avel outside of Texas, complete s	chedule T	- Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate	e / Officeholder name		Office sought	Office held
Date 4/5/2025	Payee name ANEDOT				
Amount (\$) 110.10	Payee address; 1340 Poydras New Orleans,	Street ##770	Zip C	ode	
PURPOSE OF EXPENDITURE	Category (See Fees	categories listed at the top of this sch	nedule)	Description Contribution Fee	
	Check if tr	avel outside of Texas, complete s	schedule T	Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		e / Officeholder name ur		Office sought Council District 1	Office held
Date 4/5/2025	Payee name El Milagrito C	afe			
Amount (\$) 33.40	Payee address; 521 E Woodla San Antonio,	wn	Zip C	ode	
PURPOSE OF EXPENDITURE	Category (See Other: Camp	categories listed at the top of this sch paign meal	nedule)	Description Other	
	Check if tr	avel outside of Texas, complete s	schedule T	Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		e / Officeholder name	(Office sought	Office held
	ATTACH A	DDITIONAL COPIES OF TI	HIS SCH	HEDULE AS NEEDE	:D

SCHEDULE F1

	EXPENDITURE CATEGO	DRIES FOR BOX 8(a)
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur	3 Filer ID (Ethics Commission Filers)
4 Date 4/6/2025	5 Payee name Brevo	
6 Amount (\$) 31.39	7 Payee address; City; St 823 Congress Ave Austin, TX 78701	ate; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of th Other: Voter Outreach Service	(b) Description Advertising Expense
	(c) Check if travel outside of Texas, comp	ete schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 4/7/2025	Payee name Andrew Reynosa	
Amount (\$) 40.00	Payee address; City; St 1019 W Woodlawn San Antonio, TX 78201	ate; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of th Other: Campaign support	s schedule) Description Overhead
	Check if travel outside of Texas, comp	ete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Office held Council District 1
Date 4/7/2025	Payee name ANEDOT	
Amount (\$) 45.90	Payee address; City; St 1340 Poydras Street ##770 New Orleans, LA 70112	ate; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of th Fees	s schedule) Description Contribution Fee
	Check if travel outside of Texas, comp	ete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 1
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDED

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	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	y	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains how 2 FILER NAME Sukh Kaur	-	3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2025	5 Payee name Colt Osburn		
6 Amount (\$) 1070.00	7 Payee address; City; State; 3407 Stallion creek San Antonio, TX 78247	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Other: Campaign support	(b) Description Overhead	
-	(c) Check if travel outside of Texas, complete s	chedule T Check if Au	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 4/7/2025	Payee name Alamo Mailing		
Amount (\$) 1901.01	Payee address; City; State; 13114 Lookout Run San Antonio, TX 78233	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Mailing	Description Advertising Expen	ase
	Check if travel outside of Texas, complete s	chedule T Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 4/7/2025	Payee name Alamo Mailing		
Amount (\$) 5168.37	Payee address; City; State; 13114 Lookout Run San Antonio, TX 78233	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Mailing	Description Advertising Expen	ise
	Check if travel outside of Texas, complete s	chedule T Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDEI	D

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking	•	_oan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	o complete this form	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
15 of 32	Sukh Kaur		
4 Date	5 Payee name		
4/8/2025	Riley Carroll		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
190.00	514 Fulton Ave #1		
	San Antonio, TX 78212		
0	(See entageries listed at the top of this school	dula) (h) Description	
	(a) Category (See categories listed at the top of this sched Other: Campaign support	(b) Description Overhead	
PURPOSE OF	Canon Campaign Cappoin		
EXPENDITURE			
	(c) Check if travel outside of Texas, complete sch	hedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Sukh Kaur	Council District 1	
Date	Payee name		
4/8/2025	Kara Lee		
Amount (\$)	Payee address; City; State;	Zip Code	
240.00	205 E Huisache		
	San Antonio, TX 78212		
	Category (See categories listed at the top of this sched	dule) Description	
PURPOSE	Other: Campaign support	Overhead	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete sch	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Sukh Kaur	Council District 1	
Date	Payee name		
4/8/2025	Prestige Printing		
Amount (\$)	Payee address; City; State;	Zip Code	
1093.33	8 Burwood Ln		
	San Antonio, TX 78216		
	Category (See categories listed at the top of this scheo	dule) Description	
PURPOSE	Other: Printing	Advertising Expe	ense
OF	U		
EXPENDITURE			
EXI ENDITORE	Check if travel outside of Texas, complete sch	hadula T Chack if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C		Omoe sought	Office field
2			
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDE	ĒD

	EX	PENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event E Fees Food/Bi Gifts/Av ommittee Legal S	xpense everage Expense vards/Memorials Expense ervices	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)
ordan oura'r dymone	The Ins	truction Guide explains how	to complete this form	+
1 Total pages Schedule F1: 16 of 32	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 4/8/2025	5 Payee name Alex Ruiz			
6 Amount (\$) 340.00	7 Payee address; 103 Obregon St San Antonio, TX	City; State; 78207	Zip Code	
8 PURPOSE OF	(a) Category (See cate Other: Campaig	egories listed at the top of this sche gn support	(b) Description Overhead	
EXPENDITURE	(c) Check if trave	l outside of Texas, complete so	chedule T Check i	f Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Officeholder name	Office sought Council District 1	Office held
Date 4/8/2025	Payee name Saadhana Vijay			
Amount (\$) 270.00	Payee address; 2121 Cactus Circ San Antonio, TX		Zip Code	
PURPOSE OF EXPENDITURE	Category (See cat Other: Campaio	egories listed at the top of this sche	Description Overhead	
	Check if trave	l outside of Texas, complete so	chedule T Check i	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Officeholder name	Office sought Council District 1	Office held
Date 4/8/2025	Payee name 3D Signs			
Amount (\$) 1688.70	Payee address; 7986 1st St Somerset, TX 78	City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See cate Other: Printing	egories listed at the top of this sche	Description Advertising Exp	pense
	Check if trave	l outside of Texas, complete so	chedule T Check i	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Officeholder name	Office sought	Office held
	ATTACH ADD	ITIONAL COPIES OF TH	IIS SCHEDULE AS NEED	DED

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense L. Fees C Food/Beverage Expense P Gifts/Awards/Memorials Expense P	van Repayment/Reimbursement Solicitation/Fundraising Expense ffice Overhead/Rental Expense Transportation Equipment & Related Expense Inting Expense Travel in District inting Expense Travel Out Of District Other (enter a category not listed above	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission File	ers)
17 of 32	Sukh Kaur		
4 Date 4/9/2025	5 Payee name ANEDOT		
6 Amount (\$) 24.90	7 Payee address; City; State; 1340 Poydras Street ##770 New Orleans, LA 70112	Zip Code	
PURPOSE OF	(a) Category (See categories listed at the top of this schedules Fees	(b) Description Contribution Fee	
EXPENDITURE	(C) Check if travel outside of Texas, complete sch	edule T Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 1	
Date 4/9/2025	Payee name Alamo Mailing		
Amount (\$) 5168.37	Payee address; City; State; 13114 Lookout Run San Antonio, TX 78233	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Other: Mailing	Description Advertising Expense	
	Check if travel outside of Texas, complete sch	edule T Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 1	
Date 4/10/2025	Payee name Prestige Printing		
Amount (\$) 2090.31	Payee address; City; State; 8 Burwood Ln San Antonio, TX 78216	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Other: Printing	Description Advertising Expense	
	Check if travel outside of Texas, complete sch	edule T Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED	

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		EVDENDITUDE CATECODIE	C FOD I	20V 0/a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fi Fi G Committee Lu	EXPENDITURE CATEGORIE vent Expense ees pood/Beverage Expense ifts/Awards/Memorials Expense egal Services e Instruction Guide explains how	Loan Rep Office Ov Polling E: Printing E Salaries/	payment/Reimbursement rerhead/Rental Expense expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 18 of 32	2 FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2025	5 Payee name 3D Signs				
6 Amount (\$) 675.48	7 Payee address 7986 1st St Somerset, T		Zip C	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (Se	ee categories listed at the top of this sch ting	nedule)	(b) Description Advertising Expe	ense
	(c) Check if	travel outside of Texas, complete s	schedule ⁻	Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candida	te / Officeholder name		Office sought	Office held
Date 4/11/2025	Payee name ANEDOT				
Amount (\$) 30.60	Payee address 1340 Poydra New Orleans	s Street ##770	Zip C	Code	
PURPOSE OF EXPENDITURE	Category (Se Fees	ee categories listed at the top of this sch	nedule)	Description Contribution Fee	
	Check if	travel outside of Texas, complete s	schedule ⁻	Γ Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name aur		Office sought Council District 1	Office held
Date 4/13/2025	Payee name ANEDOT				
Amount (\$) 20.30	Payee address 1340 Poydra New Orleans	s Street ##770	Zip C	Code	
PURPOSE OF EXPENDITURE	Category (Se Fees	ee categories listed at the top of this sch	nedule)	Description Contribution Fee	
	Check if	travel outside of Texas, complete s	schedule ⁻	Γ Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name aur		Office sought Council District 1	Office held
	ATTACH A	ADDITIONAL COPIES OF TI	HIS SC	HEDULE AS NEEDE	ED

	FYDE	IDITURE CATEGORIES FO	OR BOX 8/a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Exper Fees Food/Bevera Gifts/Awards ommittee Legal Servic	se Loai Offic ge Expense Polli /Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur	non cuido explame non to e	omplete and form	3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2025	5 Payee name Maria Morrell			
6 Amount (\$) 400.00	7 Payee address; 314 Lockhart San Antonio, TX 78	•	Zip Code	
8 PURPOSE OF	(a) Category (See categori Other: Campaign s	es listed at the top of this schedule support	(b) Description Overhead	
EXPENDITURE	(c) Check if travel out	side of Texas, complete sched	dule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Office	· · · · · · · · · · · · · · · · · · ·	Office sought Council District 1	Office held
Date 4/14/2025	Payee name Alex Ruiz			
Amount (\$) 655.00	Payee address; 103 Obregon St San Antonio, TX 78	•	ľip Code	
PURPOSE OF EXPENDITURE	Category (See categori Other: Campaign s	es listed at the top of this schedule support	Description Overhead	
	Check if travel out	side of Texas, complete sched	dule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Offic DH Sukh Kaur	eholder name	Office sought Council District 1	Office held
Date 4/14/2025	Payee name Colt Osburn			
Amount (\$) 1000.00	Payee address; 3407 Stallion creek San Antonio, TX 78	·	čip Code	
PURPOSE OF EXPENDITURE	Category (See categori Other: Campaign s	es listed at the top of this schedule support	Description Overhead	
	Check if travel out	side of Texas, complete sched	dule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		eholder name	Office sought Council District 1	Office held
	ATTACH ADDITIO	NAL COPIES OF THIS	SCHEDULE AS NEEDE	ED

	EVD	NOTURE CATEGORIES	EOD BOX 9(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expr Fees Food/Beve Gifts/Awar ommittee Legal Serv	orage Expense Prods/Memorials Expense Prods/Memorials Expense Production of the control of the c	pan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 20 of 32	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2025	5 Payee name Brett Misquez			
6 Amount (\$) 90.00	7 Payee address; 5107 Ozark San Antonio, TX 7	City; State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See category Other: Campaign	ories listed at the top of this schedu	(b) Description Overhead	
EXPENDITORE	(c) Check if travel or	utside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Off	iceholder name	Office sought Council District 1	Office held
Date 4/14/2025	Payee name Andrew Reynosa			
Amount (\$) 40.00	Payee address; 1019 W Woodlawn San Antonio, TX 7		Zip Code	
PURPOSE OF EXPENDITURE	Category (See catego Other: Campaign	ries listed at the top of this schedu support	Description Overhead	
	Check if travel or	utside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		iceholder name	Office sought Council District 1	Office held
Date 4/14/2025	Payee name Riley Carroll			
Amount (\$) 350.00	Payee address; 514 Fulton Ave #1 San Antonio, TX 7		Zip Code	
PURPOSE OF EXPENDITURE	Category (See catego Other: Campaign	ries listed at the top of this schedu support	Description Overhead	
	Check if travel or	utside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		iceholder name	Office sought Council District 1	Office held
	ATTACH ADDIT	ONAL COPIES OF THIS	S SCHEDULE AS NEEDI	ED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains how to 2 FILER NAME	o complete this form	3 Filer ID (Ethics Commission Filers)
21 of 32	Sukh Kaur		,
4 Date 4/14/2025	5 Payee name Marissa Mueller		
6 Amount (\$) 400.00	7 Payee address; City; State; 314 Lockhart San Antonio, TX 78202	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Other: Campaign support	(b) Description Overhead	
	(c) Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Council District 1	Office held
Date 4/14/2025	Payee name Kara Lee		
Amount (\$) 350.00	Payee address; City; State; 205 E Huisache San Antonio, TX 78212	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Other: Campaign support	Description Overhead	
	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 4/14/2025	Payee name Marshall Cavazos		
Amount (\$) 185.00	Payee address; City; State; 11789 Donop Rd San Antonio, TX 78223	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Other: Campaign support	dule) Description Overhead	
	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDE	ED .

	EYPENDITUE	RE CATEGORIES FOR	BOX 8/a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expe Gifts/Awards/Memorionmittee Legal Services	Loan Re Office O nse Polling E als Expense Printing	epayment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 22 of 32	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2025	5 Payee name Marshall Cavazos			
6 Amount (\$) 275.00	7 Payee address; 11789 Donop Rd San Antonio, TX 78223	City; State; Zip (Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Other: Campaign suppo		(b) Description Overhead	
EXPENDITORE	(c) Check if travel outside of	Texas, complete schedule	T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholde		Office sought Council District 1	Office held
Date 4/14/2025	Payee name Saadhana Vijay			
Amount (\$) 475.00	Payee address; 2121 Cactus Circle San Antonio, TX 78258	City; State; Zip (Code	
PURPOSE OF EXPENDITURE	Category (See categories listed Other: Campaign suppo		Description Overhead	
	Check if travel outside of	Гехаs, complete schedule	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholde OH Sukh Kaur	r name	Office sought Council District 1	Office held
Date 4/14/2025	Payee name Gary Cooper			
Amount (\$) 1500.00	Payee address; 8023 Cherry Glade Converse, TX 78109	City; State; Zip (Code	
PURPOSE OF EXPENDITURE	Category (See categories listed Other: Campaign suppo		Description Overhead	
	Check if travel outside of	Texas, complete schedule	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholde OH Sukh Kaur	r name	Office sought Council District 1	Office held
	ATTACH ADDITIONAL	COPIES OF THIS SC	HEDULE AS NEEDE	ED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense	Event Expense L	oan Repayment/Reimbursement office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense		olling Expense	Travel in District
Contributions/Donations Made By		rinting Expense	Travel Out Of District
Candidate/Officeholder/Political C Credit Card Payment	Committee Legal Services S The Instruction Guide explains how to	alaries/Wages/Contract Labor complete this form	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
23 of 32	Sukh Kaur		,
4 Date 4/15/2025	5 Payee name ANEDOT		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
7.70	1340 Poydras Street ##770		
	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See categories listed at the top of this sched Fees	(b) Description Contribution Fee)
OF			
EXPENDITURE	(c) Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct	, т	Office sought	Office held
expenditure to benefit C/C		Council District 1	
Date 4/15/2025	Payee name Prestige Printing		
Amount (\$)	Payee address; City; State;	Zip Code	
2090.31	8 Burwood Ln		
	San Antonio, TX 78216		
	Category (See categories listed at the top of this sched		
PURPOSE	Other: Printing	Advertising Expe	ense
OF EXPENDITURE			
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
expenditure to benefit C/C	חכ		
Date	Payee name		
4/17/2025	ANEDOT		
Amount (\$)	Payee address; City; State;	Zip Code	
4.30	1340 Poydras Street ##770		
	New Orleans, LA 70112		
	Category (See categories listed at the top of this sched		
PURPOSE	Fees	Contribution Fee	1
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Sukh Kaur	Council District 1	
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDI	ED

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 24 of 32	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)	
4 Date 4/17/2025	5 Payee name Mike Woods	1		
6 Amount (\$) 450.00	7 Payee address; City; State; 23114 Angostura Blvd San Antonio, TX 78261	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Other: Campaign support	(b) Description Overhead		
	(c) Check if travel outside of Texas, complete s	chedule T Check if A	ustin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 4/17/2025	Payee name Alamo Mailing			
Amount (\$) 5168.37	Payee address; City; State; 13114 Lookout Run San Antonio, TX 78233	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Mailing	Description Advertising Exper	nse	
	Check if travel outside of Texas, complete s	chedule T Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held	
Date 4/17/2025	Payee name 3D Signs			
Amount (\$) 1522.64	Payee address; City; State; 7986 1st St Somerset, TX 78069	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Printing	Description Advertising Exper	nse	
	Check if travel outside of Texas, complete s	chedule T Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	D	

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Loa Fees Offi Food/Beverage Expense Pol Gifts/Awards/Memorials Expense Prir	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense iting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 25 of 32	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2025	5 Payee name Alamo Mailing		
6 Amount (\$) 5075.71	7 Payee address; City; State; 2 13114 Lookout Run San Antonio, TX 78233	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Other: Mailing	(b) Description Advertising Expe	ense
	(c) Check if travel outside of Texas, complete sched	dule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 1	Office held
Date 4/18/2025	Payee name Prestige Printing		
Amount (\$) 2285.16	Payee address; City; State; 2 8 Burwood Ln San Antonio, TX 78216	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Other: Printing	Description Advertising Expe	ense
	Check if travel outside of Texas, complete schee	dule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 4/18/2025	Payee name Prestige Printing		
Amount (\$) 677.65	Payee address; City; State; 2 8 Burwood Ln San Antonio, TX 78216	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Other: Printing	Description Advertising Expe	ense
	Check if travel outside of Texas, complete schee	dule T Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED .

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Trave y Gifts/Awards/Memorials Expense Printing Expense Trave	tation/Fundraising Expense sportation Equipment & Related Expense el in District el Out Of District r (enter a category not listed above)	
1 Total pages Schedule F1: 26 of 32	2 FILER NAME Sukh Kaur 3 Filer	ID (Ethics Commission Filers)	
4 Date 4/19/2025	5 Payee name La Sultana Del Norte Taqueria		
6 Amount (\$) 12.42	7 Payee address; City; State; Zip Code 4403 Blanco San Antonio, TX 78212		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign meal (b) Description Other		
EXI ENDITORE	(C) Check if travel outside of Texas, complete schedule T Check if Austin, To	K, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 4/19/2025	Payee name La Sultana Del Norte Taqueria		
Amount (\$) 54.30	Payee address; City; State; Zip Code 4403 Blanco San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign meal Description Other		
	Check if travel outside of Texas, complete schedule T Check if Austin, TX	Κ, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	· · · · · · · · · · · · · · · · · · ·	fice held	
Date 4/21/2025	Payee name Prestige Printing		
Amount (\$) 2449.70	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Printing Description Advertising Expense		
	Check if travel outside of Texas, complete schedule T Check if Austin, TX	ζ, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	· · · · · · · · · · · · · · · · · · ·	fice held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

	FYPENI	ITURE CATEGORIES FOR	P BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Gifts/Awards/N ommittee Legal Services	E Loan F Office Expense Polling Iemorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur	on Guide explains now to con	ipiete tilis form	3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2025	5 Payee name Colt Osburn			
6 Amount (\$) 2000.00	7 Payee address; 3407 Stallion creek San Antonio, TX 7824	•	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories Other: Campaign su		(b) Description Overhead	
EXPENDITURE	(c) Check if travel outsid	de of Texas, complete schedul	e T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Office	· · · · · · · · · · · · · · · · · · ·	Office sought Council District 1	Office held
Date 4/21/2025	Payee name Andrew Reynosa			
Amount (\$) 40.00	Payee address; 1019 W Woodlawn San Antonio, TX 7820	•	Code	
PURPOSE OF EXPENDITURE	Category (See categories Other: Campaign su	listed at the top of this schedule)	Description Overhead	
	Check if travel outside	de of Texas, complete schedul	e T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officel DH Sukh Kaur	nolder name	Office sought Council District 1	Office held
Date 4/21/2025	Payee name Alamo Mailing			
Amount (\$) 1003.94	Payee address; 13114 Lookout Run San Antonio, TX 7823		Code	
PURPOSE OF EXPENDITURE	Category (See categories Other: Mailing	listed at the top of this schedule)	Description Advertising Expe	ense
	Check if travel outside	de of Texas, complete schedul	e T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		nolder name	Office sought Council District 1	Office held
	ATTACH ADDITION	IAL COPIES OF THIS S	CHEDULE AS NEEDE	ED

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur	o complete una form	3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2025	5 Payee name Marshall Cavazos		
6 Amount (\$) 370.00	7 Payee address; City; State; 11789 Donop Rd San Antonio, TX 78223	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Other: Campaign support	(b) Description Overhead	
-	(c) Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Council District 1	Office held
Date 4/21/2025	Payee name Marshall Cavazos		
Amount (\$) 370.00	Payee address; City; State; 11789 Donop Rd San Antonio, TX 78223	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Other: Campaign support	dule) Description Overhead	
	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Council District 1	Office held
Date 4/21/2025	Payee name Marshall Cavazos		
Amount (\$) 250.00	Payee address; City; State; 11789 Donop Rd San Antonio, TX 78223	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Other: Campaign support	dule) Description Overhead	
	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDE	ED .

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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense L Fees C Food/Beverage Expense F Gifts/Awards/Memorials Expense F	coan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur	o complete uns form	3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2025	5 Payee name Marshall Cavazos		
6 Amount (\$) 250.00	7 Payee address; City; State; 11789 Donop Rd San Antonio, TX 78223	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Other: Campaign support	(b) Description Overhead	
-	(c) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 4/22/2025	Payee name Alamo Mailing		
Amount (\$) 5971.30	Payee address; City; State; 13114 Lookout Run San Antonio, TX 78233	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Mailing	Description Advertising Expe	ense
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 4/22/2025	Payee name Ryan Salts		
Amount (\$) 2000.00	Payee address; City; State; 7727 Nimrod San Antonio, TX 78240	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Campaign support	Description Overhead	
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDE	ED .

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Lo Fees O Food/Beverage Expense Po Gifts/Awards/Memorials Expense Po	can Repayment/Reimbursement iffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sukh Kaur		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2025	5 Payee name Riley Carroll		
6 Amount (\$) 90.00	7 Payee address; City; State; 514 Fulton Ave #1 San Antonio, TX 78212	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this scheduled Other: Campaign support	(b) Description Overhead	
	(c) Check if travel outside of Texas, complete scho	edule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 4/23/2025	Payee name Herlinda Torres		
Amount (\$) 400.00	Payee address; City; State; 619 North Hackberry San Antonio, TX 78202	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheduled other: Campaign support	Description Overhead	
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 4/23/2025	Payee name Herlinda Torres		
Amount (\$) 450.00	Payee address; City; State; 619 North Hackberry San Antonio, TX 78202	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule of the campaign support	Description Overhead	
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED!	ED .

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SCHEDULE F1

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains how 2 FILER NAME	to complete this form	3 Filer ID (Ethics Commission Filers)
31 of 32	Sukh Kaur		-
4 Date 4/23/2025	5 Payee name Kara Lee		
6 Amount (\$) 355.00	7 Payee address; City; State; 205 E Huisache San Antonio, TX 78212	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Other: Campaign support	(b) Description Overhead	
	(c) Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Council District 1	Office held
Date 4/23/2025	Payee name Brett Misquez		
Amount (\$) 120.00	Payee address; City; State; 5107 Ozark San Antonio, TX 78201	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sol Other: Campaign support	Description Overhead	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
Date 4/23/2025	Payee name Alex Ruiz		
Amount (\$) 625.00	Payee address; City; State; 103 Obregon St San Antonio, TX 78207	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci Other: Campaign support	Description Overhead	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED .

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		EXPENDITURE CATEGORIE	S FOR I	3OX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	F F Committee L	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services	Loan Rep Office Ov Polling E Printing E Salaries/	payment/Reimbursement /erhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
ordan dara r aymoni	Т	he Instruction Guide explains how	to comp	lete this form	
1 Total pages Schedule F1: 32 of 32	2 FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2025	5 Payee name ANEDOT				
6 Amount (\$) 20.30	7 Payee addres 1340 Poydra New Orleans	as Street ##770	Zip C	Code	
8 PURPOSE OF	(a) Category (S	see categories listed at the top of this sch	edule)	(b) Description Contribution Fee	
EXPENDITURE	(c) Check if	f travel outside of Texas, complete s	schedule '	T Check if A	Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name Kaur		Office sought Council District 1	Office held
Date 4/23/2025	Payee name Saadhana V	lijay			
Amount (\$) 300.00	Payee addres 2121 Cactus San Antonio	S Circle	Zip C	Code	
PURPOSE OF EXPENDITURE		see categories listed at the top of this sch npaign support	edule)	Description Overhead	
	Check if	travel outside of Texas, complete s	chedule '	T Check if I	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name (aur		Office sought Council District 1	Office held
Date	Payee name				
Amount (\$)	Payee addres	cs; City; State;	Zip C	Code	
PURPOSE OF EXPENDITURE	Category (S	see categories listed at the top of this sch	edule)	Description	
	Check if	travel outside of Texas, complete s	chedule	T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candida	ate / Officeholder name		Office sought	Office held
	ATTACH	ADDITIONAL COPIES OF TI	HIS SC	HEDULE AS NEEDE	======================================

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel in District Travel Out Of District

Solicitation/Fundraising Expense

Contributions/Donations Made By Candidate/Officeholder/Political Co	Gifts/Awards/Memorials Expense ommittee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)				
	The Instruction Guide explains						
1 Total pages Schedule F2: 1 of 1	2 FILER NAME Sukh Kaur 3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UNITEMIZE	TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 0						
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address; City; State;	Zip Code					
9 TYPE OF EXPENDITURE	Political Non-Pol	itical					
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch	(b) Descript	ion				
	(c) Check if travel outside of Texas, complete s	schedule T Che	eck if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/C	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
TYPE OF EXPENDITURE	Political Non-Political						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	nedule) Descript	ion				
_	Check if travel outside of Texas, complete s		eck if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	NEEDED				

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	-	The Instruction Guide explains how to complete this form.			ages Sche	dule F3:		
•	FILER NAME	The mean action of the complete and terms		1 of 1	(Ethics Co	mmissis	n Filoro)	
2	Sukh Kaur		3	riiei iD	(Ethics Co	JIIIIIISSIOI	n Filers)	
4	Date	5 Name of person from whom investment is purchased						
		6 Address of person from whom investment is purchased; City;	٠	• • •	State;	 Zip	 o Code	
		7 Description of investment						
		8 Amount of investment (\$)						
	Date	Name of person from whom investment is purchased						
		Address of person from whom investment is purchased; City;	•		State;	 Zip	 c Code	
		Description of investment						
		Amount of investment (\$)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense Consulting Expense

Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political Co	•	Other (enter a category not listed above)	
	The Instruction Guide explain	s how to complete this form	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1 of 1	Sukh Kaur		
4 TOTAL OF UNITEMIZ	ED EXPENDITURES CHARGED TO A CI	REDIT CARD	\$ 0
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State	e; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-P	olitical	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this	(b) Description	on
	(c) Check if travel outside of Texas, complete	e schedule T Chec	k if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State	e; Zip Code	
TYPE OF EXPENDITURE	Political Non-P	olitical	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this	schedule) Description	on
	Check if travel outside of Texas, complete	e schedule T Ched	k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NI	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)Event Expense Loan Repayment/Reimbursement

Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel Out Of District

Candidate/Officeholder/Political C	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to complete this form
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 of 1	Sukh Kaur
4 Date	5 Payee Name
6 Amount (\$)	7 Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description
OF	
EXPENDITURE	
_	(C) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
experialiture to beliefit 6/0	лі
D 1	
Date	Payee name
Δ (Φ)	Davis address. City Ctate. 7in Cada
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from	
political contributions	
intended	
PURPOSE	Category (See categories listed at the top of this schedule) Description
OF	
EXPENDITURE	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct	
expenditure to benefit C/C	
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
\ ``	
Reimbursement from	
political contributions intended	
	Category (See categories listed at the top of this schedule) Description
PURPOSE OF	
OF EXPENDITURE	
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense

Contributions/Donations Made By

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

Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Travel Out Of District

Candidate/Officeholder/Political C Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form
1 Total pages Schedule H: 1 of 1	2 FILER NAME Sukh Kaur 3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name
6 Amount (\$)	7 Business address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description
	(C) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE

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

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

SCHEDULE K

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

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

SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 1 of 1					
2 FILER NAME Sukh Kaur				3 Filer ID (Ethics Comm	nission Filers)
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor / I	Payee		
5 Contribution / Expendi	ture reported on				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	7 Name of pers	son(s) traveling			
	8 Departure cit	y or name of departure locatio	n		
	9 Destination of	ity or name of destination loca	ation		
10 Means of transporta	ation	11 Purpose of travel (including	g name of conference, sem	inar, or other event)	
Name of Contributor /	Corporation or L	abor Organization / Pledgor / I	Payee		
Contribution / Expendi	ture reported on				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of pers	son(s) traveling			
Departure city or name of departure location					
Destination 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 L	abor Organization / Pledgor / I	Payee		
Contribution / Expendi	ture reported on				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of pers	son(s) traveling			
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transporta	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	•• Complete only if "Report Type" on page 1 is m	
C/OH N Sukh K		Filer ID (Ethics Commission Filers)
SIGNA	TURE	
a repo	ot expect any further political contributions or political expenditures in cor ort as a final report terminates my campaign treasurer appointment. I als butions or make any campaign expenditures without a campaign treasure	o understand that I may not accept any campaign
		Signature of Candidate / Officeholder
	WHO IS NOT AN OFFICEHOLDER slete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	ck only one:	
	I do not have unexpended contributions or unexpended interest or inco	ome earned from political contributions.
	I have unexpended contributions or unexpended interest or income ear convert unexpended political contributions or unexpended interest or in also understand that I must file an annual report of unexpended contributions unexpended interest or income earned on political contributions long understand that I must dispose of unexpended political contributions a contributions in accordance with the requirements of Election Code, §	ncome earned on political contributions to personal use. I putions and that I may not retain unexpended contributions ger than six years after filing this final report. Further, I and unexpended interest or income earned on political
В.	ASSETS	
Chec	ck 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 or may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with publication Code, § 254.204.	st or other income from political contributions to personal
		Signature of Candidate
	EHOLDER olete this section only if you are an officeholder. ••	
	I am aware that I remain subject to filing requirements applicable to an am also aware that I will be required to file reports of unexpended cont I retain political contributions, interest of other income from political contributions.	ributions if, after filing the last required report as an officeholder,
		Signature of Officeholder