

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: 54	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST John	MI K	OFFICE USE ONLY	
	NICKNAME	LAST Courage	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1938 Broken Oak St San Antonio TX 78232-3104			Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER -	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Ryan	MI T		
	NICKNAME	LAST Takao	SUFFIX	Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 19206 Barrow Bay San Antonio TX 78258				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 859-9106	EXTENSION		
9 REPORT TYPE	30th Day Before General Election				
10 PERIOD COVERED	<div>Month Day Year</div> <div>1/1/2019 THROUGH 3/25/2019</div>				
11 ELECTION	ELECTION DATE Month Day Year 5/4/2019		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) City Council District 9		13 OFFICE SOUGHT (if known) Council District 9		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr John K Courage	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	<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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 60.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17375.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 60.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 13843.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13131.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 28000.00

18 AFFIDAVIT		
<p>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.</p> <p>*** Electronically Certified ***</p> <p>_____ Signature of Candidate or Officeholder</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Mr John K Courage</u> , this the <u>4th</u> day of <u>April</u> , 20 <u>19</u> , 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

19 FILER NAME Mr John K Courage		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17375.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13843.22
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 23

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/5/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Kathleen W Vale

7 Amount of contribution (\$)
100.00

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

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
1/8/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Debra A Guerrero

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**3915 Skylark Ave
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)

Employer (See instructions)
NRP Group, LLC

Date
1/8/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Eduardo Parra

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**7323 Eagle Ledge
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
Parra Co

Date
1/8/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Daniel B Markson

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**200 Concord Plaza
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Ex VP Marketing

Employer (See instructions)
NRP Group, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 23

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/8/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mary R Brown

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**48 Vineyard
San Antonio, TX 78257**

8 Principal occupation / Job title (See instructions)
CAO

9 Employer (See instructions)
Nustar

Date
1/8/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
William B Greehy

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 780489
San Antonio, TX 78278-0489**

Principal occupation / Job title (See instructions)
Chairman of the Board

Employer (See instructions)
Nustar

Date
1/8/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mary T Ross

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3611 Shallow Brook St
San Antonio, TX 78247-3038**

Principal occupation / Job title (See instructions)

Employer (See instructions)
Nustar

Date
1/8/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nustar PAC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**19003 IH 10 West
San Antonio, TX 78257**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 23
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/8/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory J Asvestas 6 Contributor address; City; State; Zip Code 12930 Country Ridge San Antonio, TX 78216	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Real Estate Broker Developer		9 Employer (See instructions) Self
Date 1/8/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eduardo E Dimoreto Contributor address; City; State; Zip Code 8255 Sunrise Blvd #195 Plantation, FL 33322-5403	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Engineer		Employer (See instructions) Parra Co
Date 1/8/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melissa Kazen Contributor address; City; State; Zip Code 106 Fawn Dr San Antonio, TX 78231	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) EVP		Employer (See instructions) Communities in Schools, San Antonio
Date 1/8/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Louis Barrios Contributor address; City; State; Zip Code 1102 Morgans Peak San Antonio, TX 78258-3143	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Pres/CEO		Employer (See instructions) Los Barrios Enterprises, LLC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 23

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/14/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Steve Hixon

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**114 114 Rio Bravo
San Antonio, T 78232**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
John Kent

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**735 735 Walder Trl
San Antonio, T 78260-7742**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Shane Brinkley

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**10514 Bandera Road #10204
San antonio, T 78250**

Principal occupation / Job title (See instructions)
Pizza Venture of San Antonio

Employer (See instructions)
Marketing

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gabrien Gregory

Amount of contribution (\$)
15.00

Contributor address; City; State; Zip Code
**1806 Town Oak Drive
San Antonio, T 78232**

Principal occupation / Job title (See instructions)
Student

Employer (See instructions)
Student

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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:
5 of 23

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/15/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Kenneth Phelps

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**18222 CRYSTAL Cove
San Antonio, T 78259**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
John Goodman

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1122 Garraty Rd
San Antonio, T 78209**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Theresa Mazuca-Garcia

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1222 Vista Del Juez
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Transport Specialist

Employer (See instructions)
MVM Inc.

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Melinda Schwab

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**13630 Liberty Oak St.
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Teacher

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: 6 of 23
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcie ince 6 Contributor address; City; State; Zip Code 30 imperial way San Antonio, T 78248	7 Amount of contribution (\$) 60.00
8 Principal occupation / Job title (See instructions) Community Service		9 Employer (See instructions) N/A
Date 1/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert L Comeaux Contributor address; City; State; Zip Code 1810 Oakline Dr. San Antonio, TX 78232-4948	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 1/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig M Bell Contributor address; City; State; Zip Code 6106 Vance Jackson #55 San Antonio, TX 78230	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 1/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zada C Takao Contributor address; City; State; Zip Code 19206 Barrow Bay San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CPA/Partner		Employer (See instructions) FHK CPA
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 23

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/15/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ryan T Takao

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**19206 Barrow Bay
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Health Sales

9 Employer (See instructions)
Self Employed

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Susan S Beldon

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**15 Royal Waters
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Admin

Employer (See instructions)
Beldon Industries

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Martha Spinks

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**419 Stonewood St
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kenneth Kanagaki

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**9410 Whitehall
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
engineer

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:
8 of 23

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/15/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Matilda E Kanagaki

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**9410 Whitehall
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Nurse

9 Employer (See instructions)
Retired

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Vibeke M Lee

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**8822 Thatch Dr
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)
Social Worker

Employer (See instructions)
Retired

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Thomas J Daniels

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**626 Larkwood
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Retired/Self Employed

Employer (See instructions)
Tom Daniels & Associates

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Paul T Furukawa

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**2547 Ashton Village Dr
San Antonio, TX 78248**

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:
9 of 23

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/15/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Scott Simpson

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**1901 Buena Vista
San Antonio, TX 78207**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Self Employed

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Larry Howard

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**PO Box 702148
San Antonio, TX 78270-2148**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dena K Jimenez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1416 Tanger Ct.
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marc Arbon

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**12211 Farview Ln
San Antonio, TX 78216**

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: 10 of 23
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Viki Melton 6 Contributor address; City; State; Zip Code 20623 Wild Springs Dr. San Antonio, TX 78258	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) N/A		9 Employer (See instructions) N/A
Date 1/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Danny Sharon Contributor address; City; State; Zip Code 1815 Buck Ridge Ln San Antonio, TX 78232	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Statistician		Employer (See instructions) Self Employed
Date 1/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anthony J Blasi Contributor address; City; State; Zip Code 4531 Briargrove St San Antonio, TX 78217	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 1/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hubert T Hill Jr Contributor address; City; State; Zip Code 24806 Night Arrow San Antonio, TX 78258	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A

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:
11 of 23

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/15/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Edward A Benson

7 Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
12822 Country Crest
San Antonio, TX 78216

8 Principal occupation / Job title (See instructions)
Registered Invstment Advisor

9 Employer (See instructions)
Self Employed

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Robert B Steinberg

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
PO Box 33281
San Antonio, TX 78233

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
N/A

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Felicia Glenn

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
1214 Townsend Ave #105
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
Writer

Employer (See instructions)
Self Employed

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Albert Kaufman

Amount of contribution (\$)
60.00

Contributor address; City; State; Zip Code
3910 Creek Spg
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: 12 of 23
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eugene W Marck 6 Contributor address; City; State; Zip Code 5018 Kenton View San Antonio, TX 78240	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 1/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harriette W Furino Contributor address; City; State; Zip Code 16114 Robinwood Lane San Antonio, TX 78248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 1/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carolee C Moore Contributor address; City; State; Zip Code 4218 Misty Glade San Antonio, TX 78247	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Professor		Employer (See instructions) Univ of Incarnate Word
Date 1/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David H Plylar Contributor address; City; State; Zip Code 4218 Misty Glade San Antonio, TX 78247	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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:
13 of 23

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/15/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Freda L Facey

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**1935 Far Niente
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
N/A

9 Employer (See instructions)
N/A

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stanley J Facey

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1935 Far Niente
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
N/A

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Arthur J Downey

Amount of contribution (\$)
50.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Miki Gilbreath

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**15703 Deer Crest
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
N/a

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:
14 of 23

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/15/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Sybil R Morgan M.D.

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
1100 NE Loop 410 #504
San Antonio, TX 78209

8 Principal occupation / Job title (See instructions)
MD

9 Employer (See instructions)
Self Employed

Date
1/15/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ann Denton Wells

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
3303 Oakwell Court #100
San Antonio, TX 78218

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Brown & Ortiz, P.C.

Date
1/16/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Laurissa Grinnell

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
1901 Ridge Park St
San Antonio, T 78232

Principal occupation / Job title (See instructions)
Kindred Hospice

Employer (See instructions)
RN Liaison

Date
1/17/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Samuel Temple

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
2715 Woodley
San Antonio, T 78232

Principal occupation / Job title (See instructions)
AT&T

Employer (See instructions)
Statistician

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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 23

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/18/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Yasaman J Azima

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
PO Box 91012
San Antonio, TX 78209

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Jasmine Construction Management

Date
1/31/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
George Block

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
127 Burr Rd. #4
San Antonio, T 78209-6447

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
2/1/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Michael Putman

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
120 E Edgewood
San Antonio, T 78209

Principal occupation / Job title (See instructions)
Putman Law Firm

Employer (See instructions)
lawyer

Date
2/2/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mary E Cardenas

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
1228 Carmel Chase
San Antonio, TX 78258-7841

Principal occupation / Job title (See instructions)
Retired

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: 16 of 23
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackie Christenson 6 Contributor address; City; State; Zip Code PO Box 15076 San Antonio, TX 78212	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 2/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Irma Gutierrez Contributor address; City; State; Zip Code 3391 E Oak St Goliad, TX 77963	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 2/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Enrique Davila Contributor address; City; State; Zip Code 5424 Hwy 90 West San Antonio, TX 78227	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Davila Electrical
Date 2/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Davila Contributor address; City; State; Zip Code 5424 Hwy 90 West San Antonio, TX 78227	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Davila Electrical
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:
17 of 23

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
2/20/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Erik Gerwell

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**730 Executive Dr
San Antonio, T 78216**

8 Principal occupation / Job title (See instructions)
Novus Technology Solutions

9 Employer (See instructions)
CEO

Date
2/21/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rick Rodriguez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**10010 San Pedro #450
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Brass.US

Date
2/21/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Amanda Rodriguez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**10010 San Pedro #450
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Orthopedic Dr.

Employer (See instructions)
Self

Date
2/21/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Deborah Hayes

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**3314 Falling Brook
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Retired

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:
18 of 23

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
2/23/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Sheila Korte

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
3678 Hidden Drive #1402
San Antonio, T 78217

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
2/23/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
John Canales

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
14410 Challedon circle
San Antonio, T 78248

Principal occupation / Job title (See instructions)
Kiolbassa Provision Co.

Employer (See instructions)
Vice President of Continuous Improvement

Date
2/26/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jim Bailey

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
501 Thelma Dr
Olmos Park, T 78212-2416

Principal occupation / Job title (See instructions)
Alamo Architects

Employer (See instructions)
Architect

Date
2/26/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Emilio Arriola

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
2012 W. Kings Hwy.
San Antonio, T 78201

Principal occupation / Job title (See instructions)
San Antonio Education Partnership

Employer (See instructions)
Development Officer

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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: 19 of 23
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John F Warren III 6 Contributor address; City; State; Zip Code 9522 Burwick Dr. San Antonio, TX 78230-4031	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Project Manager		9 Employer (See instructions) Clark Construction
Date 3/1/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alex B Hamilton Contributor address; City; State; Zip Code 1449 Blue Crest Ln San Antonio, TX 78232	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Ten Ring Inc
Date 3/1/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathleen Stevens Contributor address; City; State; Zip Code 1449 Blue Crest Ln San Antonio, TX 78232	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Doctor		Employer (See instructions) UTHSC
Date 3/3/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tamara Tapman Contributor address; City; State; Zip Code 3401 Ridge Country San Antonio, TX 78247	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) VP		Employer (See instructions) SWBC
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 20 of 23
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James W Mock 6 Contributor address; City; State; Zip Code 74 Three Lakes Dr. San Antonio, TX 78248-1022	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 3/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Police Officers Assoc PAC Contributor address; City; State; Zip Code 1939 NE Loop 410 #300 San Antonio, TX 78217	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/8/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barbara Moschner Contributor address; City; State; Zip Code 4606 Green Acres Woods St. San Antonio, T 78249	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 3/8/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Magid Contributor address; City; State; Zip Code 18819 Surreywood San Antonio, T 78258	Amount of contribution (\$) 20.00
Principal occupation / Job title (See instructions) LA Fitness/YMCA		Employer (See instructions) FITNESS INSTRUCTOR
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: 21 of 23
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael D Beldon 6 Contributor address; City; State; Zip Code 4 Westelm Cir San Antonio, TX 78230	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 3/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathy MacNaughton Contributor address; City; State; Zip Code 20031 Encino Ridge San Antonio, TX 78259-1909	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Executive Director		Employer (See instructions) Masters Leadership Program of Greater San Antonio
Date 3/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruth F Stewart Contributor address; City; State; Zip Code 11318 Woodridge Path San Antonio, TX 78249	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 3/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tina Torres Contributor address; City; State; Zip Code 17707 Arroyo Gold San Antonio, T 78232	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Tina Torres, PLLC		Employer (See instructions) Attorney
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: 22 of 23
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike Jouffray 6 Contributor address; City; State; Zip Code 2015 Oak Vista St San Antonio, T 78232-4927	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) RETIRED		9 Employer (See instructions) N/A
Date 3/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Gonzalez Contributor address; City; State; Zip Code 206 E. Locust Street San Antonio, T 78212	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) Ogletree Deakins. P.C.		Employer (See instructions) Attorney
Date 3/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin Love Contributor address; City; State; Zip Code 22610 US Hwy 281 N. #204 San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Principal		Employer (See instructions) Klove Engineering
Date 3/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bracewell PAC Contributor address; City; State; Zip Code 711 Louisana St #2300 Houston, TX 77002	Amount of contribution (\$) 500.00
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 23 of 23
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Russell Voyles 6 Contributor address; City; State; Zip Code 918 Riverstone Dr. San Antonio, TX 78258	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See instructions) USAA		9 Employer (See instructions) Analyst
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 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	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

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)

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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
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

1 Total pages Schedule F1: 1 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/4/2019	5 Payee name CPS Energy		
6 Amount (\$) 37.21	7 Payee address; City; State; Zip Code PO Box 2678 San Antonio, TX 78289		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Office Expense	(b) Description Utilities <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name John Courage		Office sought Council District 9	Office held N/A
Date 1/7/2019	Payee name DNH*GODADDY.COM		
Amount (\$) 5.40	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Website Svcs <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 John Courage		Office sought Council District 9	Office held N/A
Date 1/8/2019	Payee name Pericos Mexican Restaurant		
Amount (\$) 306.88	Payee address; City; State; Zip Code 1439 E. Sonterra San Antonio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Catering	Description Fundraiser Catering <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 John Courage		Office sought Council District 9	Office held N/A

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

1 Total pages Schedule F1: 2 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/9/2019	5 Payee name Prestige Printing LLC		
6 Amount (\$) 184.02	7 Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Office Supplies	(b) Description Thank you Cards <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 1/14/2019	Payee name City of San Antonio		
Amount (\$) 30.00	Payee address; City; State; Zip Code PO Box 839975 San Antonio, TX 78283		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Services	Description Candidate Packet <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: John Courage Office sought: Council District 9 Office held: N/A			
Date 1/14/2019	Payee name Rocket Science Group, LLC		
Amount (\$) 53.30	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Adverising <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: John Courage Office sought: Council District 9 Office held: N/A			

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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

1 Total pages Schedule F1: 3 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/15/2019	5 Payee name Weathered Souls Brewery Co		
6 Amount (\$) 272.33	7 Payee address; City; State; Zip Code 606 Embassy Oaks #500 San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Catering	(b) Description Fundraiser Catering <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 1/15/2019	Payee name Jorge Vasquez		
Amount (\$) 1250.00	Payee address; City; State; Zip Code 7602 Maxwell St. San Antonio, TX 78214		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: consulting Expense	Description Consultation Services <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: John Courage Office sought: Council District 9 Office held: N/A			
Date 1/15/2019	Payee name Lone Star Media		
Amount (\$) 1461.38	Payee address; City; State; Zip Code 1011 N. Frio St. San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Campaign Materials <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: John Courage Office sought: Council District 9 Office held: N/A			

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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

1 Total pages Schedule F1: 4 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/17/2019	5 Payee name NationBuilder		
6 Amount (\$) 89.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave #2 FI Los Angeles, CA 90071		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Website Svcs <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 1/22/2019	Payee name Texas Democratic Party		
Amount (\$) 238.75	Payee address; City; State; Zip Code 1106 Lavaca St #100 Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services	Description VAN Use <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: John Courage Office sought: Council District 9 Office held: N/A			
Date 1/22/2019	Payee name City of San Antonio		
Amount (\$) 100.00	Payee address; City; State; Zip Code PO Box 839975 San Antonio, TX 78283		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Filing Fee	Description Filing Fee <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: John Courage Office sought: Council District 9 Office held: N/A			

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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

1 Total pages Schedule F1: 5 of 16	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 1/22/2019	5 Payee name City of San Antonio	
6 Amount (\$) 212.00	7 Payee address; City; State; Zip Code PO Box 839975 San Antonio, TX 78283	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Office Expense	(b) Description Certificate of Occupancy <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A
Date 1/25/2019	Payee name The HOME DEPOT #0582	
Amount (\$) 43.27	Payee address; City; State; Zip Code 1066 Central Pkwy S San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Office Expense	Description Office Equipment <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 John Courage	Office sought Council District 9 Office held N/A
Date 1/29/2019	Payee name Lone Star Media	
Amount (\$) 879.53	Payee address; City; State; Zip Code 1011 N. Frio St. San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Campaign Materials <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 John Courage	Office sought Council District 9 Office held N/A

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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

1 Total pages Schedule F1: 6 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2019	5 Payee name Frost Bank		
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Banking Expenses	(b) Description Bank Service Charge <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 1/31/2019	Payee name Jorge Vasquez		
Amount (\$) 1250.00	Payee address; City; State; Zip Code 7602 Maxwell St. San Antonio, TX 78214		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: consulting Expense	Description Consultation Services <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: John Courage Office sought: Council District 9 Office held: N/A			
Date 2/4/2019	Payee name The HOME DEPOT #0582		
Amount (\$) 46.10	Payee address; City; State; Zip Code 1066 Central Pkwy S San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Office Expense	Description Supplies <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: John Courage Office sought: Council District 9 Office held: N/A			

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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

1 Total pages Schedule F1: 7 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/2019	5 Payee name AT&T		
6 Amount (\$) 200.16	7 Payee address; City; State; Zip Code 410 NE Broadway St Portland, OR 97232		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Office Expense	(b) Description Phone <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 2/6/2019	Payee name CPS Energy		
Amount (\$) 36.16	Payee address; City; State; Zip Code PO Box 2678 San Antonio, TX 78289		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Office Expense	Description Utilities <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: John Courage Office sought: Council District 9 Office held: N/A			
Date 2/8/2019	Payee name DNH*GODADDY.COM		
Amount (\$) 5.32	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Website Svcs <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: John Courage Office sought: Council District 9 Office held: N/A			

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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

1 Total pages Schedule F1: 8 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/2019	5 Payee name The HOME DEPOT #0582		
6 Amount (\$) 49.36	7 Payee address; City; State; Zip Code 1066 Central Pkwy S San Antonio, TX 78232		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Office Expense		(b) Description Supplies <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 2/12/2019	Payee name DNH*GODADDY.COM		
Amount (\$) 5.32	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Website Svcs <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: John Courage Office sought: Council District 9 Office held: N/A			
Date 2/13/2019	Payee name Rocket Science Group, LLC		
Amount (\$) 53.30	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Adverising <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: John Courage Office sought: Council District 9 Office held: N/A			

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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

1 Total pages Schedule F1: 9 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/2019	5 Payee name Jorge Vasquez		
6 Amount (\$) 1250.00	7 Payee address; City; State; Zip Code 7602 Maxwell St. San Antonio, TX 78214		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: consulting Expense	(b) Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 2/19/2019	Payee name Northeast Bexar County Democrats		
Amount (\$) 200.00	Payee address; City; State; Zip Code PO Box 700766 San Antonio, TX 78270-0766		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description AD <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: John Courage Office sought: Council District 9 Office held: N/A			
Date 2/19/2019	Payee name NationBuilder		
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 S. Grand Ave #2 Fl Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Website Svcs <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: John Courage Office sought: Council District 9 Office held: N/A			

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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

1 Total pages Schedule F1: 10 of 16	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 2/19/2019	5 Payee name Texas Democratic Party	
6 Amount (\$) 238.75	7 Payee address; City; State; Zip Code 1106 Lavaca St #100 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Services	(b) Description VAN Use <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A		
Date 2/28/2019	Payee name CPS Energy	
Amount (\$) 130.99	Payee address; City; State; Zip Code PO Box 2678 San Antonio, TX 78289	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Office Expense	Description Utilities <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: John Courage Office sought: Council District 9 Office held: N/A		
Date 2/28/2019	Payee name Frost Bank	
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Banking Expenses	Description Bank Service Charge <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: John Courage Office sought: Council District 9 Office held: N/A		

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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

1 Total pages Schedule F1: 11 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/2019	5 Payee name Jorge Vasquez		
6 Amount (\$) 1250.00	7 Payee address; City; State; Zip Code 7602 Maxwell St. San Antonio, TX 78214		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: consulting Expense	(b) Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 3/3/2019	Payee name Metal Promo		
Amount (\$) 777.45	Payee address; City; State; Zip Code 517 S. Lamar Blvd #C Austin, TX 78704-1548		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Fiesta Medals <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: John Courage Office sought: Council District 9 Office held: N/A			
Date 3/6/2019	Payee name Prestige Printing LLC		
Amount (\$) 390.78	Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Postcards <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: John Courage Office sought: Council District 9 Office held: N/A			

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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

1 Total pages Schedule F1: 12 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2019	5 Payee name Harland Checks		
6 Amount (\$) 26.00	7 Payee address; City; State; Zip Code 15955 La Cantera Pkwy San Antonio, TX 78256		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Office Supplies	(b) Description Supplies <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 3/6/2019	Payee name AT&T		
Amount (\$) 84.73	Payee address; City; State; Zip Code 410 NE Broadway St Portland, OR 97232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Office Expense	Description Phone <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: John Courage Office sought: Council District 9 Office held: N/A			
Date 3/7/2019	Payee name DNH*GODADDY.COM		
Amount (\$) 5.32	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Website Svcs <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: John Courage Office sought: Council District 9 Office held: N/A			

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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

1 Total pages Schedule F1: 13 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2019	5 Payee name Christopher Gutierrez		
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 11090 Moonlit Park San Antonio, TX 78249		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: consulting Expense	(b) Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A
Date 3/8/2019	Payee name Lone Star Media		
Amount (\$) 162.38	Payee address; City; State; Zip Code 1011 N. Frio St. San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Campaign Materials <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 John Courage	Office sought Council District 9 Office held N/A
Date 3/8/2019	Payee name Stone Oak Info.Come		
Amount (\$) 600.00	Payee address; City; State; Zip Code 19141 Stone Oak Parkway #104 San Antonio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertisement <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 John Courage	Office sought Council District 9 Office held N/A

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

1 Total pages Schedule F1: 14 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2019	5 Payee name DNH*GODADDY.COM		
6 Amount (\$) 5.32	7 Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Website Svcs <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 3/13/2019	Payee name Rocket Science Group, LLC		
Amount (\$) 53.30	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Adverising <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: John Courage Office sought: Council District 9 Office held: N/A			
Date 3/15/2019	Payee name Jorge Vasquez		
Amount (\$) 1250.00	Payee address; City; State; Zip Code 7602 Maxwell St. San Antonio, TX 78214		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: consulting Expense	Description Consultation Services <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: John Courage Office sought: Council District 9 Office held: N/A			

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

1 Total pages Schedule F1: 15 of 16	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 3/19/2019	5 Payee name Texas Democratic Party	
6 Amount (\$) 238.75	7 Payee address; City; State; Zip Code 1106 Lavaca St #100 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Services	(b) Description VAN Use <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A		
Date 3/19/2019	Payee name NationBuilder	
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 S. Grand Ave #2 FI Los Angeles, CA 90071	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Website Svcs <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: John Courage Office sought: Council District 9 Office held: N/A		
Date 3/25/2019	Payee name Frost Bank	
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Banking Expenses	Description Bank Service Charge <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: John Courage Office sought: Council District 9 Office held: N/A		

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

1 Total pages Schedule F1: 16 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2019	5 Payee name PayPal		
6 Amount (\$) 87.66	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Processing Expenses		(b) Description Service Charges <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
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: _____			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
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: _____			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
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: _____			

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

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

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		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

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

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

11 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

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

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <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

1 Total pages Schedule H: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 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	
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		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
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		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	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: 1 of 1
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <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)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
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