# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this t	,	thics Commission Filers)	2 Total pages fi 41	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST <b>Mr John</b>		мі <b>К</b>	OFFICE US	SE ONLY
NAME	NICKNAME LAST  Courag		SUFFIX	Date Received 1/13/2025 5:31:2	29РМ
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE # PO Box 700007 San Antonio TX 78270	; CITY; ST.	ATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBE ( 210 ) 216-5020	R EXTEN	NSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Zada		MI	Receipt #	Amount \$
NAME	NICKNAME LAST TrueCo		SUFFIX	Date Processed 1/13/2025 5:31:25  Date Imaged	9PM
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PL PO Box 700007 San Antonio TX 78270	EASE); APT / SUITE #;	CITY; ST	ATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 210 ) 872-4213	R EXTEN	SION		
9 REPORT TYPE	January 15: Semi-Annual				
10 PERIOD COVERED	Month Day 7/1/2024	Year	Month GH <b>12</b>	Day Year	
11 ELECTION	ELECTION DATE  Month Day Year  5/3/2025	Primary Runof  X General Specia	Description		
12 OFFICE	OFFICE HELD (if any)  Council District 9		13 OFFICE SOUGHT Mayor	(if known)	
		GO TO PAGE 2			

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer II	) (Ethics Commission Filers)	
Mr John K Courag	je					
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					
Additional Pages		COMMITTEE CAMPA	IIGN TREASURER NAME			
		COMMITTEE CAMPA	NIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	MIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0	
		CICAL CONTRIBUTIONS ON PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	12124.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$	0		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	13543.82	
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	25021.13	
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$	25000.00	
18 AFFIDAVIT						
			I swear, or affirm, under penalty or is true and correct and includes al me under Title 15, Election Code.			
* * * Electronically Certified * * *						
AFFIX NOTARY STAM	Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribe of <u>January</u> ,			_	this	he <u>13th</u> day	
Signature of officer adm	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath	

# **SUBTOTALS - COH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME		20 Filer ID (Ethics Commission Filers)	
	Mr John K Coura	ge		
21	SCHEDULE SUBTONAME OF SCHEDU		SUBTOTAL AMOUNT	
1.	X SCHEDU	LE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12124.00	
2.	X SCHEDU	LE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ O	
3.	X SCHEDU	LE B: PLEDGED CONTRIBUTIONS	\$ O	
4.	X SCHEDU	LE E: LOANS	\$ O	
5.	X SCHEDU	LE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13543.82	
6.	X SCHEDU	LE F2: UNPAID INCURRED OBLIGATIONS	\$ O	
7.	X SCHEDU	LE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	\$ <b>0</b>	
8.	X SCHEDU	LE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O	
9.	X SCHEDU	LE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0	
10.	X SCHEDU	LE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	F C/OH \$ 0	
11.	X SCHEDU	LE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	vs <b>\$0</b>	
12.		LE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ED TO FILER	\$ O	

### SCHEDULE A1

	т	he Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 1 of 14
2	FILER NAME Mr John K Cour	rage			3 Filer ID (Ethics Commission Filers)
4	Date <b>7/2/2024</b>	5 Full name of contributor Ms Zada True-Courage	☐ out-of-state P	AC (ID#)	7 Amount of contribution (\$) 10.00
		6 Contributor address; 1938 Broken Oak St San Antonio, TX 78232	City;	State; Zip Code	
8	Principal occupa Retired	cupation / Job title (See instructions)  9  Employer (See instructions)  Retired			uctions)
	Date 7/2/2024	Full name of contributor  Ms Zada True-Courage	out-of-state P	AC (ID#)	Amount of contribution (\$) <b>20.00</b>
		Contributor address; 1938 Broken Oak St San Antonio, TX 78232	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See in Retired Retired			Employer (See instru Retired	uctions)	
	Date 7/3/2024	Full name of contributor  Mr Edward Powers	out-of-state P	AC (ID#)	Amount of contribution (\$) <b>20.00</b>
		Contributor address; 3523 Red Oak Ln San Antonio , TX 78230	City;	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 7/3/2024	Full name of contributor  Ms Zada True-Courage	out-of-state P	AC (ID#)	Amount of contribution (\$) <b>20.00</b>
		Contributor address; 1938 Broken Oak San Antonio, TX 78232	City;	State; Zip Code	
	Principal occupa Retired	tition / Job title (See instructions)		Employer (See instru Retired	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

	1	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 2 of 14
2	FILER NAME Mr John K Cou	rage			3 Filer ID (Ethics Commission Filers)
4	Date 7/3/2024	5 Full name of contributor Mr Ian Straus	☐ out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 20.00
		6 Contributor address; 6307 Ridge Forest Dr San Antonio, TX 78233	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Retired	uctions)
	Date 7/3/2024	Full name of contributor  Mr Gary Rogers	out-of-state PA	AC (ID#)	Amount of contribution (\$) 20.00
		Contributor address; 293 Donella Dr San Antonio, TX 78232	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Retired	uctions)
Date Full name of contributor □ out-of-state PAC (ID#		AC (ID#)	Amount of contribution (\$) <b>20.00</b>		
		Contributor address; 130 Tranquil Trail Dr San Antonio, TX 78232	City;	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)		Employer (See instru Retired	uctions)
	Date 7/3/2024	Full name of contributor  Mr David Goff	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 19538 Mill Oak San Antonio, TX 78258	City;	State; Zip Code	
	Principal occupa Medical Physic	ation / Job title (See instructions)		Employer (See instru	uctions)

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### SCHEDULE A1

	т	he Instruction Guide explains how to co	omplete this f	orm.	1 Total pages Schedule A1: 3 of 14
2	FILER NAME Mr John K Cou	rage			3 Filer ID (Ethics Commission Filers)
4	Date 7/3/2024	5 Full name of contributor   Mr Rick Adcock	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; 14806 Dancers Image San Antonio, TX 78248	City; S	tate; Zip Code	
8	Principal occupa Accountant	tion / Job title (See instructions)		9 Employer (See instru Schuh Browne, P.C.	ctions)
	Date 7/6/2024	Full name of contributor  Ms Jean Hackett	out-of-state PA	C (ID#)	Amount of contribution (\$) 300.00
		Contributor address; 13314 Voelcker Ranch Dr San Antonio, TX 78231	City; S	tate; Zip Code	
	Principal occupation / Job title (See instructions) Employer (See instructions)  Retired Retired				
	Date 7/9/2024	Full name of contributor  Mr Hector Cavasos	out-of-state PA	C (ID#)	Amount of contribution (\$) <b>100.00</b>
		Contributor address; 21135 Pacific Grove San Antonio, TX 78259	City; S	tate; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)		Employer (See instru Cavazos Law	ctions)
	Date 7/13/2024	Full name of contributor  Mr R Micheal Berrier	out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 202 Lavaca St San Antonio, TX 78210	City; S	tate; Zip Code	
	Principal occupa Bar Owner	tion / Job title (See instructions)		Employer (See instru Self	ctions)

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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 f	orm.	1 Total pages Schedule A1: 4 of 14
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 7/13/2024	5 Full name of contributor	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 210 Cave Ln San Antonio, TX 78209	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Brown & McDonald	ctions)
	Date 7/15/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; City; S  2454 Toftrees Dr  San Antonio, TX 78209	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Brown & Ortiz	ctions)
	Date 7/16/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>25.00</b>
		Contributor address; City; S 15622 Partridge Trl San Antonio, TX 78232	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru n/a	ctions)
	Date 7/16/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>25.00</b>
		Contributor address; City; S  1822 Crystal Cove San Antonio, TX 78259	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)

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### SCHEDULE A1

	7	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 5 of 14
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 7/16/2024	5 Full name of contributor ☐ out-of-state Mr Ian Straus	PAC (ID#)	7 Amount of contribution (\$) 20.00
		6 Contributor address; City; 6307 Ridge Forest Dr San Antonio, TX 78233	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Retired	uctions)
	Date 7/16/2024	Full name of contributor  ut-of-state  Mr Robert Pollock	PAC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; City; 15622 Partridge Trl San Antonio, TX 78232	State; Zip Code	
	Principal occupa Engineer	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 7/16/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 20.00
		Contributor address; City; 1938 Broken Oak St San Antonio, TX 78232	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)	Employer (See instru Retired	uctions)
	Date 7/16/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; City; 1938 Broken Oak St San Antonio, TX 78232	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)	Employer (See instru Retired	uctions)

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### SCHEDULE A1

	1	he Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 6 of 14
2	FILER NAME Mr John K Cou	rage			3 Filer ID (Ethics Commission Filers)
4	Date 7/16/2024	5 Full name of contributor Brown & McDonald PLLC	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 1000.00
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instr	uctions)
	Date 7/31/2024	Full name of contributor  Ms Wiesie Steen  Contributor address;  1250 NE Loop 410 #305  San Antonio, TX 78209	out-of-state PA	AC (ID#)	Amount of contribution (\$) 1000.00
	Principal occupa	ation / Job title (See instructions)		Employer (See instr Self	uctions)
	Date 7/31/2024	Full name of contributor  Mr John T Steen  Contributor address;  1250 NE Loop 410 #305  San Antonio, TX 78209	□ out-of-state PA City; S	AC (ID#)	Amount of contribution (\$) 1000.00
	Principal occupa	ation / Job title (See instructions) or		Employer (See instr Self	uctions)
	Date 7/31/2024	Full name of contributor  Ms Connie LeBlanc  Contributor address;  70 Courtside Circle  San Antonio, TX 78216	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
	Principal occupa  Teacher	ation / Job title (See instructions)		Employer (See instr N/A	uctions)

Forms provided by Texas Ethics Commission

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

### SCHEDULE A1

	т	he Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 7 of 14
2	FILER NAME Mr John K Cour	rage			3 Filer ID (Ethics Commission Filers)
4	Date 8/5/2024	5 Full name of contributor Ms Jennifer Lynch	out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 20.00
		6 Contributor address; 14415 Larkstone St San Antonio , TX 78232	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru Neisd	ictions)
	Date 8/11/2024	Full name of contributor  Ms Zada True-Courage	out-of-state P	AC (ID#)	Amount of contribution (\$) 5.00
		Contributor address; 1938 Broken Oak San Antonio, TX 78232	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions)  Retired Retired			uctions)		
	Date 8/11/2024	Full name of contributor  Ms Zada True-Courage	`		Amount of contribution (\$) <b>10.00</b>
		Contributor address; 1938 Broken Oak San Antonio, TX 78232	City;	State; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)		Employer (See instru Retired	actions)
	Date 8/11/2024	Full name of contributor  Ms Zada True-Courage	out-of-state P/	AC (ID#)	Amount of contribution (\$) 10.00
		Contributor address; 1938 Broken Oak San Antonio, TX 78232	City;	State; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)		Employer (See instru Retired	uctions)

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

### SCHEDULE A1

	т	he Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 8 of 14
2	FILER NAME Mr John K Cour	rage		3 Filer ID (Ethics Commission Filers)
4	Date 8/13/2024	5 Full name of contributor ☐ out-of-state PA  Ms Zada True-Courage	C (ID#)	7 Amount of contribution (\$) 5.00
		6 Contributor address; City; S 1938 Broken Oak San Antonio, TX 78232	tate; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru Retired	ıctions)
	Date 8/15/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 734 Lost Cyn San Antonio, TX 78258	tate; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions)  Retired Retired				
	Date 8/26/2024	Mr Howard Berkley	C (ID#)	Amount of contribution (\$) 1000.00
		234 Brees San Antonio , TX 78209		
	Principal occupa Helper	tion / Job title (See instructions)	Employer (See instru Retired	ıctions)
	Date 9/2/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; S 7611 Granite Hall Ave Richmond, VA 23225	tate; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instru Retired	ictions)

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

### SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 9 of 14
2	FILER NAME Mr John K Cour	age		3 Filer ID (Ethics Commission Filers)
4	Date 9/11/2024	5 Full name of contributor ☐ out-of-state PA Mr Melvin L Cohen	C (ID#)	7 Amount of contribution (\$) 1000.00
		6 Contributor address; City; S 13722 Cape Bluff San Antonio, TX 78216	State; Zip Code	
8	Principal occupa Retired	tion / Job title (See instructions)	9 Employer (See instru Retired	uctions)
	Date 9/25/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 10.00
		Contributor address; City; S 15910 Robles Nuevo San Antonio, TX 78232	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions)  Retired Retired			uctions)	
	Date 9/25/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; S 510 Texas Pt San Antonio, TX 78260	State; Zip Code	
	Principal occupa US Army	tion / Job title (See instructions)	Employer (See instru Retired	ictions)
	Date 9/25/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 20.00
		Contributor address; City; S 18222 Crystal Cv San Antonio, TX 78259	State; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instru Retired	uctions)

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### SCHEDULE A1

	1	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10 of 14		
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)		
4	Date 9/25/2024	5 Full name of contributor ☐ out-of-state PA  Mr Stephen Versteeg	AC (ID#)	7 Amount of contribution (\$) 26.00		
		6 Contributor address; City; S 105 Reno St San Antonio, TX 78208	State; Zip Code			
8	Principal occupa	tion / Job title (See instructions) er	9 Employer (See instruction FBD Partnership	ctions)		
	Date 9/25/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) <b>50.00</b>		
		Contributor address; City; S 6307 Ridge Forest Dr San Antonio, TX 78233	State; Zip Code			
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instruction Retired	ctions)		
	Date 9/25/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00		
		Contributor address; City; S  141 Lindy HIs  Cibolo, TX 78108	State; Zip Code			
	Principal occupa Training Manag	ition / Job title (See instructions) er	Employer (See instruction Complete Data System	•		
	Date 9/25/2024	Mr Daniel Laser	C (ID#)	Amount of contribution (\$) 18.00		
		9539 Sinsonte St San Antonio, TX 78230				
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instruction Retired	ctions)		

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### SCHEDULE A1

	ī	he Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: 11 of 14
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 9/26/2024	5 Full name of contributor □ out-of- Ms Zada True-Courage	-state PAC (ID#)	7 Amount of contribution (\$) 10.00
		6 Contributor address; City 1938 Broken Oak St San Antonio, TX 78232	y; State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 9/26/2024	Full name of contributor	-state PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City 13411 Marceline San Antonio, TX 78232	y; State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See Retired Retired		Employer (See instru Retired	uctions)	
Date Full name of contributor 9/26/2024 Mr William Kiser			-state PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City 14890 Cadillac Dr San Antonio, TX 78248	y; State; Zip Code	
	Principal occupa Professor	tion / Job title (See instructions)	Employer (See instru UIW	uctions)
	Date 9/27/2024	Full name of contributor	-state PAC (ID#)	Amount of contribution (\$) 20.00
		Contributor address; City 3215 Medaris Ln San Antonio, TX 78258	y; State; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instru Retired	uctions)

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

### SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 12 of 14
2	FILER NAME Mr John K Co	urage			3 Filer ID (Ethics Commission Filers)
4	Date 9/27/2024				7 Amount of contribution (\$) 100.00
		6 Contributor address; 1718 Encino Spg San Antonio, TX 78259	City;	State; Zip Code	
8	Principal occup	pation / Job title (See instructions)		9 Employer (See instru N/A	uctions)
	Date 9/28/2024	Full name of contributor  Mr Tilman Fertita	out-of-state P/	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; 1510 W. Loop South Houston , TX 77027	City;	State; Zip Code	
Principal occupation / Job title (See instructions) CEO			Employer (See instructions)  Landrys Inc		
	Date 9/29/2024	Full name of contributor  Mr Fredrick Schultz	☐ out-of-state P/	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 3003 Whisper Fern St San Antonio, TX 78230	City;	State; Zip Code	
	Principal occup	pation / Job title (See instructions)	Employer (See instructions) n/a		
	Date 9/30/2024	Full name of contributor  Mr Phil Hardberger	out-of-state P/	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 319 Hollwood Ave San Antonio, TX 78212	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired		uctions)	

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### SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 13 of 14
2	FILER NAME Mr John K Cour	rage			3 Filer ID (Ethics Commission Filers)
4	Date 10/2/2024	5 Full name of contributor Mr pablo escamilla	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 1000.00
		6 Contributor address; 1047 W 17th Houston , TX 77008	City;	State; Zip Code	
8	Principal occupa Attorney	tion / Job title (See instructions)		9 Employer (See instru Escamilla Poneck,L	•
	Date 11/7/2024	Full name of contributor  Ms Camille Denton	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address;  1 Bitterblue Ln San Antonio, TX 78218	City;	State; Zip Code	
Principal occupation / Job title (See instructions)  Developer			Employer (See instru  Bitterblue Inc	uctions)	
	Date 11/7/2024	Full name of contributor  Mr Lloyd Denton	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address;  1 Bitterblue Ln  San Antonio, TX 78218	City;	State; Zip Code	
	Principal occupa  Developer	tion / Job title (See instructions)	Employer (See instructions) Bitterblue Inc		uctions)
	Date 11/23/2024	Full name of contributor  Mr Ken Nirenberg	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 12726 Cranes MI San Antonio, TX 78230	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Retired		Employer (See insti		uctions)	

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# SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 14 of 14		
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)		
4	Date 11/23/2024	5 Full name of contributor ☐ out-of-state PA  Ms Carol Noble	AC (ID#)	7 Amount of contribution (\$) 250.00		
		6 Contributor address; City; S 12726 Cranes MI San Antonio, TX 78230	State; Zip Code			
8	Principal occupa Retired	tion / Job title (See instructions)	9 Employer (See instru Retired	ictions)		
	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 (See			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)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements					

Forms provided by Texas Ethics Commission

# 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			
_	FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$ 0			
5	Date  6 Full name of contributor  out-of-state PAC (ID#	8 Amount of Contribution \$ 9 In-kind contribution description  Code			
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas, complete Schedule T  Employer (FOR NON-JUDICIAL) (See instructions)			
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)			
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
1	Date  Full name of contributor  out-of-state PAC (ID#  contributor address;  City; State; Zip	Amount of Contribution \$ In-kind contribution description  Code			
l	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)			
(	Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
(	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDIII E AS NEEDED			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

# **PLEDGED CONTRIBUTIONS**

# SCHEDULE B

	1	The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2	FILER NAME Mr John K C	Courage		3 Filer ID (Ethics Commission Filers)
4	TOTAL OF U	JNITEMIZED PLEDGES		\$ 0
5	Date	6 Full name of pledgor out-of-state PAC (ID#  7 Pledgor address; City; State; Zip Code		8 Amount of Pledge \$
10	Principal occu	pation / Job title (See instructions)	mployer (Se	L—I Check if travel outside of Texas, complete Schedule Tee instructions)
	Date	Full name of pledgor out-of-state PAC (ID#  Pledgor address; City; State; Zip Code		Amount of Pledge \$
	Principal occu	pation / Job title (See instructions)	mployer (Se	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 \$
	Principal occu	pation / Job title (See instructions)	mployer (Se	Check if travel outside of Texas, complete Schedule T
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$ In-kind contribution description
	Principal occu	pation / Job title (See instructions)	mployer (Se	L—I Check if travel outside of Texas, complete Schedule Tee instructions)
		ATTACH ADDITIONAL CODIES OF THIS SO	NEDIH E	AS NEEDED
		ATTACH ADDITIONAL COPIES OF THIS SO	HEDULE	AS NEEDED

#### **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) Mr John K Courage 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)** Loan Repayment/Reimbursement Accounting/Banking Event Expense Solicitation/Fundraising Expense Advertising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Mr John K Courage 1 of 12 4 Date 5 Payee name 7/1/2024 **PayPal** 6 Amount (\$) 7 Payee address; City; Zip Code State; 202.13 2211 N. First St. San Jose, CA 95131 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Other: Processing Expenses Service Charges **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH John Courage Mayor **Council District 9** Date Payee name 7/1/2024 Google Ads Amount (\$) Payee address; City; State; Zip Code 282.48 1600 Amphiteatre Ave Mountain View, CA 94043 Category (See categories listed at the top of this schedule) Description Advertising Other: Advertising **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH John Courage Mayor **Council District 9** Date Payee name 7/15/2024 Rocket Science Group, LLC Amount (\$) Payee address; State; Zip Code City; 569.24 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308 Category (See categories listed at the top of this schedule) Description Advertising Other: Advertising **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH **Council District 9** John Courage Mayor

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEGORIE	S 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	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how	to complete this form	T
1 Total pages Schedule F1: 2 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/16/2024</b>	5 Payee name NationBuilder		
6 Amount (\$) 35.00	7 Payee address; City; State; 520 S. Grand Ave Los Angeles, CA 90071	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this school Other: Advertising	(b) Description Website Svcs	
	(c) Check if travel outside of Texas, complete se	chedule T Check if	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought <b>Mayor</b>	Office held Council District 9
Date <b>7/16/2024</b>	Payee name Orb Media Marketing		
Amount (\$) <b>100.00</b>	Payee address; City; State; 1110 Austin Rd Austin, TX 78215	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school Other: Consulting	Description Consulting Cam	paign
	Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought <b>Mayor</b>	Office held Council District 9
Date <b>7/16/2024</b>	Payee name Orb Media Marketing		
Amount (\$) <b>1400.00</b>	Payee address; City; State; 1110 Austin Rd Austin, TX 78215	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school Other: Consulting	Description Consulting Camp	paign
	Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought <b>Mayor</b>	Office held Council District 9
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEED!	ED

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	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: 3 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>7/17/2024</b>	5 Payee name Orb Media Marketing			
6 Amount (\$) 800.00	7 Payee address; City; State 1110 Austin Rd Austin, TX 78215	; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Other: Consulting	(b) Description Consulting Camp	paign	
	(c) Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought <b>Mayor</b>	Office held Council District 9	
Date <b>7/17/2024</b>	Payee name Google Ads			
Amount (\$) <b>500.00</b>	Payee address; City; States 1600 Amphiteatre Ave Mountain View, CA 94043	; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Other: Advertising	hedule) Description Advertising		
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought <b>Mayor</b>	Office held Council District 9	
Date <b>7/31/2024</b>	Payee name Frost Bank			
Amount (\$) <b>5.00</b>	Payee address; City; State; PO Box 1600 San Antonio, TX 78296	; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Other: Service Fees	hedule) Description Bank Service Cha	arge	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEEDE	ED .	

		EXPENDITURE CATEGORIE	S FOR I	BOX 8(a)	
Accounting/Banking		rent Expense		payment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting Expense		es od/Beverage Expense	Office Ov Polling E	verhead/Rental Expense	Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By		fts/Awards/Memorials Expense	Printing I		Travel Out Of District
Candidate/Officeholder/Political C		gal Services	_	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	Th	e Instruction Guide explains how	to comp	lete this form	
1 Total pages Schedule F1: 4 of 12	2 FILER NAME Mr John K C	ourage			3 Filer ID (Ethics Commission Filers)
4 Date 8/1/2024	5 Payee name Google Ads				
6 Amount (\$)	7 Payee address	; City; State;	Zip C	Code	
471.07	1600 Amphit	eatre Ave			
	Mountain Vie	ew, CA 94043			
0	(S)	e categories listed at the top of this sch	odulo)	(h) Description	
8	Other: Adve		iedule)	(b) Description Advertising	
PURPOSE	Other: Auv	, using		7.09	
OF					
EXPENDITURE	(c) Check if t	ravel outside of Texas, complete s	schedule	T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candida	te / Officeholder name		Office sought	Office held
expenditure to benefit C/C				Mayor	Council District 9
		J		•	
Date 8/13/2024	Payee name Rocket Scier	nce Group, LLC			
			7in (	20do	
Amount (\$) <b>524.47</b>	Payee address	E Leon Ave NE #5000	Zip C	Jode	
324.47	Atlanta, GA				
	Atlanta, GA	00300			
	Category (Se	e categories listed at the top of this sch	iedule)	Description	
PURPOSE	Other: Adve	ertising		Advertising	
OF					
EXPENDITURE					
	Check if t	ravel outside of Texas, complete s	schedule	T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct	Candida	te / Officeholder name		Office sought	Office held
expenditure to benefit C/C				Mayor	Council District 9
·		· ·		•	
Data	Dayras #				
Date <b>8/14/2024</b>	Payee name Orb Media M	arketing			
			7: <sub></sub> (	>-d-	
Amount (\$) <b>1500.00</b>	Payee address 1110 Austin		Zip C	ode	
1500.00		· <del>- • ·</del>			
	Austin, TX 78	3215			
	Category (Se	e categories listed at the top of this sch	iedule)	Description	
PURPOSE	Other: Cons		,	Consulting Cam	paign
OF		•			- <del>-</del>
EXPENDITURE					
LAFENDITORE	Ob a all if i			T	Austin TV office believe the living and an arrange
Complete ONLY if direct		ravel outside of Texas, complete s			Austin, TX, officeholder living expense  Office held
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name		Office sought Mayor	Council District 9
SAPSTIGITO TO DOTION O/C	551111 61	ou.ugo		ayoi	Council District 9
	АТТАСН А	DDITIONAL COPIES OF T	HIS SC	HEDIII E AS NEEDI	ED
	ATTACITA	SETTIONAL OUT ILU OF T	30	DOLL AU NLED	

	EXPENDITU	RE CATEGORIES FOR	BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense	Event Expense Fees Food/Beverage Exp	Loan Re Office O	epayment/Reimbursement verhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gifts/Awards/Memo	rials Expense Printing	Expense /Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction G	uide explains how to comp	olete this form	
1 Total pages Schedule F1: 5 of 12	2 FILER NAME Mr John K Courage			3 Filer ID (Ethics Commission Filers)
4 Date 8/16/2024	5 Payee name NationBuilder			
6 Amount (\$) 35.00	7 Payee address; 520 S. Grand Ave Los Angeles, CA 90071	City; State; Zip	Code	
8 PURPOSE OF	(a) Category (See categories lister Other: Advertising	d at the top of this schedule)	(b) Description Website Svcs	
EXPENDITURE	(c) Check if travel outside of	Texas, complete schedule	T Check if A	ustin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officehold	· · · · · · · · · · · · · · · · · · ·	Office sought Mayor	Office held Council District 9
Date 8/19/2024	Payee name Google Ads			
Amount (\$) <b>500.00</b>	Payee address; 1600 Amphiteatre Ave Mountain View, CA 9404		Code	
PURPOSE OF EXPENDITURE	Category (See categories lister Other: Advertising	d at the top of this schedule)	Description Advertising	
za zasnenz	Check if travel outside of	Texas, complete schedule	T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officehold  John Courage	er name	Office sought Mayor	Office held  Council District 9
Date 8/22/2024	Payee name WIX.com			
Amount (\$) <b>77.94</b>	Payee address; 7095 Hollywood Blvd Los Angeles, CA 90028	City; State; Zip o	Code	
PURPOSE OF EXPENDITURE	Category (See categories liste Other: Advertising	d at the top of this schedule)	Description Website Svcs	
	Check if travel outside of	Texas, complete schedule	T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		er name	Office sought Mayor	Office held Council District 9
	ATTACH ADDITIONAL	COPIES OF THIS SO	HEDULE 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 Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 6 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date <b>8/27/2024</b>	5 Payee name Events.com				
6 Amount (\$) 9.00					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this school Other: Advertising	(b) Description Advertise Event			
EXPENDITORE	(c) Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Mayor	Office held Council District 9		
Date <b>8/28/2024</b>	Payee name Prestige Printing LLC				
Amount (\$) <b>114.75</b>	Payee address; City; State; 8 Burwood Lane San Antonio, TX 78216	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Advertising	Description Advertising			
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought <b>Mayor</b>	Office held Council District 9		
Date 8/30/2024	Payee name Frost Bank				
Amount (\$) <b>5.00</b>	Payee address; City; State; PO Box 1600 San Antonio, TX 78296	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Service Fees	Description Bank Service Cha	arge		
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDE	ED .		

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District
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 ho	ow to complete this form	
1 Total pages Schedule F1: 7 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>8/31/2024</b>	5 Payee name FEDEX Office		
6 Amount (\$) 186.72	7 Payee address; City; State 13420 San Pedro Ave San Antonio, TX 78216	e; Zip Code	
PURPOSE OF	(a) Category (See categories listed at the top of this s Other: Advertising	(b) Description Advertising	
EXPENDITURE	(c) Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH John Courage	Office sought <b>Mayor</b>	Office held Council District 9
Date 9/3/2024	Payee name Google Ads		
Amount (\$) <b>417.10</b>	Payee address; City; State 1600 Amphiteatre Ave Mountain View, CA 94043	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s  Other: Advertising	chedule)  Description  Advertising	
EXI ENSITORE	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought <b>Mayor</b>	Office held Council District 9
Date <b>9/10/2024</b>	Payee name Orb Media Marketing		
Amount (\$) <b>1500.00</b>	Payee address; City; State 1110 Austin Rd Austin, TX 78215	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s  Other: Consulting	Description Consulting Camp	oaign
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought <b>Mayor</b>	Office held Council District 9
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED!	

	EXPENDITURE CA	TEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Re Office Overhead/Re		iolicitation/Fundraising Expense iransportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	•		ravel in District	
Contributions/Donations Made By	Gifts/Awards/Memorials Exp	- · · ·		ravel Out Of District	
Candidate/Officeholder/Political C Credit Card Payment	·	Salaries/Wages/Cor		Other (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME	plains how to complete this f		lor ID (Ethica Commission Eilers)	
8 of 12	Mr John K Courage		3 61	ler ID (Ethics Commission Filers)	
4 Date 9/13/2024	5 Payee name Rocket Science Group, LLC				
6 Amount (\$) 524.47	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308				
8 PURPOSE OF	(a) Category (See categories listed at the t Other: Advertising	1	cription rertising		
EXPENDITURE	(c) Check if travel outside of Texas,	complete schedule T	Check if Austin	, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder nam			Office held	
expenditure to benefit C/C		Mayor	ugni	Council District 9	
Date <b>9/16/2024</b>	Payee name NationBuilder				
Amount (\$) <b>35.00</b>	Payee address; City; 520 S. Grand Ave Los Angeles, CA 90071	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t Other: Advertising		cription osite Svcs		
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 nan DH <b>John Courage</b>	ne Office so <b>Mayor</b>	ought	Office held Council District 9	
Date 9/30/2024	Payee name Frost Bank				
Amount (\$) <b>5.00</b>	Payee address; City; PO Box 1600 San Antonio, TX 78296	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t Other: Service Fees		cription k Service Charge		
	Check if travel outside of Texas,	complete schedule T	Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ne Office so	ought	Office held	
	ATTACH ADDITIONAL COP	ES OF THIS SCHEDUL	E AS NEEDED		

# SCHEDULE F1

AAir	EXPENDITURE CATEGOR	` '	California / From decision From anno	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District	
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains ho	ow to complete this form		
1 Total pages Schedule F1: 9 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)	
4 Date 10/1/2024	5 Payee name Google Ads			
6 Amount (\$) 452.13	7 Payee address; City; State 1600 Amphiteatre Ave Mountain View, CA 94043	e; Zip Code		
8 PURPOSE OF	(a) Category (See categories listed at the top of this s Other: Advertising	(b) Description Advertising		
EXPENDITURE	(c) Check if travel outside of Texas, complete	e schedule T	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C		Mayor	Council District 9	
Date <b>10/15/2024</b>	Payee name Rocket Science Group, LLC			
Amount (\$) <b>524.47</b>	Payee address; City; State 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	e; Zip Code		
PURPOSE OF	Category (See categories listed at the top of this s Other: Advertising	Description Advertising		
EXPENDITURE	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought <b>Mayor</b>	Office held Council District 9	
Date 10/16/2024	Payee name NationBuilder			
Amount (\$) <b>35.00</b>	Payee address; City; State 520 S. Grand Ave Los Angeles, CA 90071	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s  Other: Advertising	Description Website Svcs		
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought <b>Mayor</b>	Office held Council District 9	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# SCHEDULE F1

Accounting/Banking	EXPENDITURE C Event Expense	ATEGORIES FOR BO	OX 8(a)  yment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense	Fees	·	rhead/Rental Expense	Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	Polling Exp		Travel Out Of District	
Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Ex ommittee Legal Services		ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide e		_		
1 Total pages Schedule F1: 10 of 12	2 FILER NAME Mr John K Courage			3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>10/31/2024</b>	5 Payee name Frost Bank		,		
6 Amount (\$) 5.00	7 Payee address; City:	State; Zip Co	ode		
	San Antonio, TX 78296				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Other: Service Fees  (b) Description Bank Service Charge				
EXPENDITURE	(6)				
	(c) Check if travel outside of Texas		<del></del>	ustin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder na OH	me O	ffice sought	Office held	
Date 11/12/2024	Payee name Rocket Science Group, LLC				
Amount (\$) <b>503.15</b>	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308				
PURPOSE OF	Category (See categories listed at the Other: Advertising	top of this schedule)	Description Advertising		
EXPENDITURE	Check if travel outside of Texas	s, complete schedule T	Check if A	sustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder na DH <b>John Courage</b>		ffice sought layor	Office held Council District 9	
Date 11/18/2024	Payee name <b>NationBuilder</b>				
Amount (\$) <b>35.00</b>	Payee address; City; 520 S. Grand Ave Los Angeles, CA 90071	State; Zip Co	ode		
PURPOSE OF EXPENDITURE	Category (See categories listed at the Other: Advertising	top of this schedule)	Description Website Svcs		
	Check if travel outside of Texas	s, complete schedule T	Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder na DH <b>John Courage</b>		ffice sought layor	Office held Council District 9	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expens ommittee Legal Services	Loan Repayment/Reiml Office Overhead/Rental Polling Expense	Expense Transportation Equipment & Related Expe Travel in District Travel Out Of District Other (enter a category not listed above)	ense	
1 Total pages Schedule F1:	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers	s)	
4 Date 11/26/2024	5 Payee name Orb Media Marketing		-		
6 Amount (\$) 1500.00	7 Payee address; City; State; Zip Code 1110 Austin Rd Austin, TX 78215				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Consulting  (b) Description Consulting Campaign				
EXPENDITURE	(c) Check if travel outside of Texas, co	omplete schedule T	Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug <b>Mayor</b>			
Date 11/29/2024	Payee name Frost Bank				
Amount (\$) <b>5.00</b>	Payee address; City; PO Box 1600 San Antonio, TX 78296	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Other: Service Fees		ption Service Charge		
	Check if travel outside of Texas, co	emplete schedule T	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held		
Date 12/13/2024	Payee name Rocket Science Group, LLC				
Amount (\$) <b>503.15</b>	Payee address; City; 675 Ponce de Leon Ave NE #500 Atlanta, GA 30308	State; Zip Code 00			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Other: Advertising	of this schedule)  Descri  Advert			
	Check if travel outside of Texas, co	omplete schedule T	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office soug <b>Mayor</b>	ht Office held Council District 9		
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE	AS NEEDED		

# SCHEDULE F1

	EXPENDITURE CATEGORIES	S 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 Polling Expense Gifts/Awards/Memorials Expense Printing Expense		Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	-	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
12 of 12	Mr John K Courage		<b>3</b>
4 Date	<b>5</b> Payee name		
12/16/2024	NationBuilder		
6 Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code	
35.00	520 S. Grand Ave		
	Los Angeles, CA 90071		
8	(a) Category (See categories listed at the top of this sche		
PURPOSE	Other: Advertising	Website Svcs	
OF			
EXPENDITURE	(c)		A. C. TV. (F. L.
	(c) Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	DH John Courage	Mayor	Council District 9
Date	Payee name		
12/31/2024	Frost Bank		
Amount (\$)	Payee address; City; State;	Zip Code	
5.00	PO Box 1600		
	San Antonio, TX 78296		
	Och war (Constant and State of the Arm of the constant	December 1	
	Category (See categories listed at the top of this sche Other: Service Fees	Description  Bank Service Ch	arge
PURPOSE	Other. Service rees	Bank Scrvice Sir	ui go
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	DH		
Date	Payee name		
12/31/2024	PayPal		
Amount (\$)	Payee address; City; State;	Zip Code	
141.55	2211 N. First St.	_,p	
	San Jose, CA 95131		
	Category (See categories listed at the top of this sche		
PURPOSE	Other: Processing Expenses	Service Charges	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		Mayor	Council District 9
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDI	ĒD

#### **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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense

Gifts/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

Solicitation/Fundraising Expense

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

Candidate/Officeholder/Political Co	ommittee Legal Services Salaries/Wages/Contract	t Labor Other (enter a category not listed above)			
The Instruction Guide explains how to complete this form					
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
1 of 1	Mr John K Courage	,			
4 TOTAL OF UNITEMIZ	ED UNPAID INCURRED OBLIGATIONS	\$ 0			
<b>5</b> Date	6 Payee name	·			
7 Amount (\$)	8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) De	escription			
	(c) Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense			
<b>11</b> Complete ONLY if direct expenditure to benefit C/C		ght Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  De	escription			
	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		ght Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: 1 of 1							
2	2 FILER NAME Mr John K Courage			Filer I	D (Et	hics Co	mmis	sion File	rs)	
4	Date	5 Name of person from whom investment is purchased								
		6 Address of person from whom investment is purchased; City;	٠			 State;		 Zip Cod	 le	
		<b>-</b> 5 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -								
		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 Cod	 le	
		Description of investment								
		Amount of investment (\$)								
			_	_			_			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

## **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **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

Polling Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form	Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F4: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0			
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description				
EXI ENDITORE	(c) Check if travel outside of Texas, complete schedule T Check if	Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/		Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description				
	Check if travel outside of Texas, complete schedule T Check if	Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

Accounting/Banking Advertising Expense Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District

Candidate/Officeholder/Political (	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to complete this form		
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
1 of 1	Mr John K Courage		
4 Date	5 Payee Name		
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
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		
<b>9</b> Complete ONLY if direct expenditure to benefit C/C			
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description		
LAFENDITORE	Check if travel outside of Texas, complete schedule T  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH  Contect it the outside of reads, complete selected in the			
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description		
	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

Event Expense Food/Beverage Expense

Office Overhead/Rental Expense Polling Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment			
1 Total pages Schedule H:	The Instruction Guide explains how to complete this form  2 FILER NAME  3 Filer ID (Ethics Commission Filers)		
1 of 1	Mr John K Courage		
4 Date	5 Business name		
6 Amount (\$)	<b>7</b> 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		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held		
experialiture to benefit C/V			
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	Candidate / Officeholder name Office sought Office held  OH		
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 the	nis form.
1 Total pages Schedule I: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  (b) Descr	ption (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.)	ption (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.)	ption (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.)	iption (See instructions regarding type of information required.)
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE	AC NEEDED

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

## SCHEDULE K

The	1 Total pages Schedule K: 1 of 1					
2 FILER NAME Mr John K Cou	3 Filer ID (Ethics Commission Filers)					
<b>4</b> 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 AS NEEDED						

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

### SCHEDULE T

The Ins	truction Guide e	1 Total pages Schedule T: 1 of 1					
2 FILER NAME Mr John K Courage			3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expenditure reported on:							
Schedule A2	Schedule	Schedule D	Schedule F1				
Schedule F2	Schedule	B Schedule B(J) F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
6 Dates of travel 7 Name of person(s) traveling							
	8 Departure city or name of departure location						
	9 Destination city or name of destination location						
10 Means of transportation							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure 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	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location						
	Destination of	city or name of destination location					
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / 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 person(s) traveling							
Departure city or name of departure location							
	Destination city or name of destination location						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• C/OH NAME Filer ID (Ethics Commission Filers) Mr John K Courage **SIGNATURE** I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder **FILER WHO IS NOT AN OFFICEHOLDER** .. Complete A & B below only if you are not an officeholder. .. **CAMPAIGN FUNDS** A. Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. В. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER** .. Complete this section only if you are an officeholder. .. I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder