

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>41</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>John</b>	MI <b>K</b>	OFFICE USE ONLY		
	NICKNAME	LAST <b>Courage</b>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1938 Broken Oak St San Antonio TX 78232-3104</b>			Date Received		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>216-5020</b>	EXTENSION			Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Ryan</b>	MI <b>T</b>			Receipt #
	NICKNAME	LAST <b>Takao</b>	SUFFIX	Date Processed		
				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>19206 Barrow Bay San Antonio TX 78258</b>					
8 CAMPAIGN TREASURER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>859-9106</b>	EXTENSION			
9 REPORT TYPE	<b>8th Day Before General Election</b>					
10 PERIOD COVERED	Month Day Year <b>3/28/2023</b>		THROUGH	Month Day Year <b>4/26/2023</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>5/6/2023</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) <b>Council District 9</b>		13 OFFICE SOUGHT (if known) <b>Council District 9</b>			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> <b>Mr John K Courage</b>	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<small>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.</small>	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	<b>\$ 220.00</b>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ 12277.80</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	<b>\$ 0</b>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	<b>\$ 20839.28</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<b>\$ 29222.75</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 31933.00</b>

## 18 AFFIDAVIT

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

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

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr John K Courage, this the 28th day of April, 2023, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - COH

## FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME <b>Mr John K Courage</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 11965.00</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 312.80</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 0</b>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 20839.28</b>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$ 0</b>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 15**

2 FILER NAME  
**Mr John K Courage**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/29/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Armen Babajanian**

7 Amount of contribution (\$)  
**45.00**

6 Contributor address; City; State; Zip Code  
**122 Atwater Dr  
Castle Hills, TX 78213**

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

9 Employer (See instructions)  
**World Affairs Council**

Date  
**4/1/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Landrys Restaurants PAC**

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

Contributor address; City; State; Zip Code  
**1510 West Loop South  
Houston, TX 77207-9505**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**4/2/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Richard S Pressman**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**11310 Whisper Falls St  
San Antonio, TX 78230-3540**

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

Employer (See instructions)  
**Retired**

Date  
**4/2/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Diane Crawford**

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

Contributor address; City; State; Zip Code  
**11146 WhisperSpring Dr  
San Antonio, TX 78230**

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

Employer (See instructions)  
**Retired**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**2 of 15**

2 FILER NAME

**Mr John K Courage**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/2/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Sylvia S Romo**

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

6 Contributor address; City; State; Zip Code  
**11306 Whisper Falls St  
San Antonio, TX 78230**

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

9 Employer (See instructions)  
**Retired**

Date  
**4/2/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Elisa Bernal**

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

Contributor address; City; State; Zip Code  
**3010 Whisper Fern  
San Antonio, TX 78230**

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

Employer (See instructions)  
**Retired**

Date  
**4/2/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Frederick Schultz**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**3003 Whipsper Fern St  
San Antonio, TX 78230**

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

Employer (See instructions)  
**Retired**

Date  
**4/2/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Peggy Schultz**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**3003 Whipsper Fern St  
San Antonio, TX 78230**

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

Employer (See instructions)  
**Retired**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**3 of 15**

2 FILER NAME  
**Mr John K Courage**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/2/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Ann Parsons**

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

6 Contributor address; City; State; Zip Code  
**11011 Whisper Hollow  
San Antonio, TX 78230-3607**

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

9 Employer (See instructions)  
**Retired**

Date  
**4/2/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms James C Schneider**

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

Contributor address; City; State; Zip Code  
**11322 Whisper Falls St  
San Antonio, TX 78230-3540**

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

Employer (See instructions)  
**Retired**

Date  
**4/2/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Denise P Schneider**

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

Contributor address; City; State; Zip Code  
**11322 Whisper Falls St  
San Antonio, TX 78230-3540**

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

Employer (See instructions)  
**Retired**

Date  
**4/2/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Pamela G Harrison**

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

Contributor address; City; State; Zip Code  
**11307 Whisper Falls St  
San Antonio, TX 78230-3540**

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

Employer (See instructions)  
**Retired**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**4 of 15**

**2** FILER NAME  
**Mr John K Courage**

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

**4** Date  
**4/2/2023**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Stacy Leverett**

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

**6** Contributor address; City; State; Zip Code  
**4555 Krueger Rd  
Washington, TX 77680**

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

**9** Employer (See instructions)  
**Self**

Date  
**4/2/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Dan Leverett**

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

Contributor address; City; State; Zip Code  
**4555 Krueger Rd  
Washington, TX 77680**

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

Employer (See instructions)  
**Self**

Date  
**4/2/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Peggy Walter**

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

Contributor address; City; State; Zip Code  
**3214 Whisper Bells St  
San Antonio, TX 78230**

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

Employer (See instructions)  
**retired**

Date  
**4/2/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Todd Erickson**

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

Contributor address; City; State; Zip Code  
**11118 Whisper Meadow St  
San Antonio, TX 78230**

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

Employer (See instructions)  
**self-employed**

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>5 of 15</b>
<b>2</b> FILER NAME <b>Mr John K Courage</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/3/2023</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>TREPAC/Texas Association of Realtors PAC</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>PO Box 2246</b> <b>San Antonio, TX 78768-2246</b>	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>8</b> Principal occupation / Job title (See instructions)		<b>9</b> Employer (See instructions)
Date <b>4/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Judine A Taylor</b> ..... Contributor address; City; State; Zip Code <b>11310 Whisper Falls St</b> <b>San Antonio, TX 78230-3340</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>Retired</b>
Date <b>4/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Mary Young</b> ..... Contributor address; City; State; Zip Code <b>11306 Whisper Glen St</b> <b>San Antonio , TX 78230</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Self-employed</b>		Employer (See instructions) <b>Adtech Photo Imaging</b>
Date <b>4/6/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Janet Byrnes</b> ..... Contributor address; City; State; Zip Code <b>PO Box 592195</b> <b>Austin, TX 78259</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See instructions) <b>social worker</b>		Employer (See instructions) <b>retired</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6 of 15</b>
2 FILER NAME <b>Mr John K Courage</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/13/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Alyssa Maris</b> ..... 6 Contributor address; City; State; Zip Code <b>11315 Whisper Glen St</b> <b>San Antonio, TX 78230</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See instructions) <b>N/a</b>		9 Employer (See instructions) <b>N/a</b>
Date <b>4/13/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Robert W. Miller</b> ..... Contributor address; City; State; Zip Code <b>14215 Jones Maltzberger Rd</b> <b>San Antonio, TX 78247</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>N/a</b>
Date <b>4/14/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>American Federation of State &amp; Municipal Employees People PAC</b> ..... Contributor address; City; State; Zip Code <b>1625 L Street NW</b> <b>Washington, DC 20036</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>4/15/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Viki Melton</b> ..... Contributor address; City; State; Zip Code <b>20623 Wild Springs Dr</b> <b>San Antonio, TX 78258</b>	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See instructions) <b>Realtor</b>		Employer (See instructions) <b>Stone Oak Realty Services, LLC</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**7 of 15**

2 FILER NAME  
**Mr John K Courage**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/17/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr William Duvall**

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

6 Contributor address; City; State; Zip Code  
**11507 Whisper Breeze St  
San Antonio, TX 78230**

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

9 Employer (See instructions)  
**Retired**

Date  
**4/17/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Eugene Marck**

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

Contributor address; City; State; Zip Code  
**345 Argyle  
San Antonio, TX 78209**

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

Employer (See instructions)  
**Retired**

Date  
**4/17/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Tamara Benavides**

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

Contributor address; City; State; Zip Code  
**10019 Town Center  
San Antonio, TX 78251**

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

Employer (See instructions)  
**ABH Hospitality**

Date  
**4/17/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Chein C Liu**

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

Contributor address; City; State; Zip Code  
**18510 Eagle Ford  
San Antonio, TX 78258-4446**

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

Employer (See instructions)  
**Retired**

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8 of 15</b>
2 FILER NAME <b>Mr John K Courage</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/17/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr David Berrio</b> ..... 6 Contributor address; City; State; Zip Code <b>24 Nikita Dr</b> <b>San Antonio, TX 78248</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See instructions) <b>N/A</b>		9 Employer (See instructions) <b>N/A</b>
Date <b>4/17/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Marc A. Rodriguez</b> ..... Contributor address; City; State; Zip Code <b>1122 Colorado Suite 2399</b> <b>Austin, TX 78701</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Lobbyist</b>		Employer (See instructions) <b>self-employed</b>
Date <b>4/17/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Samuel Telles</b> ..... Contributor address; City; State; Zip Code <b>25014 Granite Path</b> <b>San Antonio , TX 78258</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>N/A</b>
Date <b>4/18/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Mike Tinnon</b> ..... Contributor address; City; State; Zip Code <b>20522 Settlers Vly</b> <b>San Antonio, TX 78258</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See instructions) <b>Accountant</b>		Employer (See instructions) <b>COI Enterprises, Boerne, TX</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**9 of 15**

**2** FILER NAME

**Mr John K Courage**

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

**4** Date  
**4/18/2023**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Arthur Nicholson**

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

**6** Contributor address; City; State; Zip Code  
**230 Dwyer Ave  
San Antonio, TX 78209**

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

**9** Employer (See instructions)  
**Retired**

Date  
**4/19/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Virginia Stevens**

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

Contributor address; City; State; Zip Code  
**9035 Luzita Ln  
San Antonio, TX 78230**

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

Employer (See instructions)  
**N/A**

Date  
**4/19/2023**

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

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

Contributor address; City; State; Zip Code  
**335 Country Wood Dr  
San Antonio, TX 78216**

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

Employer (See instructions)  
**Aldrete Strategic Partners**

Date  
**4/19/2023**

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

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

Contributor address; City; State; Zip Code  
**318 Waxberry Trail  
San Antonio, TX 78256-1635**

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

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

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10 of 15</b>
2 FILER NAME <b>Mr John K Courage</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/19/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Paul J Kuwamura</b> ..... 6 Contributor address; City; State; Zip Code <b>7428 Gallery Ridge</b> <b>San Antonio, TX 78250</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See instructions) <b>N/A</b>		9 Employer (See instructions) <b>N/A</b>
Date <b>4/19/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Kristi Sutterfield</b> ..... Contributor address; City; State; Zip Code <b>18523 Wild Onion</b> <b>San Antonio, TX 78258-1654</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Executive Director</b>		Employer (See instructions) <b>Greater San Antonio Builders Assoc</b>
Date <b>4/19/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Daniel T Zimmerman</b> ..... Contributor address; City; State; Zip Code <b>23580 Hanging Oak</b> <b>San Antonio, TX 78266</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Engineer/CFO</b>		Employer (See instructions) <b>Cleary Zimmermann Engineers</b>
Date <b>4/19/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Frances E Barros</b> ..... Contributor address; City; State; Zip Code <b>14016 Sage Bluff</b> <b>San Antonio, TX 78216-1935</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>Retired</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**11 of 15**

**2** FILER NAME  
**Mr John K Courage**

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

**4** Date  
**4/19/2023**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Charles A John**

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

**6** Contributor address; City; State; Zip Code  
**13418 Vista Bonita  
San Antonio, TX 78216-2213**

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

**9** Employer (See instructions)  
**Self**

Date  
**4/19/2023**

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

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

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

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

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

Date  
**4/19/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**San Antonio Hotel & Lodging Assoc**

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

Contributor address; City; State; Zip Code  
**119 Heiman #300  
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**4/19/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr James McKnight**

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

Contributor address; City; State; Zip Code  
**2019 Flint Oak  
San Antonio, TX 78248-1821**

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

Employer (See instructions)  
**Ortiz Mcknight**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**12 of 15**

**2** FILER NAME  
**Mr John K Courage**

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

**4** Date  
**4/19/2023**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Kimberly B McKnight**

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

**6** Contributor address; City; State; Zip Code  
**2019 Flint Oak  
San Antonio, TX 78248-1821**

**8** Principal occupation / Job title (See instructions)  
**Registered Nurse**

**9** Employer (See instructions)  
**Methodist Healthcare**

Date  
**4/19/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**SABPAC 1**

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

Contributor address; City; State; Zip Code  
**3625 Paesanos Parkway  
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**4/19/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Yehonati Leor**

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

Contributor address; City; State; Zip Code  
**127 Sandhill Woods  
Rockport, TX 78382**

Principal occupation / Job title (See instructions)  
**Climate and drought researcher**

Employer (See instructions)  
**Self employed**

Date  
**4/20/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr George N Mery**

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

Contributor address; City; State; Zip Code  
**5157 Blanco Rd #E  
San Antonio, TX 78216**

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

Employer (See instructions)  
**Elegant Limosine and Charter**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>13 of 15</b>
<b>2</b> FILER NAME <b>Mr John K Courage</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/20/2023</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Julie Mery</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>5157 Blanco Rd #E</b> <b>San Antonio, TX 78216</b>	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>VP</b>		<b>9</b> Employer (See instructions) <b>GJMery Investments</b>
Date <b>4/21/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Richard Pressman</b> ..... Contributor address; City; State; Zip Code <b>11310 Whisper Falls St</b> <b>San Antonio, TX 78230</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See instructions) <b>n/a</b>		Employer (See instructions) <b>n/a</b>
Date <b>4/21/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Clear Channel Outdoor, LLC PAC</b> ..... Contributor address; City; State; Zip Code <b>2225 E. Camelback Rd #400</b> <b>Phoenix, AZ 85016</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>4/21/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Richard Middleton</b> ..... Contributor address; City; State; Zip Code <b>13714 Oak Cabin</b> <b>San Antonio, TX 78232</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Educator</b>		Employer (See instructions) <b>Retired</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**14 of 15**

2 FILER NAME  
**Mr John K Courage**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/21/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Ellen Smith**

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

6 Contributor address; City; State; Zip Code  
**2134 Redwoods Crst  
San Antonio, TX 78232**

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

9 Employer (See instructions)  
**Coker United Methodist early learning center**

Date  
**4/21/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Laura Burt**

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

Contributor address; City; State; Zip Code  
**14930 Oak Smt  
San Antonio, TX 78232-3961**

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

Employer (See instructions)  
**self**

Date  
**4/21/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Art Downey**

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

Contributor address; City; State; Zip Code  
**730 Arch Stone  
San Antonio, TX 78258**

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

Employer (See instructions)  
**US Army - Retired**

Date  
**4/22/2023**

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

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

Contributor address; City; State; Zip Code  
**24806 Night Arrow  
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)  
**school administration**

Employer (See instructions)  
**retired**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**15 of 15**

**2** FILER NAME  
**Mr John K Courage**

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

**4** Date  
**4/23/2023**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Ruth Miller**

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

Contributor address; City; State; Zip Code  
**116 Duke Ln  
Kathleen, GA 31047**

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

**9** Employer (See instructions)  
**Mauldin and Jenkins**

Date  
**4/23/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Mary E Cardenas**

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

Contributor address; City; State; Zip Code  
**1226 Carmel Chase  
San Antonio, TX 78258-7841**

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

Employer (See instructions)  
**CLA**

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 4/19/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marco Barros 7 Contributor address; City; State; Zip Code 14018 Sage Blvd San Antonio, TX 78216-1935	8 Amount of Contribution \$ 312.80 9 In-kind contribution description Chapparal Mexican Restaurant for Campaign Fundraiser Evernt <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Consultant		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1 of 1

2 FILER NAME  
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

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  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral  
☐ none

15 ☐ Check if personal funds were deposited into political  
account (See instructions)

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

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  
financial  
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral  
☐ none

☐ Check if personal funds were deposited into political  
account (See Instructions)

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; 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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 11</b>	<b>2</b> FILER NAME <b>Mr John K Courage</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/31/2023</b>	<b>5</b> Payee name <b>Frost Bank</b>		
<b>6</b> Amount (\$) <b>5.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 1600 San Antonio, TX 78296</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Service Charges</b>		<b>(b)</b> Description <b>Bank Service Charge</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>3/31/2023</b>	Payee name <b>Mr Colt Osburn</b>		
Amount (\$) <b>2500.00</b>	Payee address; City; State; Zip Code <b>17365 Henderson Pass #1233 San Antonio, TX 78232</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Consulting</b>		Description <b>Consulting-Campaign</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>3/31/2023</b>	Payee name <b>Ms Jennifer Hernandez</b>		
Amount (\$) <b>760.00</b>	Payee address; City; State; Zip Code <b>9655 Seagate Park San Antonio, TX 78245</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		Description <b>Blockwalking</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>2 of 11</b>	<b>2</b> FILER NAME <b>Mr John K Courage</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/31/2023</b>	<b>5</b> Payee name <b>Mr Robert Schultz</b>		
<b>6</b> Amount (\$) <b>600.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1022 Navarro #305 San Antonio, TX 78205</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		<b>(b)</b> Description <b>Blockwalking</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>3/31/2023</b>	Payee name <b>Mr Kevin Sittenauer</b>		
Amount (\$) <b>460.00</b>	Payee address; City; State; Zip Code <b>224 Willow Crest Cibolo, TX 78108</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		Description <b>Blockwalking</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/4/2023</b>	Payee name <b>Hustle Inc</b>		
Amount (\$) <b>1.08</b>	Payee address; City; State; Zip Code <b>548 Market St San Francisco, CA 94104</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Advertising</b>		Description <b>Phone/texting</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>3 of 11</b>	<b>2</b> FILER NAME <b>Mr John K Courage</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/7/2023</b>	<b>5</b> Payee name <b>CPS Energy</b>		
<b>6</b> Amount (\$) <b>66.56</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 2678 San Antonio, TX 78289</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Utilities</b>		<b>(b)</b> Description <b>Electricity</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/7/2023</b>	Payee name <b>Ms Jennifer Hernandez</b>		
Amount (\$) <b>660.00</b>	Payee address; City; State; Zip Code <b>9655 Seagate Park San Antonio, TX 78245</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		Description <b>Blockwalking</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/7/2023</b>	Payee name <b>Mr Robert Schultz</b>		
Amount (\$) <b>670.00</b>	Payee address; City; State; Zip Code <b>1022 Navarro #305 San Antonio, TX 78205</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		Description <b>Blockwalking</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>4 of 11</b>	<b>2</b> FILER NAME <b>Mr John K Courage</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/7/2023</b>	<b>5</b> Payee name <b>Mr Kevin Sittenauer</b>		
<b>6</b> Amount (\$) <b>200.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>224 Willow Crest Cibolo, TX 78108</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		<b>(b)</b> Description <b>Blockwalking</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/10/2023</b>	Payee name <b>Alamo Mailing</b>		
Amount (\$) <b>4965.31</b>	Payee address; City; State; Zip Code <b>13114 Lookout Run San Antonio, TX 78250</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Advertising</b>		Description <b>Go Vote for John Mailer</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/12/2023</b>	Payee name <b>TOSKR, Inc</b>		
Amount (\$) <b>611.15</b>	Payee address; City; State; Zip Code <b>1999 Harrison St San Francisco, CA 94612</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		Description <b>Phone/texting services</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>5 of 11</b>	<b>2</b> FILER NAME <b>Mr John K Courage</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/13/2023</b>	<b>5</b> Payee name <b>Cricket Wireless</b>		
<b>6</b> Amount (\$) <b>30.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>575 Morosgo Dr Atlanta, GA 30324</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Utilities</b>		<b>(b)</b> Description <b>phone service</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>John Courage</b>	Office sought <b>Council District 9</b>	Office held <b>N/A</b>

  

Date <b>4/13/2023</b>	Payee name <b>Rocket Science Group, LLC</b>		
Amount (\$) <b>122.59</b>	Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Advertising</b>		Description <b>Advertising</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>John Courage</b>	Office sought <b>Council District 9</b>	Office held <b>N/A</b>

  

Date <b>4/14/2023</b>	Payee name <b>Mr Colt Osburn</b>		
Amount (\$) <b>680.00</b>	Payee address; City; State; Zip Code <b>17365 Henderson Pass #1233 San Antonio, TX 78232</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Consulting</b>		Description <b>Consulting - Phone Calls Services</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>John Courage</b>	Office sought <b>Council District 9</b>	Office held <b>N/A</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>6 of 11</b>	<b>2</b> FILER NAME <b>Mr John K Courage</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/15/2023</b>	<b>5</b> Payee name <b>Mr Colt Osburn</b>		
<b>6</b> Amount (\$) <b>2500.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>17365 Henderson Pass #1233 San Antonio, TX 78232</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Consulting</b>		<b>(b)</b> Description <b>Consulting-Campaign</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/15/2023</b>	Payee name <b>Ms Jennifer Hernandez</b>		
Amount (\$) <b>620.00</b>	Payee address; City; State; Zip Code <b>9655 Seagate Park San Antonio, TX 78245</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		Description <b>Blockwalking</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/15/2023</b>	Payee name <b>Ms Jennifer Hernandez</b>		
Amount (\$) <b>620.00</b>	Payee address; City; State; Zip Code <b>9655 Seagate Park San Antonio, TX 78245</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		Description <b>Blockwalking</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>7 of 11</b>	<b>2</b> FILER NAME <b>Mr John K Courage</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/15/2023</b>	<b>5</b> Payee name <b>Mr Robert Schultz</b>		
<b>6</b> Amount (\$) <b>740.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1022 Navarro #305 San Antonio, TX 78205</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		<b>(b)</b> Description <b>Blockwalking</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/15/2023</b>	Payee name <b>Mr Kevin Sittenauer</b>		
Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>224 Willow Crest Cibolo, TX 78108</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		Description <b>Blockwalking</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/17/2023</b>	Payee name <b>NationBuilder</b>		
Amount (\$) <b>35.00</b>	Payee address; City; State; Zip Code <b>520 S. Grand Ave #2 Fl Los Angeles, CA 90071</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Advertising</b>		Description <b>Website Svcs</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>8 of 11</b>	<b>2</b> FILER NAME <b>Mr John K Courage</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/17/2023</b>	<b>5</b> Payee name <b>ZOOM US</b>		
<b>6</b> Amount (\$) <b>17.07</b>	<b>7</b> Payee address; City; State; Zip Code <b>55 Almanden Blvd #6 Fl San Jose, CA 95113</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Video Meeting</b>		<b>(b)</b> Description <b>Website Svcs</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/19/2023</b>	Payee name <b>Viva Politics</b>		
Amount (\$) <b>1039.04</b>	Payee address; City; State; Zip Code <b>1850 Fredericksburg San Antonio, TX 78201</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Campaign Fundraising</b>		Description <b>Reimburse for fundraiser</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/21/2023</b>	Payee name <b>Ms Jennifer Hernandez</b>		
Amount (\$) <b>660.00</b>	Payee address; City; State; Zip Code <b>9655 Seagate Park San Antonio, TX 78245</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		Description <b>Blockwalking</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>9 of 11</b>	<b>2</b> FILER NAME <b>Mr John K Courage</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/21/2023</b>	<b>5</b> Payee name <b>Mr Robert Schultz</b>		
<b>6</b> Amount (\$) <b>600.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1022 Navarro #305 San Antonio, TX 78205</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		<b>(b)</b> Description <b>Blockwalking</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/23/2023</b>	Payee name <b>3-D Signs</b>		
Amount (\$) <b>454.65</b>	Payee address; City; State; Zip Code <b>7986 First St Somerset, TX 78069</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Advertising</b>		Description <b>Signs for Polls</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/23/2023</b>	Payee name <b>HEB</b>		
Amount (\$) <b>350.00</b>	Payee address; City; State; Zip Code <b>15000 San Pedro San Antonio, TX 78232</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		Description <b>Gift Cards- Pollworkers Pool Draw</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>10 of 11</b>	<b>2</b> FILER NAME <b>Mr John K Courage</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/24/2023</b>	<b>5</b> Payee name <b>Mr Kevin Sittenauer</b>		
<b>6</b> Amount (\$) <b>540.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>224 Willow Crest Cibolo, TX 78108</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		<b>(b)</b> Description <b>Blockwalking</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/24/2023</b>	Payee name <b>AT&amp;T</b>		
Amount (\$) <b>88.53</b>	Payee address; City; State; Zip Code <b>13127 San Pedro San Antonio, TX 78216</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Utilities</b>		Description <b>Internet</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date <b>4/24/2023</b>	Payee name <b>PayPal</b>		
Amount (\$) <b>93.52</b>	Payee address; City; State; Zip Code <b>2211 N. First St. San Jose, CA 95131</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Processing Expenses</b>		Description <b>Service Charges</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>11 of 11</b>	<b>2</b> FILER NAME <b>Mr John K Courage</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/26/2023</b>	<b>5</b> Payee name <b>Mr Colt Osburn</b>		
<b>6</b> Amount (\$) <b>99.78</b>	<b>7</b> Payee address; City; State; Zip Code <b>17365 Henderson Pass #1233 San Antonio, TX 78232</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Campaign Expense</b>		<b>(b)</b> Description <b>Reimburse for Tools for signs</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>John Courage</b> Office sought <b>Council District 9</b> Office held <b>N/A</b>			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name         Office sought         Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name         Office sought         Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mr John K Courage</b>	<b>3</b> Filer ID (Ethics Commission Filers)				
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$ 0</b>				
<b>5</b> Date	<b>6</b> Payee name					
<b>7</b> Amount (\$)	<b>8</b> Payee address;                      City;      State;      Zip Code					
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political					
<b>10</b> PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>(a)</b> Category (See categories listed at the top of this schedule)                 </td> <td style="width: 50%; vertical-align: top;"> <b>(b)</b> Description                 </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T      <input type="checkbox"/> Check if Austin, TX, officeholder living expense                 </td> </tr> </table>		<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description					
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

  

Date	Payee name					
Amount (\$)	Payee address;                      City;      State;      Zip Code					
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political					
PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Category (See categories listed at the top of this schedule)</td> <td style="width: 50%; vertical-align: top;">Description</td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T      <input type="checkbox"/> Check if Austin, TX, officeholder living expense                 </td> </tr> </table>		Category (See categories listed at the top of this schedule)	Description	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Category (See categories listed at the top of this schedule)	Description					
<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

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

**2** FILER NAME

**Mr John K Courage**

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

**4** Date

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

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

**7** Description of investment

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

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

**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  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mr John K Courage</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

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

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

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

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

Date	Payee name
------	------------

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

The Instruction Guide explains how to complete this form

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

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

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

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mr John K Courage

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

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <b>1 of 1</b>
2 FILER NAME <b>Mr John K Courage</b>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME  
**Mr John K Courage**

Filer ID (Ethics Commission Filers)

## SIGNATURE

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

\_\_\_\_\_  
Signature of Candidate / Officeholder

## FILER WHO IS NOT AN OFFICEHOLDER

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

### A. CAMPAIGN FUNDS

Check only one:

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

### B. ASSETS

Check only one:

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

\_\_\_\_\_  
Signature of Candidate

## OFFICEHOLDER

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

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

\_\_\_\_\_  
Signature of Officeholder