CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete th		thics Commission Filers)	2 Total pages fi33	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST		MI K	OFFICE US	SE ONLY
NAME	NICKNAME LAST Coul		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUIT 1938 Broken Oak St San Antonio TX 78232-3104		ATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUM (210) 216-5020		NSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI T	Receipt #	Amount \$
NAME	NICKNAME LAST	· · · · · · · · · · · · · · · · · · ·	SUFFIX	Date Processed	
	Taka	10		Date Imaged	
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	19206 Barrow Bay San Antonio TX 78258 AREA CODE PHONE NUM (210) 859-9106		NSION		
9 REPORT TYPE	January 15: Semi-Annu	ıal			
10 PERIOD COVERED	Month Day	Year	Month	Day Year	
	10/1/20	21 THROUG	GH 12	/31/2021	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	Primary Runo X General Speci	Description		
12 OFFICE	OFFICE HELD (if any) Council District 9		13 OFFICE SOUGHT Council Distri		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Mr John K Courag	ge			15 Filer II	D (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRE	SS		
	SPECIFIC				
Additional Pages		COMMITTEE CAMPA	AIGN TREASURER NAME		
		COMMITTEE CAMPA	AIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	R GUARANTEES OF LOANS)	\$	2000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$	0	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	4739.04
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	17004.75
OUTSTANDING LOAN TOTALS	0.	CIPAL AMOUNT OF ALL (THE REPORTING PERI	DUTSTANDING LOANS AS OF THE OD	\$	31933.00
18 AFFIDAVIT					
			I swear, or affirm, under penalty o is true and correct and includes al me under Title 15, Election Code.	II information	
			* * * Electronically		
AFFIX NOTARY STAM	IP / SEAL ABOVE		Signature of Candida	te or Officeh	older
Sworn to and subscribe of <u>January</u> ,			_	this	the <u>18th</u> day
Signature of officer adr	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER N	AME	20 Filer ID (Ethics Co	mmission Filers)
	Mr John	K Courage		
21		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2000.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0
4.	X	SCHEDULE E: LOANS		\$ 0
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 4739.04
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	S	\$0
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10.	X	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	· C/OH	\$ 0
11.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS .	\$ 0
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 1 of 2
2	FILER NAME Mr John K Cour	age			3 Filer ID (Ethics Commission Filers)
4	Date 8/28/2021	5 Full name of contributor JoAnne Wells	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 610 E Market St san antonio, TX 78240	City;	State; Zip Code	
8	Principal occupa Executive	tion / Job title (See instructions)		9 Employer (See instru Dailey & Wells Com	•
	Date 8/28/2021	Full name of contributor Richard Wells	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 600 E Market San Antonio, T 78266	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Executive		Employer (See instru Dailey & Wells Com	,		
	Date 9/8/2021	Full name of contributor Stephen Pooppoon	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 145 Grand Oak San Antonio, T 78232	City;	State; Zip Code	
	Principal occupa Developer	tion / Job title (See instructions)		Employer (See instru Self	uctions)
	Date 10/18/2021	Full name of contributor Mr Christopher Morales	out-of-state P	AC (ID#)	Amount of contribution (\$) 125.00
		Contributor address; 9706 Dove Shadow San Antonio, TX 78230	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	1	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 of 2
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 10/18/2021	5 Full name of contributor ut-of-state PA Mrs Lisa Morales	AC (ID#)	7 Amount of contribution (\$) 125.00
		6 Contributor address; City; S 9706 Dove Shadow San Antonio, TX 78230	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ictions)
	Date 10/18/2021	7203 Ashton PL	C (ID#)	Amount of contribution (\$) 250.00
	Principal occupa	San Antonio, TX 78229 ation / Job title (See instructions)	Employer (See instru	ictions)
	Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)
		Contributor address; City; S		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ictions)
	Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)
		Contributor address; City; S		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ictions)
		,		
		ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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 out-of-state PAC (ID#	9 In-kind contribution description				
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas, complete Schedule T 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 out-of-state PAC (ID#	Amount of Contribution \$ In-kind contribution description				
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 CODIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

	1	The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2	FILER NAME Mr John K C	Courage		3 Filer ID (Ethics Commission Filers)
4	TOTAL OF U	JNITEMIZED PLEDGES		\$ 0
5	Date	6 Full name of pledgor out-of-state PAC (ID# 7 Pledgor address; City; State; Zip Code		8 Amount of Pledge \$ 9 In-kind contribution description
10	Principal occu	pation / Job title (See instructions)	imployer (Se	Check if travel outside of Texas, complete Schedule Tee instructions)
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code)	Amount of Pledge \$
	Principal occu	pation / Job title (See instructions)	mployer (Se	Check if travel outside of Texas, complete Schedule Tee instructions)
	Date	Full name of pledgor out-of-state PAC (ID#)	Amount of Pledge \$ In-kind contribution description
	Principal occu	pation / Job title (See instructions)	mployer (Se	Check if travel outside of Texas, complete Schedule T ee instructions)
	Date	Full name of pledgor out-of-state PAC (ID#)	Amount of Pledge \$
	Principal occu	pation / Job title (See instructions)	mployer (Se	L—I Check if travel outside of Texas, complete Schedule T ee instructions)
		ATTACH ADDITIONAL COPIES OF THIS SO	CHEDIII E	AS NEEDED
		ATTACH ADDITIONAL COPIES OF THIS SO		AS NEEDED

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expens

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel Out Of District

Candidate/Officeholder/Political C Credit Card Payment	·	ies/Wages/Contract Labor Other (enter a category not listed above) mplete 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 7/1/2021	5 Payee name Hustle Inc	
6 Amount (\$) 960.05	7 Payee address; City; State; Zi 251 Kearny St San Francisco, CA 94108	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Texting Campaign Services
	(C) Check if travel outside of Texas, complete schedu	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 9 N/A
Date 7/13/2021	Payee name Cricket Wireless	
Amount (\$) 30.00	Payee address; City; State; Zi 575 Morosgo Dr Atlanta, GA 30324	p Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Utilities	Description phone service
	Check if travel outside of Texas, complete schedu	lle T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 9 N/A
Date 7/13/2021	Payee name Rocket Science Group, LLC	
Amount (\$) 67.15	Payee address; City; State; Zi 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	p Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertising
	Check if travel outside of Texas, complete schedu	lle T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 9 N/A
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Fees C Food/Beverage Expense F Gifts/Awards/Memorials Expense F	oan 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)
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 7/16/2021	5 Payee name NationBuilder		
6 Amount (\$) 29.00	7 Payee address; City; State; 520 S. Grand Ave Los Angeles, CA 90071	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Other: Advertising	(b) Description Website Svcs	
	(c) Check if travel outside of Texas, complete sch	nedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 7/16/2021	Payee name ZOOM US		
Amount (\$) 16.00	Payee address; City; State; 55 Almanden Blvd San Jose, CA 95113	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Video Meeting	ule) Description Website Svcs	
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 7/30/2021	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; PO Box 1600 San Antonio, TX 78296	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Service Charges	Description Bank Service Ch	arge
	Check if travel outside of Texas, complete sch	nedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDI	ĒD

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking		Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense		Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	_	Other (enter a category not listed above)
4 Tatal a cons Oak adula E4.		to complete this form	• E1 1D (E1) : 0 E1
1 Total pages Schedule F1: 3 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
8/13/2021	Rocket Science Group, LLC		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
67.15	675 Ponce de Leon Ave NE #5000		
	Atlanta, GA 30308		
8	(a) Category (See categories listed at the top of this sche		
PURPOSE	Other: Advertising	Advertising	
OF			
EXPENDITURE	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
experialture to benefit c/c	John Courage	Council District 9	N/A
Date	Payee name		
8/13/2021	Cricket Wireless		
Amount (\$)	Payee address; City; State;	Zip Code	
30.00	575 Morosgo Dr		
	Atlanta, GA 30324		
	Category (See categories listed at the top of this sche		
PURPOSE	Other: Utilities	phone service	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH John Courage	Council District 9	N/A
Date	Payee name		
8/16/2021	ZOOM US		
Amount (\$)	Payee address; City; State;	Zip Code	
16.00	55 Almanden Blvd	Zip Gode	
	San Jose, CA 95113		
	Juli 4030, 0A 30110		
	Category (See categories listed at the top of this sche	dule) Description	
PURPOSE	Other: Video Meeting	Website Svcs	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		Council District 9	N/A
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ĒD

	EXPENDITURE CATEGORI		
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District Other (opter a entegen) net listed above)
Credit Card Payment	ommittee Legal Services The Instruction Guide explains how	Salaries/Wages/Contract Labor v to complete this form	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 of 16	Mr John K Courage		
4 Date 8/16/2021	5 Payee name NationBuilder		
6 Amount (\$)	7 Payee address; City; State	; Zip Code	
29.00	520 S. Grand Ave		
	Los Angeles, CA 90071		
PURPOSE	(a) Category (See categories listed at the top of this so Other: Advertising	(b) Description Website Svcs	
OF EXPENDITURE			
	(c) Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH John Courage	Council District 9	N/A
Date 8/28/2021	Payee name PayPal		
Amount (\$)	Payee address; City; State	; Zip Code	
29.60	12312 Port Grace Blvd La Vista, NE 76592		
	Category (See categories listed at the top of this so	hedule) Description	
PURPOSE	Other: Service Charges	Service Charge	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
Date	Pavee name		
8/31/2021	Frost Bank		
Amount (\$)	Payee address; City; State	; Zip Code	
5.00	PO Box 1600		
	San Antonio, TX 78296		
	Category (See categories listed at the top of this so	hedule) Description	
PURPOSE	Other: Service Charges	Bank Service Cha	arge
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH John Courage	Council District 9	N/A
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 5 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/2021	5 Payee name PayPal	1	
6 Amount (\$) 14.80	7 Payee address; City; Star 12312 Port Grace Blvd La Vista, NE 76592	te; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this Other: Service Charges	(b) Description Service Charge	
9 Complete ONLY if direct expenditure to benefit C/C		te schedule T Check if A Office sought Council District 9	Office held N/A
Date 9/13/2021	Payee name Rocket Science Group, LLC		
Amount (\$) 67.15	Payee address; City; Sta 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	te; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Other: Advertising	Description Advertising	
	Check if travel outside of Texas, comple	te schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 9/13/2021	Payee name Cricket Wireless		
Amount (\$) 30.00	Payee address; City; Star 575 Morosgo Dr Atlanta, GA 30324	te; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Other: Utilities	Description phone service	
	Check if travel outside of Texas, comple	te schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	D

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking		_oan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	o complete this form	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
6 of 16	Mr John K Courage		
4 Date	5 Payee name		
9/13/2021	Harmony Hills PTA		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
160.00	10727 Memory Lane		
	San Antonio, TX 78216		
•		435	
	(a) Category (See categories listed at the top of this sched Other: Advertising	(b) Description Contribution	
PURPOSE	Other: Advertising	Contribution	
OF EXPENDITURE			
	(c) Check if travel outside of Texas, complete sch	hedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C		Council District 9	N/A
	· ·		
Date	Payee name		
9/13/2021	Harmony Hills Elementary		
Amount (\$)	Payee address; City; State;	Zip Code	
160.00	10727 Memory Lane	2.p 0000	
	San Antonio, TX 78216		
	Category (See categories listed at the top of this sched		ustion for Blood Drive
PURPOSE	Other: Advertising	watching Contrib	oution for Blood Drive
OF EXPENDITURE			
EXPENDITURE			
	Check if travel outside of Texas, complete sch		Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
experioration to beliefit G/C	OH John Courage	Council District 9	N/A
Date	Payee name ZOOM US		
9/16/2021	200M 03		
Amount (\$)	Payee address; City; State;	Zip Code	
16.00	55 Almanden Blvd		
	San Jose, CA 95113		
	Category (See categories listed at the top of this sched	dule) Description	
PURPOSE	Other: Video Meeting	Website Svcs	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete sch	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH John Courage	Council District 9	N/A
	ATTAON ADDITIONAL CODIES CT TO	10 00UEDUU = 40 VE===	-n
	ATTACH ADDITIONAL COPIES OF TH	19 SCHEDULE AS NEED!	:U

	EVDENDITURE (ATEGORIES FOR BO	OV 9/2)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services	Loan Repa Office Over Polling Exp xpense Printing Ex	yment/Reimbursement rhead/Rental Expense Jense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 7 of 16	2 FILER NAME Mr John K Courage			3 Filer ID (Ethics Commission Filers)
4 Date 9/16/2021	5 Payee name NationBuilder		,	
6 Amount (\$) 29.00	7 Payee address; City 520 S. Grand Ave Los Angeles, CA 90071	; State; Zip Co	de	
8 PURPOSE OF	(a) Category (See categories listed at the Other: Advertising	e top of this schedule)	b) Description Website Svcs	
EXPENDITURE	(c) Check if travel outside of Texa	s, complete schedule T	Check if Au	ustin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na DH John Courage		ffice sought ouncil District 9	Office held N/A
Date 9/30/2021	Payee name Frost Bank			
Amount (\$) 5.00	Payee address; City PO Box 1600 San Antonio, TX 78296	; State; Zip Co	de	
PURPOSE OF EXPENDITURE	Category (See categories listed at the Other: Service Charges	e top of this schedule)	Description Bank Service Char	rge
	Check if travel outside of Texa	s, complete schedule T	Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder na John Courage		ffice sought ouncil District 9	Office held N/A
Date 10/13/2021	Payee name Rocket Science Group, LLC			
Amount (\$) 67.15	Payee address; City 675 Ponce de Leon Ave NE 4 Atlanta, GA 30308		de	
PURPOSE OF EXPENDITURE	Category (See categories listed at the Other: Advertising	e top of this schedule)	Description Advertising	
	Check if travel outside of Texa	s, complete schedule T	Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C			ffice sought ouncil District 9	Office held N/A
	ATTACH ADDITIONAL COI	PIES OF THIS SCH	EDULE AS NEEDEI	D

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officender/Political C	Fees C Food/Beverage Expense F Gifts/Awards/Memorials Expense F	oan 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)
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 10/14/2021	5 Payee name Cricket Wireless		
6 Amount (\$) 30.00	7 Payee address; City; State; 575 Morosgo Dr Atlanta, GA 30324	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Other: Utilities	(b) Description phone service	
	(c) Check if travel outside of Texas, complete sch	nedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 10/16/2021	Payee name ZOOM US		
Amount (\$) 16.00	Payee address; City; State; 55 Almanden Blvd San Jose, CA 95113	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Video Meeting	Description Website Svcs	
	Check if travel outside of Texas, complete sch	nedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 10/16/2021	Payee name NationBuilder		
Amount (\$) 29.00	Payee address; City; State; 520 S. Grand Ave Los Angeles, CA 90071	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Advertising	Description Website Svcs	
	Check if travel outside of Texas, complete sch	nedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDI	ED

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 9 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/2021	5 Payee name Frost Bank	,	
6 Amount (\$) 5.00	7 Payee address; City; State; PO Box 1600 San Antonio, TX 78296	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Other: Service Charges	(b) Description Bank Service Cha	arge
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete s Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
Date 11/3/2021	Payee name Hustle Inc		
Amount (\$) 115.41	Payee address; City; State; 251 Kearny St San Francisco, CA 94108	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Advertising	Description Texting Campaign	n Services
	Check if travel outside of Texas, complete s	schedule T Check if A	sustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH John Courage	Office sought Council District 9	Office held N/A
Date 11/15/2021	Payee name Rocket Science Group, LLC		
Amount (\$) 67.15	Payee address; City; State; 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Advertising	Description Advertising	
	Check if travel outside of Texas, complete s	schedule T Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED.

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking	•	oan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	-	, , ,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
10 of 16	Mr John K Courage		The 12 (Euros Commission Francis)
4 Date	5 Payee name		
11/15/2021	Cricket Wireless		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
30.00	575 Morosgo Dr	Zip Code	
33.33	Atlanta, GA 30324		
	Atlanta, GA 30324		
8	(a) Category (See categories listed at the top of this sched	dule) (b) Description	
PURPOSE	Other: Utilities	phone service	
OF			
EXPENDITURE			
	(c) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH John Courage	Council District 9	N/A
Date	Payee name		
11/16/2021	ZOOM US		
Amount (\$)	Payee address; City; State;	Zip Code	
16.00	55 Almanden Blvd	·	
	San Jose, CA 95113		
		5	
	Category (See categories listed at the top of this sched Other: Video Meeting	Description Website Svcs	
PURPOSE	other. Video incetting	11000110 0100	
OF EXPENDITURE			
EXPENDITORE	Chook if traval outside of Toyon, complete ask	andula T Charle if A	Austin TV officeholder living evenes
0 1 0 0 1 1 1	Check if travel outside of Texas, complete sch		Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
experientare to belieff of	John Courage	Council District 9	WA
Date	Payee name		
11/16/2021	NationBuilder		
Amount (\$)	Payee address; City; State;	Zip Code	
29.00	520 S. Grand Ave		
	Los Angeles, CA 90071		
	Category (See categories listed at the top of this sched	dule) Description	
PURPOSE	Other: Advertising	Website Svcs	
OF	U		
EXPENDITURE			
EXI ENDITORE	Check if travel outside of Texas, complete sch	pedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct			
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	oom oomago	Country District 9	WA
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Accounting/Banking	Event Expense L	oan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense	
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District	
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to	-		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
11 of 16	Mr John K Courage		3	
4 Date	5 Payee name			
11/17/2021	Prestige Printing LLC			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
304.18	8 Burwood Lane			
	San Antonio, TX 78216			
8	(a) Category (See categories listed at the top of this sched	(b) Description Holiday Newslett	o.,	
PURPOSE	Other: Advertising	noliday Newsiett	er	
OF				
EXPENDITURE	(C) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A	
experialture to benefit c/c	John Courage	Council District 9	N/A	
Date	Payee name			
11/30/2021	Frost Bank			
Amount (\$)	Payee address; City; State;	Zip Code		
5.00	PO Box 1600			
	San Antonio, TX 78296			
	Category (See categories listed at the top of this sched	lule) Description		
PURPOSE	Other: Service Charges	Bank Service Cha	arge	
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	OH John Courage	Council District 9	N/A	
Date	Payee name			
12/13/2021	Rocket Science Group, LLC			
Amount (\$)	Payee address; City; State;	Zip Code		
67.15	675 Ponce de Leon Ave NE #5000	р		
	Atlanta, GA 30308			
	,			
	Category (See categories listed at the top of this sched			
PURPOSE	Other: Advertising	Advertising		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH John Courage	Council District 9	N/A	
	47740U ABBITIONAL COSTO COSTO	10 0011ED111 = 40 11E===		
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDE	= ∪	

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officender/Political C	Fees C Food/Beverage Expense P Gifts/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
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 12/13/2021	5 Payee name Cricket Wireless		
6 Amount (\$) 30.00	7 Payee address; City; State; 575 Morosgo Dr Atlanta, GA 30324	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedo Other: Utilities	(b) Description phone service	
	(c) Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 12/13/2021	Payee name CWA Local 6143		
Amount (\$) 100.00	Payee address; City; State; 1027 N St Marys St San Antonio, TX 78215	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Other: Advertising		Toy Drive US Local #13-243
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 12/16/2021	Payee name NationBuilder		
Amount (\$) 29.00	Payee address; City; State; 520 S. Grand Ave Los Angeles, CA 90071	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Other: Advertising	Description Website Svcs	
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	ED

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense	
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Polling Expense	Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District	
Candidate/Officeholder/Political C Credit Card Payment	committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
-	The Instruction Guide explains how	to complete this form		
1 Total pages Schedule F1: 13 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)	
4 Date 12/16/2021	5 Payee name ZOOM US			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
16.00	55 Almanden Blvd			
	San Jose, CA 95113			
8	(a) Category (See categories listed at the top of this scho	edule) (b) Description Website Sycs		
PURPOSE OF	Other: Video Meeting	Website 5vcs		
EXPENDITURE				
	(c) Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	OH John Courage	Council District 9	N/A	
Date 12/21/2021	Payee name Millie Ray			
Amount (\$)	Payee address; City; State;	Zip Code		
250.00	950 E. Bitters #603			
	San Antonio, TX 78216			
	Category (See categories listed at the top of this sche	edule) Description		
PURPOSE	Other: Consulting	Consulting		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete se	chedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH John Courage	Council District 9	N/A	
Date 12/21/2021	Payee name Kelsey Brandt			
Amount (\$)	Payee address; City; State;	Zip Code		
250.00	2430 Lee Hall St	•		
	San Antonio, TX 78201			
	Category (See categories listed at the top of this school Other: Consulting	Description Consulting		
PURPOSE	Other: Consulting	Consuming		
OF EXPENDITURE				
EXPENDITURE				
Operation Objects (Children in the Children in	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A	
emportantial to bottom ore	oom ooddage	Council District 3	NA	
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEED!	ED	

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Fees O Food/Beverage Expense P Gifts/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
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 12/21/2021	5 Payee name Colt Osburne		
6 Amount (\$) 250.00	7 Payee address; City; State; 17365 Henderson Pass #1233 San Antonio, TX 78232	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this scheduled Other: Consulting	(b) Description Consulting	
	(c) Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 12/21/2021	Payee name Bryan Naylor		
Amount (\$) 250.00	Payee address; City; State; 111 E Park Ave #209 San Antonio, TX 78212	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheduled Other: Consulting	Description Consulting	
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 12/21/2021	Payee name William R Billo		
Amount (\$) 250.00	Payee address; City; State; 1043 Ericson St. San Antonio, TX 78245	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Other: Consulting	Description Consulting	
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEDI	ED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees C Food/Beverage Expense P Gifts/Awards/Memorials Expense P Legal Services S	oan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
Orean Gara'i ayment	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 12/21/2021	5 Payee name Charles Maczuca		
6 Amount (\$) 100.00	7 Payee address; City; State; 1209 1209 Townsend Ave San Antonio, TX 78209	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schede Other: Consulting	(b) Description Consulting	
	(c) Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 12/21/2021	Payee name Ileana Sandavol		
Amount (\$) 250.00	Payee address; City; State; 14227 Ridge Dale Dr. San Antonio, TX 78233	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Other: Consulting	Description Consulting	
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 12/21/2021	Payee name Derek Roberts		
Amount (\$) 250.00	Payee address; City; State; 11818 Jasmine Way San Antonio, TX 78253	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Other: Consulting	Description Consulting	
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDI	ED

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Loa Fees Offi Food/Beverage Expense Pol Gifts/Awards/Memorials Expense Prir	an Repayment/Reimbursement ice Overhead/Rental Expense ling Expense nting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 16 of 16	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 12/23/2021	5 Payee name Chama Gaucha Brazilian		
6 Amount (\$) 162.10	7 Payee address; City; State; 2 18318 Sonterra PI San Antonio, TX 78258	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Other: Food	(b) Description Appreciation Lur	ncheion
	(c) Check if travel outside of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 9	Office held N/A
Date 12/31/2021	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; 2 PO Box 1600 San Antonio, TX 78296	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Other: Service Charges	Description Bank Service Ch	arge
	Check if travel outside of Texas, complete schee	dule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date	Payee name		
Amount (\$)	Payee address; City; State; 2	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	e) Description	
	Check if travel outside of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Contributions/Donations Made By Candidate/Officeholder/Political Co	Gifts/Awards/Memorials Expense Printing Expension P		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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
1 of 1	Mr John K Courage				
4 TOTAL OF UNITEMIZE	ED UNPAID INCURRED OBLIGATIONS		\$ 0		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas, complete schedule T	Check	if Austin, TX, officeholder living expense		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description			
0 11 0111111111111111111111111111111111	Check if travel outside of Texas, complete schedule T		if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 1 of 1		
2	2 FILER NAME Mr John K Courage			iler 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;			
		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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Experior Polling Expense	Transportation Equipment & Related Expense Travel in District		
Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Laborate	Travel Out Of District Other (enter a category not listed above)		
Candidate/Officeriolder/Folitical C	The Instruction Guide explain				
1 Total pages Schedule F4:	2 FILER NAME	•	3 Filer ID (Ethics Commission Filers)		
1 of 1	Mr John K Courage		C THO ID (Exhibit commission There)		
4					
4 TOTAL OF UNITEMIZ 	ED EXPENDITURES CHARGED TO A CF	REDIT CARD	\$ O		
5 Date	6 Payee name				
7 Amount (\$)	7 Amount (\$) 8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	Political Non-Po	olitical			
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s	(b) Descr	iption		
	(c) Check if travel outside of Texas, complete	schedule T	check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/4		Office sought	Office held		
Date	Payee name				
Amount (\$) Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	Political Non-Po	olitical			
	Category (See categories listed at the top of this s	chedule) Descr	iption		
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas, complete	schedule T	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/6		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS	NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Accounting/Banking Advertising Expense Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District

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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Accounting/Banking Advertising Expense Consulting Expense

Food/Beverage Expense Gifts/Awards/Memorials E

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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

SCHEDULE |

	The Instruction Guide explains how to complete th	is 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) Descri	ption (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ption (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ption (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ption (See instructions regarding type of information required.)
	ATTACH ADDITIONAL CODIES OF THIS SCHEDLILE	AC NEEDED

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

SCHEDULE K

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

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to com •• Complete only if "Report Type" on page 1 is mar		
C/OH NA	AME n K Courage	Filer ID (Ethics Commission Filers)	
SIGNA	TURE		
a repo	ot expect any further political contributions or political expenditures in connort as a final report terminates my campaign treasurer appointment. I also outions or make any campaign expenditures without a campaign treasurer	understand that I may not accept any campaign	
		Signature of Candidate / Officeholder	
	WHO IS NOT AN OFFICEHOLDER lete A & B below only if you are not an officeholder. ••		
A.	CAMPAIGN FUNDS		
Chec	k only one:		
	I do not have unexpended contributions or unexpended interest or incom	ne earned from political contributions.	
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.		
В.	ASSETS		
Chec	k 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 may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political Code, § 254.204.	or other income from political contributions to personal	
		Signature of Candidate	
	EHOLDER lete this section only if you are an officeholder. ••		
	I am aware that I remain subject to filing requirements applicable to an o am also aware that I will be required to file reports of unexpended contrib I retain political contributions, interest of other income from political contributions.	outions if, after filing the last required report as an officeholder	
		Signature of Officeholder	