

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 Date Received 7/10/2024 7:02:14AM	
	NICKNAME	LAST Courage	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 700007 San Antonio TX 78270			Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 216-5020	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Zada	MI	Receipt #	Amount \$
	NICKNAME	LAST True	SUFFIX Courage	Date Processed 7/10/2024 7:02:14AM	
	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 700007 San Antonio TX 78270				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 872-4213	EXTENSION		
9 REPORT TYPE	July 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year Month Day Year 1/1/2024 THROUGH 6/30/2024				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5/3/2025	<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) Council District 9		13 OFFICE SOUGHT (if known) Mayor		

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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) <input type="checkbox"/> Additional Pages	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 <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 UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19317.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 27889.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26238.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 41933.00

18 AFFIDAVIT <div style="text-align: right; margin-right: 100px;"> 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. </div> <div style="text-align: right; margin-right: 100px; margin-top: 20px;"> *** Electronically Certified *** _____ Signature of Candidate or Officeholder </div> <div style="margin-top: 20px;"> AFFIX NOTARY STAMP / SEAL ABOVE </div> <div style="margin-top: 20px;"> Sworn to and subscribed before me, by the said <u>Mr John K Courage</u>, this the <u>9th</u> day of <u>July</u>, <u>2024</u>, to certify which, witness my hand and seal of office. </div> <div style="margin-top: 20px; display: flex; justify-content: space-between;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div>		
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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	\$ 19317.00
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	\$ 25000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 27889.83
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 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/16/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Michael Gibbs

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**611 Hillsong
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
n/a

9 Employer (See instructions)
retired

Date
1/16/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Pamela Harrison Martinez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**11307 WHISPER FALLS St
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Council Aide

Employer (See instructions)
COSA

Date
1/16/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Cindy Berman

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**27 GREENS Cif
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Homemaker

Employer (See instructions)
None

Date
1/16/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Luz Elena Huffman

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**14287 Savannah Pass
San Antonio TX 78248 USA, TX 78216**

Principal occupation / Job title (See instructions)
retired educator

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:
2 of 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/16/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Michael Tinnon

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**20522 Settlers Vly
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Contracts Specialist

9 Employer (See instructions)
COI Enterprises

Date
1/16/2024

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

Amount of contribution (\$)
250.00

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

Principal occupation / Job title (See instructions)
CPA

Employer (See instructions)
Laura E. Burt, CPA

Date
1/16/2024

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
CPA

Employer (See instructions)
Gilliam & Associates

Date
1/16/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Jean Hackett

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**13314 Voelcker Ranch Drive
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
none

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 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/17/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Susanne OBrien

6 Contributor address; City; State; Zip Code
**3239 Gazelle Range
San Antonio, TX 78259**

7 Amount of contribution (\$)
50.00

8 Principal occupation / Job title (See instructions)
Computer Software Developer

9 Employer (See instructions)
Retired

Date
1/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Jill A Williamson

Contributor address; City; State; Zip Code
**8 Remington Way
San Antonio, TX 78258**

Amount of contribution (\$)
100.00

Principal occupation / Job title (See instructions)
NA

Employer (See instructions)
NA

Date
1/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Tom OBrien

Contributor address; City; State; Zip Code
**3239 Gazelle Range
San Antonio, TX 78259**

Amount of contribution (\$)
50.00

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
Retired

Date
1/18/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Jaime Arechiga

Contributor address; City; State; Zip Code
**2310 Winding Vw
San Antonio, TX 78259**

Amount of contribution (\$)
500.00

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Hillstar Investments

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 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/18/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Paul Basaldua

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**3 Woltwood
San Antonio, TX 78248**

8 Principal occupation / Job title (See instructions)
Real Estate

9 Employer (See instructions)
VersaTerra Development

Date
1/18/2024

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**28 Grantham Gln
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Civil Engineer

Employer (See instructions)
Parra & Co

Date
1/18/2024

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
CAO

Employer (See instructions)
Nustar

Date
1/18/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Albert A Carrisalez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**111 W. Huisache Ave
San Antonio, TX 78212**

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:
5 of 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/18/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr David Snell

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**115 Five Oaks
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Self employed

9 Employer (See instructions)
Self

Date
1/18/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Wiesie Steen

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1250 NE Loop 410 #305
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Self

Employer (See instructions)
Investor

Date
1/18/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr John T Steen

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1250 NE Loop 410 #305
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Self

Employer (See instructions)
Lawyer, Investor

Date
1/23/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Stephen L Hixon

Amount of contribution (\$)
500.00

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

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:
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2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/23/2024

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

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
1/24/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Steve Schnipper

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**11807 Buttonwillow Cv
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
1/24/2024

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**18222 Crystal Cv
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
na

Employer (See instructions)
na

Date
1/24/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Marianne Kestenbaum

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**13727 Stony Forest Dr
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
NA

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:
7 of 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/24/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Lily Krentzman

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**64 Sycamore Ln
Taunton , MA 02780**

8 Principal occupation / Job title (See instructions)
Asst VP of Human Resources

9 Employer (See instructions)
Stonehill College

Date
1/24/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr David R Vexler

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**312 Pereida St
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Toucan Recycling

Date
1/24/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr David R Vexler

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**201 Charles Rd
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Monterry Iron & Recycling

Date
1/24/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Mary J Vexler

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**305 W Kings Hwy
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
COO

Employer (See instructions)
Monterry Iron & Recycling

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 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/24/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Edwin Einstein

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**11016 Whisper Hollow St
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Self

Date
1/25/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Eugene Culp

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**15643 Dawn Crst
San Antonio, TX 78248**

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

Employer (See instructions)
N/A

Date
1/25/2024

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**20710 Huebner Rd #1331
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Financial Advisor

Employer (See instructions)
Capital Strategies

Date
1/25/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Jane Gonzalez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**4155 Greco Dr
San Antonio, TX 78222**

Principal occupation / Job title (See instructions)
Owner Medwheels

Employer (See instructions)
Medwheels Inc

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 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/26/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Rick Cavender

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
21105 W Interstate 10
San Antonio, TX 78257

8 Principal occupation / Job title (See instructions)
Auto Dealer

9 Employer (See instructions)
Cavender Auto Family

Date
1/28/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Hong-Nhung N Jarret

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
19602 Encino Knoll St
San Antonio, TX 78259

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/28/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brown & McDonald PLLC

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
100 NE Loop 410
San Antonio, TX 78216

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/2/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Mary Payne

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
606 Mesa Rdg
San Antonio, TX 78258

Principal occupation / Job title (See instructions)
retired nurse

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: 10 of 25
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Bob Hotard 6 Contributor address; City; State; Zip Code 2035 Encino Vis San Antonio, TX 78259	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Web Design		9 Employer (See instructions) Self-employed
Date 2/6/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Freida L Facey Contributor address; City; State; Zip Code 1935 Far Niente San Antonio, TX 78258	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 2/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Kathy MacNaughton Contributor address; City; State; Zip Code 20031 Encino Ridge St San Antonio, TX 78259	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Nonprofit executive		Employer (See instructions) N/A
Date 2/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Mike MacNaughton Contributor address; City; State; Zip Code 20031 Encino Ridge St San Antonio, TX 78259	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Nonprofit executive		Employer (See instructions) N/A
<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:
11 of 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
2/19/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Janet Bricston

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
4005 Steele St #35
Denver, CO 80209

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
2/21/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr David Plylar

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
4218 Misty Glade
San Antonio, TX 78247

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
2/21/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Carolee Moore

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
4218 Misty Glade
San Antonio, TX 78247

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/20/2024

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
2104 Pipestone Dr
San Antonio, TX 78232

Principal occupation / Job title (See instructions)
Senior Living

Employer (See instructions)
Self-employed

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 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/1/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Nathan Ratner

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**14502 Majestic Prince
San Antonio, TX 78248**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
4/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Edward Dylla

Amount of contribution (\$)
30.00

Contributor address; City; State; Zip Code
**13310 La Vista Dr
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
4/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Pamela Peck

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**13710 Money Tree
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
4/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Noel Nicholls

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2310 Shadow Clf
San Antonio, TX 78232**

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:
13 of 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/9/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Karin Nicholls

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**2310 Shadow Clf
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
4/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Pamela Harrison Martinez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**11307 WHISPER FALLS St
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Council Aide

Employer (See instructions)
COSA

Date
4/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Angelica Cox

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**12223 Farview Ln
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Stay at home mom

Employer (See instructions)
NA

Date
4/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Robert W Miller

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**14215 Jones Maltsberger Rd
San Antonio, TX 78247**

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:
14 of 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/9/2024

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

7 Amount of contribution (\$)
50.00

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

8 Principal occupation / Job title (See instructions)
Colonel - Retired

9 Employer (See instructions)

Date
4/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Richard Pressman

Amount of contribution (\$)
20.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
4/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Jeff Small

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
18619 Corsini
San Antonio, TX 78258

Principal occupation / Job title (See instructions)
Lawyer

Employer (See instructions)
Self

Date
4/9/2024

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
18222 Crystal Cove
San Antonio, TX 78259

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:
15 of 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/10/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Doug Smith

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**3110 Whisper Brk
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
international trade consulting

9 Employer (See instructions)
UTSA

Date
4/10/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Bruce Akright

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**322 Bluffcrest
San antonio, TX 78216**

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

Employer (See instructions)
N/A

Date
4/10/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Douglas Heyde

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**21547 Rio Comal
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
4/10/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Carole E Thompson

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**11916 Apple Blossom
San Antonio, TX 78247**

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 25
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr John Friedrich 6 Contributor address; City; State; Zip Code 1577 Chase Rd Berlin, VT 05602	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See instructions) VP		9 Employer (See instructions) ADP
Date 4/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms G Sterling Zinsmeyer Contributor address; City; State; Zip Code 11302 Whisper Willow San Antonio, TX 78230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Producer		Employer (See instructions) Self
Date 4/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Marianne Kestenbaum Contributor address; City; State; Zip Code 5923 Woodridge Rock San Antonio, TX 78231	Amount of contribution (\$) 73.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Bexar County AFT
Date 4/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Tom Cummins Contributor address; City; State; Zip Code 13727 Stony Forest Dr San Antonio, TX 78249	Amount of contribution (\$) 73.00
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:
17 of 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/17/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Jerry DuTerroil

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**702 Lost Cyn
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
4/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr G Sterling Zinsmeyer

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**11302 Whisper Willow
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Producer

Employer (See instructions)
Self

Date
4/17/2024

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
CPA

Employer (See instructions)
Laura E. Burt, CPA

Date
4/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Linda Comeaux

Amount of contribution (\$)
73.00

Contributor address; City; State; Zip Code
**3185 Morning Crk
San Antonio, TX 78247**

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 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/17/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Robert W Miller

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**14215 Jones Maltsberger Rd
San Antonio, TX 78247**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
4/17/2024

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2015 Oak Vista St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
n/a

Employer (See instructions)
N/A

Date
4/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Zada True-Courage

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1938 Broken Oak St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Financial Analyst

Employer (See instructions)
CPS Energy

Date
4/18/2024

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Architect

Employer (See instructions)
HIS Design Group

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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 25
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Pamela Spurgeon 6 Contributor address; City; State; Zip Code 814 Karen Ln san Antonio, TX 78218	7 Amount of contribution (\$) 73.00
8 Principal occupation / Job title (See instructions) N/A		9 Employer (See instructions) Retired
Date 4/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Arthur Downey Contributor address; City; State; Zip Code 730 Arch Stone San Antonio, TX 78258	Amount of contribution (\$) 75.00
Principal occupation / Job title (See instructions) Colonel - Retired		Employer (See instructions) Retired
Date 4/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Drew Flansburg Contributor address; City; State; Zip Code 22019 Pelican Crk San Antonio, TX 78258	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Project Manager		Employer (See instructions) Def-Logic
Date 5/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Kelly Multach Contributor address; City; State; Zip Code 1910 Eagle Springs Dr San Antonio, TX 78248	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) NA		Employer (See instructions) NA
<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 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
5/1/2024

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
PO Box 781609
San Antonio, TX 78278

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
5/3/2024

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

Amount of contribution (\$)
210.00

Contributor address; City; State; Zip Code
414 French Pl
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
Hydrologist

Employer (See instructions)
Self

Date
5/10/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr David Holmes

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
2806 Sierra Salinas
San Antonio, TX 78259

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
NEISD

Date
5/10/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr David Wells

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
13318 Vista Bonita
San Antonio, TX 78216

Principal occupation / Job title (See instructions)
Clinical laboratory Director

Employer (See instructions)
Self

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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: 21 of 25
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Ken Lawrence 6 Contributor address; City; State; Zip Code 13307 Hunters Hollow St San Antonio, TX 78230	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Air Force Colonel		9 Employer (See instructions) Retired
Date 5/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Dianne Lawrence Contributor address; City; State; Zip Code 13307 Hunters Hollow St San Antonio, TX 78230	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) na		Employer (See instructions) na
Date 5/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Robert W Miller Contributor address; City; State; Zip Code 14215 Jones Maltzberger Rd San Antonio, TX 78247	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 5/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Russell Voyles Contributor address; City; State; Zip Code 918 Riverstone Dr San Antonio, TX 78258	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Banker		Employer (See instructions) USAA
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
5/11/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr David Gannon

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**6423 Longhouse
San Antonio, TX 78236**

8 Principal occupation / Job title (See instructions)
Metrologist

9 Employer (See instructions)
Retired

Date
5/11/2024

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**18222 Crystal Cove
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
na

Employer (See instructions)
na

Date
5/12/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Ted Peck

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**1007 Caribbean
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
tutor

Employer (See instructions)
Self

Date
5/14/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Zada True-Courage

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1938 Broken Oak St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
NA

Employer (See instructions)
NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
5/16/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Sherry Carrero

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
**21011 Promontory Cir
San Antonio, Texas, TX 78258**

8 Principal occupation / Job title (See instructions)
web developer

9 Employer (See instructions)
Self

Date
5/20/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Zada True-Courage

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1938 Broken Oak St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
NA

Employer (See instructions)
NA

Date
5/21/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Carolyn Ellis

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**7711 Callaghan
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
6/7/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Zada True-Courage

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**1938 Broken Oak St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
NA

Employer (See instructions)
NA

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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:
24 of 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
6/10/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Jacque Christenson

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**PO Box 15076
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
6/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Tim Schultz

Amount of contribution (\$)
125.00

Contributor address; City; State; Zip Code
**3007 Iron Stone Ct
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Kari Schultz

Amount of contribution (\$)
125.00

Contributor address; City; State; Zip Code
**3007 Iron Stone Ct
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Arthur E Wilson Jr

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**16519 Parkstone Blvd
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
NA

Employer (See instructions)
NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
25 of 25

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
6/24/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr John Mangan

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**818 Willow Knoll Cv
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
6/24/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Nancy Mangan

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**818 Willow Knoll Cv
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Al Carnot

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**819 Midnight Dr
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Francis Carnot

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**819 Midnight Dr
San Antonio, TX 78260**

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

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)
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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
2/28/2024

7 Name of lender ☐ out-of-state PAC (ID# _____)
Mr John K Courage

9 Loan Amount (\$)
25000.00

6 Is lender a
financial
institution?

N

8 Lender address; City; State; Zip Code
1938 Broken Oak St
San Antonio TX 78232-3104

10 Interest rate
0.000000

11 Maturity date

12 Principal occupation / Job title (See instructions)
Councilman

13 Employer (See instructions)
City of San Antonio

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 (\$)
0.00

18 Guarantor address; City; State; Zip Code

☒ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/3/2024	5 Payee name Weebly		
6 Amount (\$) 102.34	7 Payee address; City; State; Zip Code 460 Bryant St San Francisco, CA 94107		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Website hosting		(b) Description Office Overhead
	(c) <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 Mayor Office held N/A			
Date 1/3/2024	Payee name Weebly		
Amount (\$) 102.34	Payee address; City; State; Zip Code 460 Bryant St San Francisco, CA 94107		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Website hosting		Description Office Overhead
	<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 Mayor Office held N/A			
Date 1/10/2024	Payee name WIX.com		
Amount (\$) 350.73	Payee address; City; State; Zip Code 7095 Hollywood Blvd Los Angeles, CA 90028		
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 Mayor 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 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2024	5 Payee name Rocket Science Group, LLC		
6 Amount (\$) 157.77	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising
	(c) <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 Mayor	Office held N/A

Date 1/16/2024	Payee name NationBuilder		
Amount (\$) 35.00	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 Mayor	Office held N/A

Date 1/31/2024	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: Service Charges		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 Mayor	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: 3 of 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/2024	5 Payee name Rocket Science Group, LLC		
6 Amount (\$) 140.71	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising
	(c) <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 Mayor	Office held N/A
Date 2/16/2024	Payee name NationBuilder		
Amount (\$) 35.00	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 Mayor	Office held N/A
Date 2/27/2024	Payee name John Courage		
Amount (\$) 15000.00	Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Repay portion of loan		Description Loan
	<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 Mayor	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 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)			
4 Date 2/27/2024	5 Payee name Vista Print					
6 Amount (\$) 68.18	7 Payee address; City; State; Zip Code 275 Wyman St Wlatham, MA 02421					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising			
	(c) <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 <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name John Courage</td> <td>Office sought Mayor</td> <td>Office held N/A</td> </tr> </table>				Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A
Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A				
Date 2/28/2024	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: Service Charges		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 <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name John Courage</td> <td>Office sought Mayor</td> <td>Office held N/A</td> </tr> </table>				Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A
Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A				
Date 2/29/2024	Payee name Frost Bank					
Amount (\$) 10.00	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: Service Charges		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 <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name John Courage</td> <td>Office sought Mayor</td> <td>Office held N/A</td> </tr> </table>				Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A
Candidate / Officeholder name John Courage	Office sought Mayor	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 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2024	5 Payee name United States Postmaster		
6 Amount (\$) 212.68	7 Payee address; City; State; Zip Code 15610 Henderson Pass San Antonio, TX 78232		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Post Office Box		(b) Description Other
	(c) <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 Mayor	Office held N/A

Date 3/20/2024	Payee name Dominic Carrasco		
Amount (\$) 263.28	Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Reimbursement for Campaign Event
	<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 Mayor	Office held N/A

Date 3/26/2024	Payee name Flor De Chiapas		
Amount (\$) 349.86	Payee address; City; State; Zip Code 1045 Bandera Rd San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Campaign Event
	<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 Mayor	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: 6 of 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2024	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: Service Charges		(b) Description Bank Service Charge
	(c) <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 Mayor	Office held N/A
Date 4/1/2024	Payee name L2 Co		
Amount (\$) 2546.65	Payee address; City; State; Zip Code 5 Schalks Crossing Road #220 Plainsboro, NJ 08536		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Voter List
	<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 Mayor	Office held N/A
Date 4/3/2024	Payee name Rocket Science Group, LLC		
Amount (\$) 140.71	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 Advertising
	<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 Mayor	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 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/2024	5 Payee name NationBuilder		
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave 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
	(c) <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 Mayor	Office held N/A
Date 4/15/2024	Payee name Rocket Science Group, LLC		
Amount (\$) 569.24	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 Advertising
	<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 Mayor	Office held N/A
Date 4/15/2024	Payee name Fernando Aguilar		
Amount (\$) 500.00	Payee address; City; State; Zip Code PO Box 700004 San Antonio, TX 78247		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Consulting		Description Consulting Campaign
	<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 Mayor	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 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2024	5 Payee name Canva		
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 75 East Santa Clara St San Jose, CA 95113		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising
	(c) <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 Mayor	Office held N/A
Date 4/16/2024	Payee name NationBuilder		
Amount (\$) 35.00	Payee address; City; State; Zip Code 520 S. Grand Ave 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 Mayor	Office held N/A
Date 4/19/2024	Payee name Orb Media Marketing		
Amount (\$) 1500.00	Payee address; City; State; Zip Code 1110 Austin Rd Austin, TX 78215		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Consulting		Description Consulting Campaign
	<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 Mayor	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 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2024	5 Payee name Orb Media Marketing		
6 Amount (\$) 1500.00	7 Payee address; City; State; Zip Code 1110 Austin Rd Austin, TX 78215		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Consulting		(b) Description Consulting Campaign
	(c) <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 Mayor	Office held N/A

Date 4/26/2024	Payee name Google Ads		
Amount (\$) 200.00	Payee address; City; State; Zip Code 1600 Amphiteatre Ave Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<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 Mayor	Office held N/A

Date 4/30/2024	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: Service Fees		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	Office sought	Office held

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: 10 of 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/1/2024	5 Payee name Google Ads		
6 Amount (\$) 341.90	7 Payee address; City; State; Zip Code 1600 Amphiteatre Ave Mountain View, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising
	(c) <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 Mayor	Office held N/A
Date 5/6/2024	Payee name Google Ads		
Amount (\$) 350.00	Payee address; City; State; Zip Code 1600 Amphiteatre Ave Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<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 Mayor	Office held N/A
Date 5/13/2024	Payee name Rocket Science Group, LLC		
Amount (\$) 569.24	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 Advertising
	<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 Mayor	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 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2024	5 Payee name NationBuilder		
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave 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
	(c) <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 Mayor	Office held N/A
Date 5/20/2024	Payee name Google Ads		
Amount (\$) 500.00	Payee address; City; State; Zip Code 1600 Amphiteatre Ave Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<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 Mayor	Office held N/A
Date 5/22/2024	Payee name Events.com		
Amount (\$) 9.99	Payee address; City; State; Zip Code 811 Prospect St La Jolla, CA 92037		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Membership
	<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 Mayor	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: 12 of 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2024	5 Payee name Events.com		
6 Amount (\$) 29.00	7 Payee address; City; State; Zip Code 811 Prospect St La Jolla, CA 92037		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertise Event
	(c) <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 Mayor	Office held N/A
Date 5/31/2024	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: Service Fees		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	Office sought	Office held
Date 6/3/2024	Payee name Google Ads		
Amount (\$) 347.35	Payee address; City; State; Zip Code 1600 Amphiteatre Ave Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<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 Mayor	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 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)			
4 Date 6/13/2024	5 Payee name Rocket Science Group, LLC					
6 Amount (\$) 569.24	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising			
	(c) <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 <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name John Courage</td> <td>Office sought Mayor</td> <td>Office held N/A</td> </tr> </table>				Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A
Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A				
Date 6/17/2024	Payee name NationBuilder					
Amount (\$) 35.00	Payee address; City; State; Zip Code 520 S. Grand Ave 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 <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name John Courage</td> <td>Office sought Mayor</td> <td>Office held N/A</td> </tr> </table>				Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A
Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A				
Date 6/24/2024	Payee name Google Ads					
Amount (\$) 500.00	Payee address; City; State; Zip Code 1600 Amphiteatre Ave Mountain View, CA 94043					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising			
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name John Courage</td> <td>Office sought Mayor</td> <td>Office held N/A</td> </tr> </table>				Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A
Candidate / Officeholder name John Courage	Office sought Mayor	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: 14 of 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2024	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: Service Fees		(b) Description Bank Service Charge
	(c) <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 6/30/2024	Payee name PayPal		
Amount (\$) 386.14	Payee address; City; State; Zip Code 2211 N First St San Jose, CA 95131		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Other Processing Fees Service Charges Jan-Jun 2024
	<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 6/30/2024	Payee name Google Ads		
Amount (\$) 282.48	Payee address; City; State; Zip Code 1600 Amphiteatre Ave Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<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 John Courage Mayor N/A			

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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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Category (See categories listed at the top of this schedule) </td> <td style="width: 50%; vertical-align: top;"> (b) Description </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		(a) Category (See categories listed at the top of this schedule)	(b) Description	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
(a) Category (See categories listed at the top of this schedule)	(b) Description					
(c) <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						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

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

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
	(c) <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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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	
	(c) <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

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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
	(c) <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		

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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; padding: 5px 0;"><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; padding: 5px 0;"><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; padding: 5px 0;"><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 of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder