CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete th		Filer ID (Ethics (Commission Filers)	2 Total pages f83	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRS Suk		MI		OFFICE U	SE ONLY
NAME	NICKNAME LAST Kau		SUFF	·······································	Date Received 5/30/2025 4:51:	38PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUIT PO Box 120101 San Antonio TX 78212	ΓΕ#; CITY;	STATE;	ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUM (210) 236-058		EXTENSION	1	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRS	•	MI		Receipt #	Amount \$
NAME	NICKNAME LAST		SUFF	XX	Date Processed 5/30/2025 4:51:3 Date Imaged	8PM
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN	STREET ADDRESS (NO PO BOX 300 Convent St #2700 San Antonio TX 78205		EXTENSION		ATE; ZIP CODE	
TREASURER PHONE 9 REPORT TYPE	() - 8th Day Before Runoff	Election				
10 PERIOD COVERED	Month Day	/ Year		Month	Day Year	
	5/4/202	25	THROUGH	5/2	28/2025	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 6/7/2025	Primary General	X Runoff Special	Other 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 Sukh Kaur				15 Filer II	Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRE	SS		
	SPECIFIC				
		COMMITTEE CAMPA	NIGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPA	NIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC	•	\$	0
		CICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	72376.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$	0	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	30124.27
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	55730.68
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	DUTSTANDING LOANS AS OF THE	\$	0
18 AFFIDAVIT				•	
			I swear, or affirm, under penalty of is true and correct and includes all me under Title 15, Election Code.		
			* * * Electronically		
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candidat	e or Officeh	older
Sworn to and subscribe of May ,	•	•		this	the <u>30th</u> day
Signature of officer adn	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAME		20 Filer ID (Ethics Commission Filers)		
	Sukh Kaur				
21	SCHEDULE S NAME OF SCH			SUBTOTAL AMOUNT	
1.	X SCH	HEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 72376.00	
2.	X SCH	HEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$0	
3.	X SCH	HEDULE B: PLEDGED CONTRIBUTIONS		\$ 0	
4.	X SCH	X SCHEDULE E: LOANS			
5.	X SCH	HEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 30124.27	
6.	X SCH	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0	
7.	X SCH	HEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	S	\$0	
8.	X SCH	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0	
9.	X SCH	HEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0	
10.	X SCH	HEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	C/OH	\$ 0	
11.	X SCH	EDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	IS	\$ 0	
12.		HEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FURNED TO FILER		\$ 0	

SCHEDULE A1

		The Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 1 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/4/2025	5 Full name of contributor Rebecca Waldman	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 112 E Rosewood Ave San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occup	pation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 5/4/2025	Full name of contributor Mark Manuelle	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 2702 N Saint Marys St San Antonio, TX 78212	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Owner Brass Monkey			Employer (See instru Brass Monkey	uctions)	
	Date 5/4/2025	Full name of contributor Julian Marquez	Out-of-state PAC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 2702 N Saint Marys St San Antonio, TX 78212	City;	State; Zip Code	
	Principal occup Other	pation / Job title (See instructions)	Employer (See instructions) Brass Monkey		uctions)
	Date 5/4/2025	Full name of contributor Jacob Mejia	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 2702 N Saint Marys St San Antonio, TX 78212	City;	State; Zip Code	
	Principal occup Other	oation / Job title (See instructions)		Employer (See instru Brass Monkey	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	1	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 of 49	
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)	
4	Date 5/4/2025	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 500.00	
		6 Contributor address; City; S 2702 N Saint Marys St San Antonio, TX 78212	State; Zip Code		
8	Principal occupa Other	tion / Job title (See instructions)	9 Employer (See instru Brass Monkey	ctions)	
	Date 5/5/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 21218 Harvest Hills San Antonio, TX 78258	State; Zip Code		
Principal occupation / Job title (See instructions) VP		Employer (See instru RK Group	ctions)		
	Date 5/5/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00	
		Contributor address; City; S 304 Sadie St San Antonio, TX 78210			
	Principal occupa Director of Dev	ation / Job title (See instructions) elopment	Employer (See instructions) Oxbow Development Group		
	Date 5/5/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 112 E. Pecan Street #1616 San Antonio, TX 78205	State; Zip Code		
	Principal occupa Partner	ation / Job title (See instructions)	Employer (See instru Martin & Drought	ctions)	

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SCHEDULE A1

		The Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 3 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/5/2025	5 Full name of contributor KJ Feder		C (ID#)	7 Amount of contribution (\$) 100.00
8	Principal occup CPS Energy	ation / Job title (See instructions)		9 Employer (See instru Sr Director	ctions)
	Date 5/5/2025	Full name of contributor MARK GARRETT	,		Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Employer (See instructions) retired			Employer (See instru	ctions)	
	Date 5/5/2025	Full name of contributor Linda Comeaux Contributor address; 3185 Morning Creek San Antonio, TX 78247	out-of-state PA	C (ID#)	Amount of contribution (\$) 100.00
	Principal occup	ation / Job title (See instructions)		Employer (See instru	ctions)
	Date 5/5/2025	Full name of contributor Sean Lyons Contributor address; 434 King William St San Antonio, TX 78204		C (ID#)	Amount of contribution (\$) 250.00
	Principal occupation / Job title (See instructions) Lyons & Lyons, PC Employer (See Lawyer			Employer (See instru Lawyer	ctions)

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SCHEDULE A1

	ī	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 4 of 49	
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)	
4	Date 5/5/2025	5 Full name of contributor ☐ out-of-state PA Marcie Trevino Ripper	C (ID#)	7 Amount of contribution (\$) 100.00	
		6 Contributor address; City; S 200 Briarcliff Castle Hills, TX 78213	tate; Zip Code		
8	Principal occupa	,	Employer (See instru Attorney	ctions)	
	Date 5/6/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 14107 Ashland Landing Dr Cypress, TX 77429	tate; Zip Code		
Principal occupation / Job title (See instructions) unemployed			Employer (See instru unemployed	ctions)	
	5/6/2025 Doug McMurry		C (ID#)	Amount of contribution (\$) 500.00	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)	
	Date 5/6/2025	Full name of contributor out-of-state PA Jyot Singh Contributor address; City; S 3448 Grist Mill Ct Peachtree Corners, GA 30096	C (ID#)	Amount of contribution (\$) 50.00	
Principal occupation / Job title (See instructions) Blue Husky Group			Employer (See instructions) CEO		

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: 5 of 49
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/6/2025	5 Full name of contributor Jyot Singh Contributor address; 3448 Grist Mill Ct Peachtree Corners, GA 30096	PAC (ID#) State; Zip Code	7 Amount of contribution (\$) 100.00
8	Principal occupa Founder	tion / Job title (See instructions)	9 Employer (See instru Blue Husky Group	uctions)
	Date 5/6/2025	Full name of contributor John Agather Contributor address; City; 300 West French Pl San Antonio, TX 78212	PAC (ID#) State; Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self Employer (See instructions) Self			Employer (See instru	uctions)
	Date 5/6/2025	Full name of contributor Anne-Marie Grube Contributor address; 2136 W Summit Ave San Antonio, TX 78201	PAC (ID#) State; Zip Code	Amount of contribution (\$) 150.00
	Principal occupa Northwestern M	tion / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/6/2025	Full name of contributor Amrit Aneja Contributor address; 628 Eucalyptus Way Alameda, CA 94501	PAC (ID#) State; Zip Code	Amount of contribution (\$) 500.00
	Principal occupa Associate	tion / Job title (See instructions)	Employer (See instru Zscaler	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 49	
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)	
4	Date 5/6/2025	5 Full name of contributor □ out-of-state PA Donald Thomas Contributor address; City; S 1160 E. Commerce Street #200 San Antonio, TX 78205	7 Amount of contribution (\$) 500.00		
8	Principal occupa Biga on Banks;	ation / Job title (See instructions) St Paul Square	9 Employer (See instru	•	
	Date 5/6/2025	Full name of contributor		Amount of contribution (\$) 500.00	
			Employer (See instru	uctions)	
	Date 5/6/2025	Full name of contributor out-of-state PA Amman Seehra Contributor address; City; S 19 Sven Drive Robbinsville, NJ 08691		Amount of contribution (\$) 101.00	
	Principal occupa Assistant Direc	ation / Job title (See instructions) tor	Employer (See instructions) NJ Dept of Human Resources		
	Date 5/6/2025	Full name of contributor out-of-state PA JJ Singh Contributor address; City; S 42275 Riggins Ridge Ter. Brambleton, VA 20148	C (ID#)	Amount of contribution (\$) 100.00	
	Principal occupa Delegate	ation / Job title (See instructions)	Employer (See instru	•	

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SCHEDULE A1

	1	The Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 7 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/6/2025	5 Full name of contributor Amandeep Sidhu	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 5118 Yuma St NW Washington, DC 20016	City;	State; Zip Code	
8	Principal occupa Partner	ation / Job title (See instructions)		9 Employer (See instru Winston & Strawn	ictions)
	Date 5/6/2025	Full name of contributor Amardeep Bhalla	out-of-state P/	AC (ID#)	Amount of contribution (\$) 251.00
		Contributor address; 839 Garden Street #2 Hoboken, NJ 07030	City;	State; Zip Code	
Principal occupation / Job title (See instructions) VP			Employer (See instructions) Proteus Fund		
	Date 5/6/2025	·		AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 628 Eucalyptus Way Alameda, CA 94501	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Etho Capital	uctions)
	Date 5/6/2025	Full name of contributor Nirvair Singh Contributor address;	out-of-state Pr	AC (ID#)	Amount of contribution (\$) 500.00
		628 Eucalyptus Way Alameda, CA 94501	Oily,	state, Lip dodd	
Principal occupation / Job title (See instructions) Sales Consultant			Employer (See instructions) Voximetry		

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SCHEDULE A1

	т	he Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 8 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/6/2025	5 Full name of contributor Apar Ghuman	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 628 Eucalyptus Way Alameda, CA 94501	City; S	State; Zip Code	
8	Principal occupa Physician	ation / Job title (See instructions)		9 Employer (See instru Highland Hospital	uctions)
	Date 5/7/2025	Full name of contributor APRIL ANCIRA	out-of-state PA	NC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 31305 Kenneland Dr Boerne, TX 78015	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Employe Ancira VP		Employer (See instru VP	ictions)		
	Date 5/7/2025	Full name of contributor		AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 761 Roosevelt St Canton, MI 48188	City; S	State; Zip Code	
	Principal occupa Minority Leader	ation / Job title (See instructions)		Employer (See instru MI House of Repres	•
	Date 5/7/2025	Full name of contributor Arthur Campsey	out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 323 W Gramercy PI San Antonio, TX 78212	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Physician Assistant			Employer (See instructions) Kellum Family Medicine		
			·		

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: 9 of 49
2	FILER NAME Sukh Kaur		3	Filer ID (Ethics Commission Filers)
4	Date 5/7/2025	5 Full name of contributor) 7	Amount of contribution (\$) 1000.00
		6 Contributor address; City; State; Zip Code 330 E Summit Ave San Antonio, TX 78212	· · ·	
8	Principal occupa	ntion / Job title (See instructions) an partners 9 Employer (Se Physician	e instructio	ns)
	Date 5/7/2025	Full name of contributor		Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip Code 3 Woltwood San Antonio, TX 78248	e	
	Principal occupa President/CEO	tion / Job title (See instructions) Employer (Se VersaTerra	e instructio	ns)
	Date 5/7/2025	Full name of contributor)	Amount of contribution (\$) 50.00
		Contributor address; City; State; Zip Code 306 Huntington Place Shavano park, TX 78231	2	
	Principal occupa University Heal	ttion / Job title (See instructions) Employer (Se Urban planne		ns)
	Date 5/7/2025	Full name of contributor)	Amount of contribution (\$) 100.00
		Contributor address; City; State; Zip Code 418 Fantasia SAN ANTONIO, TX 78216	e	
	Principal occupa	tion / Job title (See instructions) Employer (Se Director of Co		•

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SCHEDULE A1

		The Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 10 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/7/2025	5 Full name of contributor SONIA GONZALEZ	Out-of-state PA	.C (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 5910 Wales St San Antonio, TX 78223	City; S		
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Attorney	ctions)
	Date 5/7/2025	Full name of contributor Cristian Kellum	Out-of-state PA	.C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 4501 boatdwalk dr #R-168 Fort Collins, CO 80525	City; S	State; Zip Code	
		Employer (See instru	ctions)		
	Date 5/7/2025	Full name of contributor Lukin Gilliland Jr	Out-of-state PA	.C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 901 NE Loop 410 #909 ALAMO HEIGHTS, TX 78209	•	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	ctions)
	Date 5/7/2025	Full name of contributor John Kellum	Out-of-state PA	.C (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; 116 W Woodlawn San Antonio, TX 78212	City; S	State; Zip Code	
	Principal occupa	ation / Job title (See instructions) an Partners		Employer (See instru Physician	ctions)

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SCHEDULE A1

	1	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 11 of 49
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/8/2025	5 Full name of contributor ☐ out-of-state PA Wade Becker	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 323 W Gramercy PI San Antonio, TX 78212		
8		ation / Job title (See instructions) e Incarnate Word	9 Employer (See instru- Physician	ctions)
	Date 5/8/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; S 135 E Magnolia Ave San Antonio, TX 78212	tate; Zip Code	
Principal occupation / Job title (See instructions) Texas Biomed			Employer (See instru Comms	ctions)
Date Full name of contributor ☐ out-of-state PAC (ID#		C (ID#)	Amount of contribution (\$) 200.00	
		Contributor address; City; S 325 MADISON San Antonio, TX 78204	tate; Zip Code	
	Principal occupa Bracewell LLP	ation / Job title (See instructions)	Employer (See instru Attorney	ctions)
	Date 5/8/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 639 Mission Street SAN ANTONIO, TX 78210	itate; Zip Code	
Principal occupation / Job title (See instructions) CAST Schools		Employer (See instru Exec. Director	ctions)	

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SCHEDULE A1

	٦	The Instruction Guide explains how to complete t	1 Total pages Schedule A1: 12 of 49	
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/8/2025	5 Full name of contributor □ out-of-state Mary Jordan Vexler	PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 305 W Kings Hwy San Antonio, TX 78212	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Monterey Iron & Me	*
	Date 5/8/2025	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 312 Pereida St San Antonio, TX 78210	State; Zip Code	
, , , , , , , , , , , , , , , , , , , ,			Employer (See instru Monterey Iron & Me	•
	Date Full name of contributor ☐ out-of-state PAC (ID#) 5/9/2025 Inga Cotton		PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 537 Abiso Ave San Antonio, TX 78209	State; Zip Code	
	Principal occupa San Antonio Cl	ation / Job title (See instructions) narter Moms	Employer (See instru	•
	Date 5/9/2025	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 415 Mary Louise dr San antonio, TX 78201	State; Zip Code	
Principal occupation / Job title (See instructions) Futuro San Antonio		Employer (See instru	uctions)	

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

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SCHEDULE A1

		The Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 13 of 49
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/9/2025	5 Full name of contributor ☐ out-of-sta Raul Lomeli-Azoubel	te PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 3318 Sable Creek San Antonio, TX 78259	State; Zip Code	
8 Principal occupation / Job title (See instructions) CCO 9 Employer (See instructions) Welcome Tech			uctions)	
	Date 5/9/2025	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 115 W Huisache Ave San Antonio, TX 78212	State; Zip Code	
			Employer (See instr	uctions)
	Date 5/9/2025	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 6622 Moss Oak Dr San Antonio, TX 78229	State; Zip Code	
	Principal occup Director of You	ation / Job title (See instructions)	Employer (See instr San Antonio Area F	•
	Date 5/9/2025	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 246 W. Mandalay Dr. San Antonio, TX 78212	State; Zip Code	
Principal occupation / Job title (See instructions) Partner		Employer (See instr Kelly Watkins McPl	•	

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SCHEDULE A1

	T	he Instruction Guide explains how to o	complete this	form.	1 Total pages Schedule A1: 14 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/9/2025	5 Full name of contributor Joseph Hoffer	☐ out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 66 Champion Clf San Antonio, TX 78258	City; S	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru Attorney	ctions)
	Date 5/9/2025	Full name of contributor Paul Morrissey	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 24135 Vecchio San Antonio, TX 78260	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Educator			Employer (See instru Educator	ctions)	
	Date 5/9/2025			AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 415 Mary Louise Dr. San Antonio, TX 78201	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru Applicable	ctions)
	Date 5/10/2025	Full name of contributor Robert K Brown	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 315 W Lynwood Ave San Antonio, TX 78212	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	ctions)

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SCHEDULE A1

	,	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 15 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/10/2025	5 Full name of contributor María E Cortez	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1023 Kinzig Dr New Braunfels, TX 78130	City;	State; Zip Code	
8	Principal occup	ation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 5/10/2025	Full name of contributor Martha Wolins	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 8357 ROCHELLE RD San Antonio, TX 78240	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Martha Wolins		Employer (See instructions) Healthcare		uctions)	
	Date 5/10/2025	Full name of contributor Alma Belfield	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 8357 Rochelle Rd San Antonio, TX 78240	City;	State; Zip Code	
	Principal occup Engineer	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 5/10/2025	Full name of contributor Ruben Llanes Cortez	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1023 Kinzig Dr New Braunfels, TX 78130	City;	State; Zip Code	
	Principal occup VP	ation / Job title (See instructions)		Employer (See instru Mi Tierra Cafe Inc	uctions)

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SCHEDULE A1

		The Instruction Guide explains how to	1 Total pages Schedule A1: 16 of 49		
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/10/2025	5 Full name of contributor Dennis Karbach	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 315 W Lynwood Ave San Antonio, TX 78212	City; S	State; Zip Code	
8	Principal occup Karbach Cons	ation / Job title (See instructions) ulting		9 Employer (See instru Consultant	uctions)
	Date 5/11/2025	Full name of contributor Erryca Robicheaux	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 1401 S Flores St #119 San Antonio, TX 78204	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Liberty Alliance, LLC		Employer (See instru PM	uctions)		
	Date 5/11/2025	Full name of contributor sara villarreal	out-of-state PA	AC (ID#)	Amount of contribution (\$) 300.00
		Contributor address; 123 Park Drive San Antonio, TX 78212	City;		
	Principal occup Great Springs	ration / Job title (See instructions) Project		Employer (See instru	uctions)
	Date 5/11/2025	Full name of contributor George Cortez	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 200 E Myrtle St San Antonio, TX 78212	City;	State; Zip Code	
	Principal occup	ation / Job title (See instructions)		Employer (See instru Restaurant	uctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 17 of 49
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/12/2025	Roberto Espinosa	AC (ID#)	7 Amount of contribution (\$) 100.00
8	Principal occup Northwestern	eation / Job title (See instructions) Mutual	9 Employer (See instru Fin Adv	ictions)
	Date 5/12/2025	Full name of contributor out-of-state Problem Bryan Lopez Contributor address; City; Sign 803 East Park Avenue #104 San Antonio, TX 78212	AC (ID#)	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) CJMA Business Law and Litigation Employer (See instructions) Attorney			ictions)	
	Date 5/12/2025	Maria Clark	AC (ID#)	Amount of contribution (\$) 1000.00
	Principal occup	San antonio, TX 78205 Pation / Job title (See instructions) LC	Employer (See instru	uctions)
	Date 5/12/2025	Full name of contributor Bret Piatt Contributor address; City; Contributor address; City; Contributor address	AC (ID#)	Amount of contribution (\$) 500.00
	Principal occup	san antonio, TX 78205 ration / Job title (See instructions) coany	Employer (See instru Owner	uctions)

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SCHEDULE A1

	7	The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 18 of 49
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/12/2025	5 Full name of contributor ut-of-state F Ashlee Pena	PAC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; 126 Longridge Dr San Antonio, TX 78228	State; Zip Code	
8	Principal occupa Thrivent	ation / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 5/12/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; 1122 Par Four San Antonio, TX 78221	State; Zip Code	
			Employer (See instru	ctions)
	Date 5/12/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 818 W Craig PI San Antonio, TX 78212	State; Zip Code	
	Principal occupa Mission Heritag	ation / Job title (See instructions) ge Partners	Employer (See instru	ctions)
	Date 5/12/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 3334 Nantucket Dr San Antonio, TX 78230	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 19 of 49
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/12/2025	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 25.00
		6 Contributor address; City; S 8303 Dudley Dr San Antonio, TX 78230	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instruc	ctions)
	Date 5/12/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 4515 San Pedro Ave San Antonio, TX 78212	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (Se GrayStreet Investment			Employer (See instruction Investment	ctions)
	Date 5/12/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 536 Castano Ave San Antonio, TX 78209	State; Zip Code	
	Principal occupa retired	tion / Job title (See instructions)	Employer (See instruc	ctions)
	Date 5/12/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 300 East Basse Road #1110 San Antonio, TX 78209	State; Zip Code	
	Principal occupa Owner	tion / Job title (See instructions)	Employer (See instruction Biffle Event Production	

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SCHEDULE A1

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SCHEDULE A1

	1	The Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 21 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/13/2025	5 Full name of contributor Summer Greathouse	out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 125 West Agarita Avenue San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Lawyer	actions)
	Date 5/13/2025	Full name of contributor Nicole Jazell Trevino	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 8039 Eagle Peak Helotes, TX 78023	City;	State; Zip Code	
			Employer (See instru Owner	uctions)	
	Date 5/14/2025	Full name of contributor Sajneet Khangura	Out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 205 W Summit Ave San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	ictions)
	Date 5/14/2025	Full name of contributor Lisa Ortega	out-of-state P	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 1624 El Monte Blvd San Antonio, TX 78201	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	-	The Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: 22 of 49
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/14/2025	5 Full name of contributor ut-of-	-state PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City 230 Dwyer Ave. #503 San Antonio, TX 78204	y; State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Law Office of Arthur	•
	Date 5/14/2025	Full name of contributor	-state PAC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City 123 Lexington Ave #1604 San Antonio, TX 78205	y; State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Entrepreneur	ctions)
	Date 5/14/2025	Full name of contributor	-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City 242 W Lynwood Ave San Antonio, TX 78212	y; State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Real Estate Develop	•
	Date 5/15/2025	Full name of contributor	-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City 210 Cave Ln San Antonio, TX 78209	y; State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru McDonald & Brown	ctions)

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SCHEDULE A1

Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 23 of 49
FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
Date 5/15/2025	5 Full name of contributor ☐ out-of-state PA SABPAC I	C (ID#)	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; S 3625 Paesanos Parkway San Antonio, TX 78231	state; Zip Code	
Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	ctions)
Date 5/15/2025	Full name of contributor	.C (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; S 210 Cave Ln San Antonio, TX 78209	state; Zip Code	
· · · · · · · · · · · · · · · · · · ·	` '	Employer (See instru- Alamo Concrete Pro	•
Date 5/15/2025	Full name of contributor	.C (ID#)	Amount of contribution (\$) 1000.00
	Contributor address; City; S 2454 Tofttrees San Antonio, TX 78209	tate; Zip Code	
Principal occupa Shareholder	tion / Job title (See instructions)	Employer (See instru McDonald & Brown	ctions)
Date 5/15/2025	Full name of contributor	.C (ID#)	Amount of contribution (\$) 100.00
	Contributor address; City; S 5910 Wales St San Antonio, TX 78223	state; Zip Code	
	•	Employer (See instru- Lead Client Advisor	ctions)
	FILER NAME Sukh Kaur Date 5/15/2025 Principal occupa Corporate Cour Date 5/15/2025 Principal occupa Corporate Cour Date 5/15/2025 Principal occupa Shareholder Date 5/15/2025	FILER NAME Sukh Kaur Date 5/15/2025 6 Contributor address; 3625 Paesanos Parkway San Antonio, TX 78231 Principal occupation / Job title (See instructions) Date 5/15/2025 Principal occupation / Job title (See instructions) Contributor address; 210 Cave Ln San Antonio, TX 78209 Principal occupation / Job title (See instructions) Corporate Counsel Date 5/15/2025 Full name of contributor San Antonio, TX 78209 Principal occupation / Job title (See instructions) Corporate Counsel Date 5/15/2025 Full name of contributor Ken Brown Contributor address; 2454 Tofttrees San Antonio, TX 78209 Principal occupation / Job title (See instructions) Shareholder Date Full name of contributor Jenifer Ramos Contributor address; Signification out-of-state PA Contributor address; Significatio	Sukh Kaur

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 24 of 49
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/15/2025	5 Full name of contributor ☐ out-of-state PAC Emma Guerrero	(ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; St. 3915 Skylark Ave San Antonio, TX 78210	ate; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ctions)
	Date 5/15/2025	Full name of contributor	: (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; St. 215 W Travis St San Antonio, TX 78205	ate; Zip Code	
			Employer (See instru Lifshutz Companies	•
	Date Full name of contributor □ out-of-state PAC (ID#) 5/15/2025 Gabriel Farias		(ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; St. 1122 Par Four San Antonio, TX 78221	ate; Zip Code	
	Principal occupa	tion / Job title (See instructions) nsultancy Firm	Employer (See instru Social Media Directo	·
	Date 5/15/2025	Full name of contributor	: (ID#)	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 4434 Center Gate St San Antonio, TX 78217				
	Principal occupa Owner	tion / Job title (See instructions)	Employer (See instru	ctions)

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SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 25 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/15/2025	5 Full name of contributor Eduardo Orozco	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 778 Isom Rd San Antonio, TX 78216	City;	State; Zip Code	
8	Principal occup President	pation / Job title (See instructions)		9 Employer (See instru ISI City Smart Light:	•
	Date 5/15/2025	Full name of contributor George Cortez	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 9515 Callaghan Rd San Antonio, TX 78230	City;	State; Zip Code	
	Principal occup Retired	pation / Job title (See instructions)		Employer (See instru Retired	uctions)
	Date 5/15/2025	Full name of contributor Rosalinda Cortez Pouya	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 9515 Callaghan Rd San Antonio, TX 78230	City;	State; Zip Code	
	Principal occup Retired	nation / Job title (See instructions)	Employer (See instructions) Retired		uctions)
	Date 5/15/2025	Full name of contributor Ronnie Villanueva	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 809 Wyoming San Antonio, TX 78203	City;	State; Zip Code	
Principal occupation / Job title (See instructions) VP of Services		Employer (See instructions) Tru-Matrix Contracting Service		•	

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SCHEDULE A1

	1	The Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 26 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/15/2025	5 Full name of contributor Silvestre Vasquez	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 18006 Ponderosa Pass Helotes, TX 78023	City;	State; Zip Code	
8	Principal occupa Real Estate	ation / Job title (See instructions)		9 Employer (See instru Xsellance Realty	actions)
	Date 5/15/2025	Full name of contributor Linebarger Goggan Blair &	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 17428 San Antonio, TX 78760	City;	State; Zip Code	
	Principal occupation / Job title (See instructions) Employer (See instructions)				
	Date 5/15/2025	Full name of contributor Juan Flores	out-of-state PA	AC (ID#)	Amount of contribution (\$) 150.00
		Contributor address; 439 Calumet place San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa Port San Anton	ation / Job title (See instructions) io		Employer (See instru Executive	uctions)
	Date 5/15/2025	Full name of contributor Zach Dickson	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 303 El Paso St San Antonio, TX 78207	City;	State; Zip Code	
	Principal occupa Jaeger FC	ation / Job title (See instructions)		Employer (See instru Creative Director	uctions)

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SCHEDULE A1

	1	The Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule A1: 27 of 49
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/16/2025	5 Full name of contributor ☐ out- Anissa Munson	-of-state PAC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; C 7315 Matchlock circle San antonio, TX 78249	City; State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	Employer (See instruction Firefighter/Paramedi	•
	Date 5/16/2025	Full name of contributor	-of-state PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; C 10321 Sunflower Ln San Antonio, TX 78213	City; State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) n/a			Employer (See instruction/a	ctions)
	Date 5/16/2025	Full name of contributor	-of-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 906 3rd PI SE Washington, DC 20003	City; State; Zip Code	
	Principal occupa	ation / Job title (See instructions) ctor	Employer (See instruction Black Outside, Inc	ctions)
	Date 5/16/2025	Full name of contributor	-of-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 326 Big Oak Dr Adkins, TX 79101	City; State; Zip Code	
	Principal occupa Owner	ation / Job title (See instructions)	Employer (See instruction Texas Towing	ctions)

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SCHEDULE A1

	1	The Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 28 of 49
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/16/2025	5 Full name of contributor ☐ out-of-state ☐ Clay Jackson	PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 2047 Rigsby San Antonio, TX 78210	State; Zip Code	
8	Principal occupa Owner	ation / Job title (See instructions)	9 Employer (See instru Texas Towing	actions)
	Date 5/16/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; PO Box 120250 San Antonio, TX 78212	State; Zip Code	
Principal occupation / Job title (See instructions) Employeretired retired			Employer (See instru	actions)
	Date 5/16/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 300 Convent St San Antonio, TX 78205	State; Zip Code	
	Principal occupa Partner	ation / Job title (See instructions)	Employer (See instru	octions)
	Date 5/16/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 1510 W Loop South Houston, TX 77027	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Landrys Inc	ictions)

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SCHEDULE A1

	ī	he Instruction Guide explains how to comple	1 Total pages Schedule A1: 29 of 49	
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/17/2025	5 Full name of contributor ☐ out-of- Eduardo Parra	state PAC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City 28 Grantham Glen San Antonio, TX 78257	y; State; Zip Code	
8	Principal occupa Parra & Co	tion / Job title (See instructions)	9 Employer (See insti	ructions)
	Date 5/17/2025	Full name of contributor	state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City 207 E Mulberry Ave #1 SAN ANTONIO, TX 78212	/; State; Zip Code	
	Principal occupa Martin Capital A	tion / Job title (See instructions) dvisors	Employer (See instruction Investment Advisor	,
	Date 5/17/2025	Full name of contributor	state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City PO Box 483 Somerset, TX 78069	y; State; Zip Code	•
	Principal occupa Project Manage	tion / Job title (See instructions) r	Employer (See insti Self-Employed	ructions)
	Date 5/17/2025	Full name of contributor ☐ out-of- Filemon Vela	state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City 2619 Eastgrove Lane Houston, TX 77027	y; State; Zip Code	•
	Principal occupa Partner	tion / Job title (See instructions)	Employer (See insti	ructions)

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SCHEDULE A1

	т	he Instruction Guide explains how to compl	lete this	form.	1 Total pages Schedule A1: 30 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/17/2025	5 Full name of contributor □ out-o William Shown	of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; Ci 123 W Kings Hwy San Antonio, TX 78212	ity;	State; Zip Code	
8	Principal occupa Oxbow Develop	tion / Job title (See instructions) ment Group		9 Employer (See instru Executive	ctions)
	Date 5/18/2025	Full name of contributor	of-state P <i>I</i>	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; Ci 922 Magnolia Smt San Antonio, TX 78251	ity;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions) SERVICES LLC		Employer (See instru Comercial Maintena	•
	Date 5/18/2025	Full name of contributor	of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; Ci 618 Cave Lane San Antonio, TX 78209	· · · · ity; · §	State; Zip Code	
	Principal occupa	tion / Job title (See instructions) eth K. Bell		Employer (See instru Attorney	ctions)
	Date 5/18/2025	Full name of contributor	of-state P/	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; Ci 8 Cottesmore Court San Antonio, TX 78218	ity;	State; Zip Code	
	· · · · · · · · · · · · · · · · · · ·	tion / Job title (See instructions)		Employer (See instru Chef	ctions)

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SCHEDULE A1

	7	he Instruction Guide explains how to compl	lete this 1	form.	1 Total pages Schedule A1: 31 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/18/2025	5 Full name of contributor □ out-of Henry Bonilla	of-state PA	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; Cit 610 E. Market St. #2918 San Antonio, TX 78205	ity; S		
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru The Normandy Grou	•
	Date 5/19/2025	Full name of contributor	of-state PA	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; Cit 2950 Brighton Blvd #523 Denver, CO 80216	 ity; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Chief of Staff			Employer (See instru Colorado Concern	ctions)	
	Date 5/19/2025	Full name of contributor	of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; Cit 1803 Larkspur Ct Southlake, TX 76092	ity; S	itate; Zip Code	
	Principal occupa The Suri Group	ation / Job title (See instructions)		Employer (See instru	ctions)
	Date 5/19/2025	Full name of contributor	of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; Cit 935 S Alamo San Antonio, TX 78205	 ity; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Yndo Commercial Real Estate			Employer (See instru Broker/Developer	ctions)	

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SCHEDULE A1

		The Instruction Guide explains how to comple	ete this t	form.	1 Total pages Schedule A1: 32 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/19/2025	5 Full name of contributor ut-of-	-state PA	C (ID#)	7 Amount of contribution (\$) 300.00
		6 Contributor address; City 231 Adams St San Antonio, TX 78210	y; S	state; Zip Code	
8	Principal occup NatureSweet	pation / Job title (See instructions)		9 Employer (See instru VP Marketing	ctions)
	Date 5/19/2025	Full name of contributor	-state PA	C (ID#)	Amount of contribution (\$) 3.00
		Contributor address; City 123 E Rampart #105 San Antonio, TX 78216	y; S	state; Zip Code	
Principal occupation / Job title (See instructions) Employer retired retired		Employer (See instru retired	er (See instructions)		
	Date 5/20/2025	Full name of contributor □ out-of- Kiran Gill	-state PA	.C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City 11501 Flints Grove Lane North Potomac, MD 20878	y; S	tate; Zip Code	
	Principal occup Kiran Gill	pation / Job title (See instructions)		Employer (See instru Executive Director	ctions)
	Date 5/20/2025	Full name of contributor	-state PA	.C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City 19 Westelm Cir San Antonio, TX 78230	y; S	State; Zip Code	
	Principal occup Managing Part	oation / Job title (See instructions) tner		Employer (See instru Pescador Public Str	,

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 33 of 49		
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)	
4	Date 5/20/2025	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 100.00	
		6 Contributor address; City; S 3334 Nantucket Dr San Antonio, TX 78230	State; Zip Code		
8	Principal occupa USAA	tion / Job title (See instructions)	9 Employer (See instru Finance	uctions)	
	Date 5/20/2025	Full name of contributor	C (ID#_C00002089)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 501 3rd St NW Washington, DC 20001	State; Zip Code		
	Principal occupation / Job title (See instructions) Employer (See instructions)				
	Date 5/20/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S PO Box 830651 San Antonio, TX 78283	State; Zip Code		
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)	
	Date 5/20/2025	Full name of contributor	· -	Amount of contribution (\$) 500.00	
		Contributor address; City; S 11603 W Coker Loop #201A San Antonio, TX 78216	State; Zip Code		
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)	

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SCHEDULE A1

	т	he Instruction Guide explains how to comp	1 Total pages Schedule A1: 34 of 49			
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)		
4	Date 5/20/2025	5 Full name of contributor ut-	of-state PAC (ID#	7 Amount of contribution (\$) 1000.00		
		6 Contributor address; C 515 Leight St San Antonio, TX 78210	ity; State; Zip Code			
8	Principal occupa ED Application	ation / Job title (See instructions) Development	9 Employer (See i USAA	nstructions)		
	Date 5/20/2025	Full name of contributor	of-state PAC (ID#	Amount of contribution (\$) 100.00		
		Contributor address; C 334 King William San Antonio, TX 78204	ity; State; Zip Code	•		
	Principal occupa	ation / Job title (See instructions)	Employer (See i	nstructions)		
	Date 5/20/2025	Full name of contributor	of-state PAC (ID#	Amount of contribution (\$) 75.00		
		Contributor address; C 175 Harrigan Court #4 San Antonio, TX 78209	ity; State; Zip Code	•		
		ation / Job title (See instructions) nal Student Services	Employer (See i University of th	nstructions) e Incarnate Word		
	Date 5/20/2025	Full name of contributor	of-state PAC (ID#	Amount of contribution (\$) 500.00		
		Contributor address; C 606 W El Prado Dr San Antonio, TX 78212	ity; State; Zip Code	•		
	Principal occupa President	ation / Job title (See instructions)	Employer (See i Hixon Propertie	•		
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SCHEDULE A1

	т	he Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 35 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/20/2025	5 Full name of contributor Kazim Fahim	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 150.00
		6 Contributor address; 409 E Olmos Dr #C San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru Associate Creative I	·
	Date 5/21/2025	Full name of contributor Vinayak Astekar	out-of-state P	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 9239 Tifton Dr San Antonio, TX 78240	City;	State; Zip Code	
		Employer (See instru Computer engineer	uctions)		
	Date 5/21/2025	Full name of contributor Jasmeet Kaur	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 2034 Sauvignon San Antonio, TX 78258	City;	State; Zip Code	
	Principal occupa Principal	tion / Job title (See instructions)	Employer (See instructions) Kaur Competency		uctions)
	Date 5/21/2025	Full name of contributor Marissa Mueller	Out-of-state P	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 314 Lockhart San Antonio, TX 78202	City;	State; Zip Code	
	Principal occupa Case Manager	tion / Job title (See instructions)		Employer (See instru	uctions)

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

SCHEDULE A1

	1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 36 of 49
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/21/2025	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 422 King William San Antonio, TX 78204	State; Zip Code	
8	Principal occupa Entreprenuer	ation / Job title (See instructions)	9 Employer (See instru Self-Employed	ctions)
	Date 5/21/2025	Full name of contributor	\C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 431 King William Street San Antonio, TX 78204	State; Zip Code	
, , , , , , , , , , , , , , , , , , , ,			Employer (See instru Nonprofit (volunteer	•
	Date 5/21/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 335 Country Wood Dr San Antonio, TX 78216		
	Principal occupa Owner	ation / Job title (See instructions)	Employer (See instru Rose Boutique	ctions)
	Date 5/21/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
		New York, NY 11004		
		ation / Job title (See instructions) Legal Defense & Education Fund (SALDEF)	Employer (See instru Senior Manager of C	•

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SCHEDULE A1

	Т	he Instruction Guide explains how t	1 Total pages Schedule A1: 37 of 49		
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/21/2025	5 Full name of contributor Michael Joergensen	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 254 Verbena Hill San Antonio, TX 78258	City; S	State; Zip Code	
8	Principal occupa Silver Ventures	tion / Job title (See instructions) LP		9 Employer (See instru Chief Marketing Off	*
	Date 5/21/2025	Full name of contributor Charles "Chuck" Brehm	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 9820 Victoria Ln Boerne, TX 78006	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Universal Services Group			Employer (See instru Owner	uctions)	
	Date 5/22/2025	Full name of contributor Jasraj Aneja	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 16839 Harbour Town Dr Ashton, MD 20861	City;		
	Principal occupa Student	tion / Job title (See instructions)		Employer (See instru Student	uctions)
	Date 5/22/2025	Full name of contributor Harjas Aneja	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 16839 Harbour Town Dr Ashton, MD 20861	City; S	State; Zip Code	
	Principal occupa Student	tion / Job title (See instructions)		Employer (See instru Student	uctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to comp	1 Total pages Schedule A1: 38 of 49		
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/22/2025	5 Full name of contributor □ out-out-out-out-out-out-out-out-out-out-	of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; C 601 Ciruela St San Antonio, TX 78209	ity; S	State; Zip Code	
8	Principal occupa Scaleworks	tion / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 5/22/2025	Full name of contributor	of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 1115 Mason St San Antonio, TX 78208	ity; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru Accounting	uctions)
	Date 5/22/2025	Full name of contributor	of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 7915 Emerald Elm San Antonio, TX 78251	ity; S	State; Zip Code	
	Principal occupa Empty Stomach	tion / Job title (See instructions)		Employer (See instru	uctions)
	Date 5/22/2025	Full name of contributor	of-state P <i>F</i>	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 1134 W Agarita Ave San Antonio, TX 78201	ity; S	State; Zip Code	
	Principal occupa Empty Stomach	tion / Job title (See instructions)		Employer (See instru Operator	uctions)

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SCHEDULE A1

	T	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 39 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/22/2025	5 Full name of contributor Chad Carey	Out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; PO Box 12927 San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Owner	uctions)
	Date 5/22/2025	Full name of contributor Daniel Lane	Out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 626 Mission Street San Antonio, TX 78210	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Norton Rose Fulbright			Employer (See instru Attorney	uctions)	
	Date Full name of contributor □ out-of-state PAC (ID#		AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; 7915 emerald elm san antonio, TX 78251	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instructions) Martin Capital Advisors		•
	Date 5/22/2025	Full name of contributor Chetveer Aneja	Out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 16839 Harbour Town Dr Ashton, MD 20861	City;	State; Zip Code	
	Principal occupa Roshni Foods	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 40 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/22/2025	 5 Full name of contributor Rachel Holland 6 Contributor address; 1711 Fawn Crest 		AC (ID#	7 Amount of contribution (\$) 150.00
		San Antonio, TX 78248			
8	Principal occupa Meta	tion / Job title (See instructions)		9 Employer (See in Public Affairs	structions)
	Date 5/22/2025	Full name of contributor Jitendra (Jitu) Chaudhary	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 1310 Osnats point San Antonio, TX 78258	City;	State; Zip Code	•
	Principal occupa	tion / Job title (See instructions)		Employer (See in n/a	structions)
	Date 5/22/2025	Full name of contributor Katie Jarl Contributor address; 307 Carolina St San Antonio, TX 78210	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa Animal Policy G	tion / Job title (See instructions)		Employer (See in Vice President	structions)
	Date 5/22/2025	Full name of contributor Pardeep and Jagjit Aneja	out-of-state P	AC (ID#	Amount of contribution (\$) 1000.00
		Contributor address; 16839 Harbour Town Dr Ashton, MD 20861	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See in Roshni Foods	structions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete thi	1 Total pages Schedule A1: 41 of 49	
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/22/2025	5 Full name of contributor ☐ out-of-state I Pat Frost	PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 520 Geneseo Rd San Antonio, TX 78209	State; Zip Code	
8	Principal occupa Retired	tion / Job title (See instructions)	9 Employer (See instru Retired	ictions)
	Date 5/22/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; 339 Millwood Lane San Antonio, TX 78216	State; Zip Code	
		Employer (See instru Oblate School of Th		
	Date 5/22/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 1627 W. Craig Pl. San Antonio, TX 78201	State; Zip Code	
	Principal occupa Owner	tion / Job title (See instructions)	Employer (See instru Loud Noises Limited	*
	Date 5/23/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 20.00
		Contributor address; City; 826 E Magnolia Ave San Antonio, TX 78212	State; Zip Code	
	Principal occupa Business Owne	tion / Job title (See instructions) r	Employer (See instru Attagirl	ictions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to o	1	Total pages Schedule A1: 42 of 49		
2	FILER NAME Sukh Kaur				3	Filer ID (Ethics Commission Filers)
4	Date 5/23/2025	5 Full name of contributor Sean Reeves	out-of-state PA	AC (ID#)	7	Amount of contribution (\$) 125.00
		6 Contributor address; 122 Loretta Place San Antonio, TX 78210	City;	State; Zip Code		
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	ıctio	ns)
	VP-Developmen	ıt		Fulton Property Gro	oup	
	Date 5/23/2025	Full name of contributor Arvinder Kakar	out-of-state PA	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 10220 Iron Gate Road Potomac, MD 20854	City; S	State; Zip Code		
Principal occupation / Job title (See instructions) Founder			Employer (See instructions) SevaSpaces		ns)	
	Date 5/23/2025	Full name of contributor Dwight Mulcahy	out-of-state PA	AC (ID#)		Amount of contribution (\$) 25.00
		Contributor address; 528 Devine Street San Antonio, TX 78210	City;			
	Principal occupa Software Engine	tion / Job title (See instructions) eer III		Employer (See instructions) F5 Networks		
	Date 5/23/2025	Full name of contributor Lisa Fik	out-of-state PA	AC (ID#)		Amount of contribution (\$) 25.00
		Contributor address; 528 devine St San Antonio, TX 78210	City;			
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	ıctio	ns)

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

SCHEDULE A1

	7	he Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 43 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/23/2025	5 Full name of contributor Kevin Baldwin	☐ out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 819 W Mulberry Ave San Antonio, TX 78212	City; S	State; Zip Code	
8				9 Employer (See instru Franklin Companies	•
	Date 5/23/2025	Full name of contributor Abby and Brian Colton	out-of-state PA	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; 15642 dawn crest San antonio, TX 78248	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Senior Analyst			Employer (See instructions) Accenture		
	Date 5/23/2025	Full name of contributor Laurence Seiterle	□ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 118 Broadway Suite 627 San Antonio, TX 78205	City; S	State; Zip Code	
	Principal occupa Owner	ation / Job title (See instructions)		Employer (See instru Zurich International	•
	Date 5/23/2025	Full name of contributor Maria Castro	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 215 E Cevallos #244 San Antonio, TX 78204	City; S	State; Zip Code	
	Principal occupa Dir. Branding &	ation / Job title (See instructions) Marketing		Employer (See instru City of San Antonio	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 44 of 49			
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)		
4	Date 5/23/2025	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 500.00		
		6 Contributor address; City; S 325 Wildrose Dr San Antonio, TX 78209	State; Zip Code			
			9 Employer (See instru Self-Employed	uctions)		
	Date 5/23/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 325 Wildrose Dr San Antonio, TX 78209				
Principal occupation / Job title (See instructions) Business Development			Employer (See instru McCombs Enterpris	•		
	Date 5/23/2025	Full name of contributor out-of-state PA San Antonio Professional Firefighters	AC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S PO Box 100455 San Antonio, TX 78201				
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)		
	Date 5/23/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00		
		Contributor address; City; S 40 SE 5th Ave #406 Boca Raton, FL 33432				
Principal occupation / Job title (See instructions) Owner			Employer (See instru Fortress Funding	uctions)		
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SCHEDULE A1

	т	he Instruction Guide explains how to compl	ete this	form.	1 Total pages Schedule A1: 45 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/23/2025	5 Full name of contributor □ out-of Harry and Charisse Adams	f-state PA	C (ID#)	7 Amount of contribution (\$) 1000.00
		6 Contributor address; Cit 2319 Fountain Way San Antonio, TX 78248	ty; S	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru STREAM Realty	ctions)
	Date 5/23/2025	Full name of contributor	f-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; Cit 2603 Country Square St. San Antonio, TX 78209	ty; S	State; Zip Code	
Principal occupation / Job title (See instructions) Founding Principal			Employer (See instru StudioMassivo	ctions)	
	Date 5/23/2025	Full name of contributor	f-state PA	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; Cit 1803 S Preas St San Antonio, TX 78210	ty; S	State; Zip Code	
	Principal occupa Artpace	tion / Job title (See instructions)		Employer (See instructions) Director	
	Date 5/23/2025	Full name of contributor	f-state PA	C (ID#)	Amount of contribution (\$) 25.00
		Contributor address; Cit 609 W Summit Ave San Antonio, TX 78212	ty; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this f	orm.	1 Total pages Schedule A1: 46 of 49
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/23/2025	5 Full name of contributor Maria Morrell	Out-of-state PA	C (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; 314 Lockhart San Antonio, TX 78202	City; S	tate; Zip Code	
8	Principal occupa University Heal	tion / Job title (See instructions)		9 Employer (See instru Nurse	ctions)
	Date 5/23/2025	Full name of contributor Kara Hill	Out-of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 14619 Porterhouse San Antonio, TX 78248	City; S	tate; Zip Code	
	Principal occupation / Job title (See instructions) Director of Strategic Projects			Employer (See instructions) Port San Antonio	
	Date 5/23/2025	Full name of contributor Blkae Yantis	out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 111 Fawn drive San antonio, TX 78231	City; S	tate; Zip Code	
	Principal occupa Mosaic	tion / Job title (See instructions)		Employer (See instru Real estate	ctions)
	Date 5/23/2025	Full name of contributor Joann Williams	Out-of-state PA	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 18619 Surreywood San Antonio, TX 78258	City; S	tate; Zip Code	
	Principal occupa retired	tion / Job title (See instructions)		Employer (See instru	ctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 47 of 49
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4	Date 5/23/2025	5 Full name of contributor □ out-of-stat Kristen Brown	PAC (ID#)	7 Amount of contribution (\$) 25.00
		6 Contributor address; City; 226 Newell Avenue #129 San Antonio, TX 78215	State; Zip Code	
8	Principal occup Utsa	ation / Job title (See instructions)	9 Employer (See instru Assistant professor	•
	Date 5/24/2025	Full name of contributor ut-of-stat	e PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 136 E Mulberry Avenue San Antonio, TX 78212	State; Zip Code	
	Principal occupation / Job title (See instructions) Realtor		Employer (See instructions) RE Broker/Multi-Family Investor	
	Date 5/26/2025	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 114 Geneseo Road San Antonio, TX 78209	State; Zip Code	
	Principal occup	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/27/2025	Full name of contributor	e PAC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; 207 Primera Dr San Antonio, TX 78212	State; Zip Code	
	Principal occup Business Own	ation / Job title (See instructions) er	Employer (See instru Tycoon Flats	uctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to comp	1 Total pages Schedule A1: 48 of 49		
2	FILER NAME Sukh Kaur				3 Filer ID (Ethics Commission Filers)
4	Date 5/27/2025	5 Full name of contributor □ out- Nick Marquez	of-state PA	AC (ID#)	7 Amount of contribution (\$) 350.00
		6 Contributor address; C 814 N Alamo St San Antonio, TX 78215	City; S	State; Zip Code	
8	Principal occupa Owner	tion / Job title (See instructions)		9 Employer (See instru Barhouse	actions)
	Date 5/27/2025	Full name of contributor	of-state PA	AC (ID#)	Amount of contribution (\$) 1.00
		Contributor address; C 123 E Rampart #105 San Antonio, TX 78216	City; S	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	actions)
	Date 5/28/2025	Full name of contributor ut-	of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; C 15706 Knollcliff San Antonio, TX 78247	 City; S	State; Zip Code	
		Employer (See instru Self employed	ictions)		
	Date 5/28/2025	Full name of contributor out-	of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 7525 Babcock Rd San Antonio, TX 78245	city; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	actions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 49 of 49			
2	FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)		
4	Date 5/28/2025	5 Full name of contributor ut-of-state Pr	AC (ID#)	7 Amount of contribution (\$) 150.00		
		6 Contributor address; City; S 18328 Wild Onion San Antonio, TX 78258	State; Zip Code			
8	Principal occupa Executive Direct	ation / Job title (See instructions) ator	9 Employer (See instru Greater San Antonio	uctions) o Builders Association		
	Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)		
		Contributor address; City; S				
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)		
	Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)		
		Contributor address; City; S				
Principal occupation / Job title (See instructions) Employer (S			Employer (See instru	uctions)		
	Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)		
		Contributor address; City; S				
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ictions)		
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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 o	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

www.ethics.state.tx.us

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 \$ 9 In-kind contribution description
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 **\$** 0 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) Event Expense Loan Repayment/Reimbursement

Advertising Expense

Accounting/Banking

Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	ommittee Legal Services	emorials Expense Pri	nting Expense laries/Wages/Contract Labor complete this form	Travel III District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 1 of 19	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2025	5 Payee name ANEDOT			
6 Amount (\$) 160.00	7 Payee address; 1340 Poydras Street # New Orleans, LA 7011	#770	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories I Fees	isted at the top of this schedul	(b) Description Contribution Fee	
	(c) Check if travel outside	e of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Council District 1 Candidate / Officeholder name Council District 1				
Date 5/5/2025	Payee name Scale To Win			
Amount (\$) 317.68	Payee address; 13742 Harper St Santa Ana, CA 92703	City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories I Other: Voter Outread		Description Advertising Expe	ense
	Check if travel outside	e of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeh OH Sukh Kaur	older name	Office sought Council District 1	Office held
Date 5/6/2025	Payee name Brevo			
Amount (\$) 31.39	Payee address; 823 Congress Ave Austin, TX 78701	City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories I Other: Voter Outreac		e) Description Advertising Expe	ense
	Check if travel outside	e of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeh Sukh Kaur	older name	Office sought Council District 1	Office held
	ATTACH ADDITION	AL COPIES OF THIS	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 Gifts/Awards/M ommittee Legal Services	Loan F Office Expense Polling emorials 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 of 19	2 FILER NAME Sukh Kaur		prote and term	3 Filer ID (Ethics Commission Filers)		
4 Date 5/7/2025	5 Payee name Adam Martinez					
6 Amount (\$) 150.00	7 Payee address; 8303 Dudley Dr San Antonio, TX 7823		Code			
8 PURPOSE OF	OF					
EXPENDITURE	(c) Check if travel outsic	le 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 / Officeh		Office sought Council District 1	Office held		
Date 5/7/2025	Payee name ANEDOT					
Amount (\$) 438.18	Payee address; 1340 Poydras Street New Orleans, LA 701	##770	Code			
PURPOSE OF EXPENDITURE	Category (See categories Fees	listed at the top of this schedule)	Description Contribution Fee			
	Check if travel outsic	le 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 OH Sukh Kaur	nolder name	Office sought Council District 1	Office held		
Date 5/7/2025	Payee name Colt Osburn					
Amount (\$) 2000.00	Payee address; 3407 Stallion creek San Antonio, TX 7824		Code			
PURPOSE OF EXPENDITURE	Category (See categories Other: Campaign su	listed at the top of this schedule) pport	Description Overhead			
	Check if travel outsic	le 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 OH Sukh Kaur	nolder name	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 Exp Fees Food/Beve Gifts/Awai ommittee Legal Sen	ense Lo. Off Off erage Expense Po ds/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/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: 3 of 19	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)		
4 Date 5/9/2025	5 Payee name Riley Carroll					
6 Amount (\$) 125.00	7 Payee address; 514 Fulton Ave #1 San Antonio, TX 7		Zip Code			
8 PURPOSE OF						
EXPENDITURE	(c) Check if travel o	utside of Texas, complete sche	dule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct Candidate / Officeholder name Office sought				Office held		
Date 5/9/2025	Payee name Herlinda Torres					
Amount (\$) 415.00	Payee address; City; State; Zip Code 619 North Hackberry San Antonio, TX 78202					
PURPOSE OF EXPENDITURE	Category (See categony Other: Campaign	ories listed at the top of this schedul a support	e) Description Overhead			
	Check if travel o	utside of Texas, complete sche	dule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		ficeholder name	Office sought Council District 1	Office held		
Date 5/9/2025	Payee name Alex Ruiz					
Amount (\$) 210.00	Payee address; 103 Obregon St San Antonio, TX 7	·	Zip Code			
PURPOSE OF EXPENDITURE	Category (See category Other: Campaign	ories listed at the top of this schedul support	Description Overhead			
	Check if travel o	utside of Texas, complete sche	dule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		ficeholder name	Office sought Council District 1	Office held		
	ATTACH ADDIT	IONAL COPIES OF THIS	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	· ·	Office Overhe e Polling Exper Expense Printing Expe	nse es/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 5/9/2025	5 Payee name Alex Ruiz		l		
6 Amount (\$) 320.00	7 Payee address; C 103 Obregon St San Antonio, TX 78207	ity; State; Zip Code	9		
8 PURPOSE OF EXPENDITURE	PURPOSE Other: Campaign support Overhead				
9 Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Office sought Council District 1					
Date 5/9/2025	Payee name Kara Lee				
Amount (\$) 205.00	Payee address; C 205 E Huisache San Antonio, TX 78212	ity; State; Zip Code	•		
PURPOSE OF EXPENDITURE	Category (See categories listed at Other: Campaign support	the top of this schedule)	Description Overhead		
	Check if travel outside of Te	xas, complete schedule T	Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder of Sukh Kaur		ce sought uncil District 1	Office held	
Date 5/9/2025	Payee name ANEDOT				
Amount (\$) 155.90	Payee address; C 1340 Poydras Street ##770 New Orleans, LA 70112	ity; State; Zip Code)		
PURPOSE OF EXPENDITURE	Category (See categories listed at Fees	the top of this schedule)	Description Contribution Fee		
	Check if travel outside of Te	xas, complete schedule T	Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C			ce sought uncil District 1	Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS SCHE	DULE AS NEEDE	:D	

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Exper Fees Food/Bevers Gifts/Awards ommittee Legal Servic	nse Loa Offi age Expense Poll k/Memorials Expense Prir	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: 5 of 19	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)		
4 Date 5/9/2025	5 Payee name Olive Donald					
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 8303 Beauty Oaks San Antonio, TX 78251					
8 PURPOSE OF						
EXPENDITURE	(c) Check if travel out	side of Texas, complete scheo	dule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct Candidate / Officeholder name Officeholder name			Office sought Council District 1	Office held		
Date 5/9/2025	Payee name Devon Huynh					
Amount (\$) 200.00	Payee address; City; State; Zip Code 12115 Karnes Way San Antonio, TX 78253					
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	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office OH Sukh Kaur	eholder name	Office sought Council District 1	Office held		
Date 5/9/2025	Payee name Diego Cuellar					
Amount (\$) 210.00	Payee address; 13903 Babcock Rd San Antonio, TX 78	•	Zip 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	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		eholder name	Office sought Council District 1	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

	EXPENDITURE CATEGO	ORIES 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 The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form	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 19	2 FILER NAME Sukh Kaur	·	3 Filer ID (Ethics Commission Filers)
4 Date 5/9/2025	5 Payee name Saadhana Vijay	,	
6 Amount (\$) 510.00	7 Payee address; City; St 2121 Cactus Circle San Antonio, TX 78258	ate; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of th Other: Campaign support	(b) Description Overhead	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, composition Candidate / Officeholder name Sukh Kaur	ete schedule T Check if A Office sought Council District 1	ustin, TX, officeholder living expense Office held
Date 5/10/2025	Payee name Jiffy.com		
Amount (\$) 83.36	Payee address; City; St 1000 N West ST Wilmington, DE 19801	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of th Other: Tshirts	Description Advertising Exper	nse
	Check if travel outside of Texas, comp	ete schedule T Check if A	ustin, 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 5/11/2025	Payee name ANEDOT		
Amount (\$) 158.70	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	Description Contribution Fee	
	ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDE	D

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 F Gifts/Awards/Memorials Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Olling Expense rinting Expense rialaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense 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 5/12/2025	5 Payee name USPS	<u> </u>			
6 Amount (\$) 1736.00	7 Payee address; City; State; 2400 McCullough Ave San Antonio, TX 78212	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Other: Postage	(b) Description Advertising Expense			
	(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 5/12/2025	Payee name Prestige Printing				
Amount (\$) 1070.59	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 sched 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 Council District 1			
Date 5/13/2025	Payee name ANEDOT				
Amount (\$) 286.40	Payee address; City; State; 1340 Poydras Street ##770 New Orleans, LA 70112	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Fees	Description Contribution Fee			
	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			
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED			

SCHEDULE F1

	EXPENDITURE CATEGO	RIES 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 The Instruction Guide explains h	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form	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: 8 of 19	2 FILER NAME Sukh Kaur	·	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2025	5 Payee name Toni Miranda	-	
6 Amount (\$) 150.00	7 Payee address; City; Sta 2526 Sage Hollow San Antonio, TX 78251	te; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this Other: Campaign support	schedule) (b) Description Overhead	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, comple Candidate / Officeholder name Sukh Kaur	Office sought Council District 1	Austin, TX, officeholder living expense Office held
Date 5/15/2025	Payee name ANEDOT		
Amount (\$) 122.70	Payee address; City; Sta 1340 Poydras Street ##770 New Orleans, LA 70112	te; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Fees	Schedule) Description Contribution Fee	
	Check if travel outside of Texas, comple	te schedule 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 5/16/2025	Payee name Prestige Printing		
Amount (\$) 870.01	Payee address; City; Sta 8 Burwood Ln San Antonio, TX 78216	te; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Other: Printing	schedule) Description Advertising Expe	nse
	Check if travel outside of Texas, comple	te schedule T Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGOI	RIES 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 The Instruction Guide explains h	Office Overhead/Rental Expense Trans Polling Expense Trave Printing Expense Trave Salaries/Wages/Contract Labor Othe	itation/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: 9 of 19	2 FILER NAME Sukh Kaur	· · · · · · · · · · · · · · · · · · ·	ID (Ethics Commission Filers)
4 Date 5/16/2025	5 Payee name Prestige Printing		
6 Amount (\$) 932.03	7 Payee address; City; Star 8 Burwood Ln San Antonio, TX 78216	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this Other: Printing	(b) Description Advertising Expense	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, comple Candidate / Officeholder name Sukh Kaur		K, officeholder living expense
Date 5/16/2025	Payee name Colt Osburn		
Amount (\$) 2000.00	Payee address; City; Sta 3407 Stallion creek San Antonio, TX 78247	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Other: Campaign support	Description Overhead	
	Check if travel outside of Texas, comple	e schedule T Check if Austin, TX	K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Sukh Kaur	Office sought Of Council District 1	fice held
Date 5/17/2025	Payee name Los Angeles Tortilleria		
Amount (\$) 20.28	Payee address; City; Star 5138 Blanco Rd San Antonio, TX 78216	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Other: Campaign Meal	Description Other	
	Check if travel outside of Texas, comple	e schedule T Check if Austin, TX	K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Of Council District 1	fice held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expe	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 exp	lains how to complete this form	, , ,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
10 of 19	Sukh Kaur		(2
4 Date	5 Payee name		
5/17/2025	ANEDOT		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
100.10	1340 Poydras Street ##770		
	New Orleans, LA 70112		
8	(a) Category (See categories listed at the top	o of this schedule) (b) Description Contribution Fe	•
PURPOSE	Fees	Contribution Fe	96
OF			
EXPENDITURE	(c) Check if travel outside of Texas, of	complete schedule T	if Austin, TX, officeholder living expense
			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H Sukh Kaur	Office sought Council District 1	Office held
experience to belief 6/6	Sukii Kaui	Council District 1	
Date	Payee name		
5/19/2025	ANEDOT		
Amount (\$)	Payee address; City;	State; Zip Code	
150.80	1340 Poydras Street ##770		
	New Orleans, LA 70112		
	Category (See categories listed at the top	o of this schedule) Description	
PURPOSE	Fees	Contribution Fe	ee
OF			
EXPENDITURE			
	Check if travel outside of Texas, o	complete schedule T Check	if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	e Office sought	Office held
expenditure to benefit C/C		Council District 1	
Date	Payee name		
5/19/2025	Frost Bank		
Amount (\$)	Payee address; City;	State; Zip Code	
5.00	PO Box 1600	State, Zip Code	
	San Antonio, TX 78296		
	Category (See categories listed at the top		
PURPOSE	Other: Bank Fee	Other	
OF			
EXPENDITURE			
	Check if travel outside of Texas, of	complete schedule T Check	if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	e Office sought	Office held
expenditure to benefit C/C	H Sukh Kaur	Council District 1	
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEED	DED

	EVDE	NDITURE CATEGORIES	EOD BOY 9(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expo Fees Food/Beve Gifts/Award ommittee Legal Serv	ense Lu Orage Expense P ds/Memorials Expense P	oan 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:	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 5/19/2025	5 Payee name Frost Bank			
6 Amount (\$) 500.00	7 Payee address; PO Box 1600 San Antonio, TX 78	City; State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See category Other: Bank Fee	ries listed at the top of this schedu	(b) Description Other	
EXPENDITURE	(C) Check if travel or	utside of Texas, complete sch	edule T Check if A	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 5/20/2025	Payee name Saadhana Vijay			
Amount (\$) 270.00	Payee address; 2121 Cactus Circle San Antonio, TX 78		Zip Code	
PURPOSE OF EXPENDITURE	Category (See category Other: Campaign	ries listed at the top of this schedu Support	Description Overhead	
	Check if travel or	ıtside of Texas, complete sch	edule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		iceholder name	Office sought Council District 1	Office held
Date 5/20/2025	Payee name Diego Cuellar			
Amount (\$) 272.00	Payee address; 13903 Babcock Rd San Antonio, TX 78		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 A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		iceholder name	Office sought Council District 1	Office held
	ATTACH ADDITI	ONAL COPIES OF THI	S SCHEDULE AS NEEDE	ED

	EYPENDITU	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 Exp Gifts/Awards/Memore Legal Services	Loan Re Office O ense Polling E ials Expense Printing	epayment/Reimbursement everhead/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 5/20/2025	5 Payee name kimberly hurst			
6 Amount (\$) 435.00	7 Payee address; 8527 Parthenon PI Universal City, TX 78148	City; State; Zip 0	Code	
8 PURPOSE OF	(a) Category (See categories listed Other: Campaign suppo		(b) Description Overhead	
EXPENDITURE	(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 / Officehold	<u> </u>	Office sought Council District 1	Office held
Date 5/20/2025	Payee name Kara Lee			
Amount (\$) 210.00	Payee address; 205 E Huisache San Antonio, TX 78212	City; State; Zip 0	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 / Officehold OH Sukh Kaur	er name	Office sought Council District 1	Office held
Date 5/20/2025	Payee name Alex Ruiz			
Amount (\$) 620.00	Payee address; 103 Obregon St San Antonio, TX 78207	City; State; Zip 0	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		er name	Office sought Council District 1	Office held
	ATTACH ADDITIONAL	COPIES OF THIS SC	HEDULE AS NEEDE	ED

	EYDENDIT	URE 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 Ex Gifts/Awards/Mem ommittee Legal Services	Loan Re Office O pense Polling E orials 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: 13 of 19	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 5/20/2025	5 Payee name Marshall Cavazos			
6 Amount (\$) 1020.00	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 supports)		(b) Description Overhead	
EXPENDITORE	(c) Check if travel outside of	of Texas, complete schedule	T Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officehol	· · · · · · · · · · · · · · · · · · ·	Office sought Council District 1	Office held
Date 5/21/2025	Payee name ANEDOT			
Amount (\$) 148.50	Payee address; 1340 Poydras Street ## New Orleans, LA 70112		Code	
PURPOSE OF EXPENDITURE	Category (See categories liste Fees	ed at the top of this schedule)	Description Contribution Fee	
	Check if travel outside of	of Texas, complete schedule	T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officehol DH Sukh Kaur	der name	Office sought Council District 1	Office held
Date 5/22/2025	Payee name Akshay Muddam			
Amount (\$) 640.00	Payee address; 3807 Houston Hwy Victoria, TX 77901	City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See categories liste Other: Campaign supp		Description Overhead	
	Check if travel outside of	of Texas, complete schedule	T Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		der name	Office sought Council District 1	Office held
	ATTACH ADDITIONAL	L COPIES OF THIS SO	HEDULE AS NEEDE	ED.

SCHEDULE F1

	EXPENDITURE CATE	GORIES 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 The Instruction Guide explair	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	,	3 Filer ID (Ethics Commission Filers)
4 Date 5/23/2025	5 Payee name ANEDOT		
6 Amount (\$) 447.30	7 Payee address; City; 1340 Poydras Street ##770 New Orleans, LA 70112	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Fees	this schedule) (b) Description Contribution Fee	,
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, com Candidate / Officeholder name Sukh Kaur	Office sought Council District 1	Austin, TX, officeholder living expense Office held
Date 5/25/2025	Payee name ANEDOT		
Amount (\$) 20.30	Payee address; City; 1340 Poydras Street ##770 New Orleans, LA 70112	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Fees	this schedule) Description Contribution Fee	,
	Check if travel outside of Texas, com	nplete 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 Council District 1	Office held
Date 5/27/2025	Payee name ANEDOT		
Amount (\$) 59.24	Payee address; City; 1340 Poydras Street ##770 New Orleans, LA 70112	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Fees	this schedule) Description Contribution Fee	
	Check if travel outside of Texas, com	nplete schedule T Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Council District 1	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEED!	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 Off Food/Beverage Expense Po Gifts/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense lling Expense nting Expense laries/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 5/27/2025	5 Payee name Alamo Mailing				
6 Amount (\$) 148.12	7 Payee address; City; State; 13114 Lookout Run San Antonio, TX 78233	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedul Other: Mailing	e) (b) Description Advertising Expe	ense		
	(c) Check if travel outside of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 1	Office held		
Date 5/27/2025	Payee name Alamo Mailing				
Amount (\$) 6377.62	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 schedul Other: Mailing	Description Advertising Expe	ense		
	Check if travel outside of Texas, complete sche	dule 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 5/28/2025	Payee name Kara Lee				
Amount (\$) 120.00	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 schedul Other: Campaign support	Description Overhead			
	Check if travel outside of Texas, complete sche	dule 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 NEEDE	 ED		

	EXPENDITURE CA	TEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	· ·	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Polains how to complete this form	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: 16 of 19	2 FILER NAME Sukh Kaur	•	3 Filer ID (Ethics Commission Filers)			
4 Date 5/28/2025	5 Payee name Kara Lee					
6 Amount (\$) 135.00	7 Payee address; City; State; Zip Code 205 E Huisache San Antonio, TX 78212					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to Other: Campaign support	p of this schedule) (b) Description Overhead				
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, Candidate / Officeholder name Sukh Kaur	_	f Austin, TX, officeholder living expense Office held			
Date 5/28/2025	Payee name Saadhana Vijay					
Amount (\$) 160.00	Payee address; City; 2121 Cactus Circle San Antonio, TX 78258	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Other: Campaign support	p of this schedule) Description Overhead				
	Check if travel outside of Texas,	complete schedule T Check i	f Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Sukh Kaur	e Office sought Council District 1	Office held			
Date 5/28/2025	Payee name Riley Carroll					
Amount (\$) 130.00	Payee address; City; 514 Fulton Ave #1 San Antonio, TX 78212	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Other: Campaign support	p of this schedule) Description Overhead				
	Check if travel outside of Texas,	complete schedule T Check i	f Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C		e Office sought Council District 1	Office held			
	ATTACH ADDITIONAL COPIL	ES OF THIS 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 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 and form	3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2025	5 Payee name Colt Osburn		
6 Amount (\$) 1000.00	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 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 5/28/2025	Payee name Marshall Cavazos		
Amount (\$) 240.00	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 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
Date 5/28/2025	Payee name Marshall Cavazos		
Amount (\$) 240.00	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 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 .

	EYPENDI	TURE CATEGORIES FOR	BOY 9/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/Me Legal Services	Loan R Office 0 Expense Polling morials Expense Printing	epayment/Reimbursement Dverhead/Rental Expense Expense J 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: 18 of 19	2 FILER NAME Sukh Kaur			3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2025	5 Payee name Prestige Printing			
6 Amount (\$) 2612.07	7 Payee address; 8 Burwood Ln San Antonio, TX 78216		Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories li Other: Printing	sted at the top of this schedule)	(b) Description Advertising Expe	nse
LAFENDITONE	(c) Check if travel outside	e of Texas, complete schedule	T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeh	· · · · · · · · · · · · · · · · · · ·	Office sought Council District 1	Office held
Date 5/28/2025	Payee name Alex Ruiz			
Amount (\$) 140.00	Payee address; 103 Obregon St San Antonio, TX 78207	•	Code	
PURPOSE OF EXPENDITURE	Category (See categories li Other: Campaign sup	sted at the top of this schedule)	Description Overhead	
	Check if travel outside	e of Texas, complete schedule	e T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeho DH Sukh Kaur	older name	Office sought Council District 1	Office held
Date 5/28/2025	Payee name Akshay Muddam			
Amount (\$) 130.00	Payee address; 3807 Houston Hwy Victoria, TX 77901	City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See categories li Other: Campaign sup	sted at the top of this schedule)	Description Overhead	
	Check if travel outside	e of Texas, complete schedule	e T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeh DH Sukh Kaur	older name	Office sought Council District 1	Office held
	ATTACH ADDITION	AL COPIES OF THIS S	CHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGORIES	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:	2 FILER NAME Sukh Kaur	to complete this form	3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2025	5 Payee name kimberly hurst		
6 Amount (\$) 435.00	7 Payee address; City; State; 8527 Parthenon PI Universal City, TX 78148	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche Other: Campaign support	(b) Description Overhead	
EXPENDITURE	(c) Check if travel 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	Candidate / Officeholder name	Office sought Council District 1	Office held
Date 5/28/2025	Payee name Diego Cuellar		
Amount (\$) 130.00	Payee address; City; State; 13903 Babcock Rd San Antonio, TX 78249	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	chedule 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	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche	edule) Description	
	Check if travel outside of Texas, complete so	chedule 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 TH	IIS SCHEDULE AS NEEDE	ED

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 how to complete this form				
1 Total pages Schedule F2: 1 of 1	2 FILER NAME Sukh Kaur 3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZE	ED UNPAID INCURRED OBLIGATIONS		\$ O		
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		Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Pol	itical			
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 ONLY 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

	7	The Instruction Guide explains how to complete this form.			ages Sche	dule F3:		
•	FILER NAME	The second secon		1 of 1	(Ethics Co	mmississ	Filers)	
2	Sukh Kaur		3	riiei iD	(Ethics Co)	riieis)	
4	Date	5 Name of person from whom investment is purchased						
		6 Address of person from whom investment is purchased; City;	•		State;	 Zip	Code	
		7 Description of investment						
		8 Amount of investment (\$)						
	Date	Name of person from whom investment is purchased						
		Address of person from whom investment is purchased; City;	•		State;	 Zip	Code	
		Description of investment						
		Amount of investment (\$)						
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEED	ED			

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	Travel in District Travel Out Of District			
Candidate/Officeholder/Political Co	•	Other (enter a category not listed above)			
The Instruction Guide explains 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 Chec	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 N	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
Amount (ft)	Davisa address: City State 7in Code
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from	
political contributions	
intended	Code way (See extension listed at the top of this cohedule)
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	Candidate / Officeholder name Office sought Office held
D 1	
Date	Payee name
Δ	Deve a delegan Otto Otto Otto Otto
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from	
political contributions	
intended	O to Constructive listed at the transfer fathir extended to D
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	
	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/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/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/0	
	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.)	escription (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.)	escription (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.)	escription (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.)	escription (See instructions regarding type of information required.)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE 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	ission Filers)
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor / F	Payee		
5 Contribution / Expendi	ture reported on				-
Schedule A2	Schedule		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				
	8 Departure cit	y or name of departure location	n		
	9 Destination of	ity or name of destination loca	tion		
10 Means of transporta	ation	11 Purpose of travel (includino	g name of conference, sem	inar, or other event)	
Name of Contributor /	Corporation or L	abor Organization / Pledgor / F	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 / F	Payee		
Contribution / Expendi	ture reported on	:			
Schedule A2	Schedule		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 cit	y or name of departure location	n		
Destination city or name of destination location					
Means of transporta	ation	Purpose of travel (including	g name of conference, sem	inar, or other event)	
	ATTA	CH 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 colort 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 olete A & B below only 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 contril or 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 o may not convert assets purchased with political contributions or interesuse. I also understand that I must dispose of assets purchased with p Election 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 con 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