CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this		thics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST John	'	мі К	OFFICE US	SE ONLY
NAME	NICKNAME LAST Courage		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE : 1938 Broken Oak St San Antonio TX 78232-3104	#; CITY; ST	ATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBE (210) 216-5020	ER EXTEN	NSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Mr Ryan		MI T	Receipt #	Amount \$
NAME	NICKNAME LAST		SUFFIX	Date Processed	
	Takao			Date Imaged	
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	19206 Barrow Bay San Antonio TX 78258 AREA CODE PHONE NUMBE (210) 859-9106	ER EXTEN	ISION		
9 REPORT TYPE	October 15 Quarterly				
10 PERIOD COVERED	Month Day	Year	Month	Day Year	
	7/1/2021	THROUG	ЭH 9 /3	30/2021	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	Primary Runot X General Speci	Description		
12 OFFICE	OFFICE HELD (if any) Council District 9		13 OFFICE SOUGHT Council Distri		
		GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer II) (Ethics Commission Filers)
Mr John K Couraç	ge				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL COMMITTEE ADDRESS				
	SPECIFIC				
Additional Pages		COMMITTEE CAMPA	IGN TREASURER NAME		
		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	1500.00
EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		INDITURES.	\$	0	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	1765.90
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	19058.59
OUTSTANDING LOAN TOTALS	J 0.	CIPAL AMOUNT OF ALL C	DUTSTANDING LOANS AS OF THE	\$	31933.00
18 AFFIDAVIT					
			I swear, or affirm, under penalty or is true and correct and includes al me under Title 15, Election Code.		
* * * Electronically Certified * * *					
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candida	te or Officeho	older
Sworn to and subscribe of October,			_	this t	he <u>15th</u> day
Signature of officer adn	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer II			nmission Filers)	
	Mr John K Courage				
21		LE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1500.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0	
4.	X	SCHEDULE E: LOANS		\$ 0	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1765.90	
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0	
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	S	\$0	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0	
10.	X	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	C/OH	\$ 0	
11.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	IS	\$ 0	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 1			
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)			
4	Date 8/28/2021	Richard Wells	AC (ID#)	7 Amount of contribution (\$) 500.00			
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru Dailey & Wells Com	•			
	Date 8/28/2021	JoAnne Wells	AC (ID#)	Amount of contribution (\$) 500.00			
Principal occupation / Job title (See instructions) Executive Employer (See instructions) Dailey & Wells Comm				· ·			
	Date 9/8/2021	Stephen Pooppoon	AC (ID#)	Amount of contribution (\$) 500.00			
	Principal occupa Developer	tion / Job title (See instructions)	Employer (See instru	uctions)			
	Date		AC (ID#)	Amount of contribution (\$)			
	Principal occupation / Job title (See instructions) Employer (See instructions)						
		ATTACH ADDITIONAL COPIES (F THIS SCHEDULE AS I	NEEDED			

Forms provided by Texas Ethics Commission

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 out-of-state PAC (ID#	9 In-kind contribution description
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas, complete Schedule T 11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#	Amount of Contribution \$ In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF T	UIS SCUEDIII E AS NEEDED

Forms provided by Texas Ethics Commission

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense

Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Demmittee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form
1 Total pages Schedule F1: 1 of 7	2 FILER NAME Mr John K Courage 3 Filer ID (Ethics Commission Filers)
4 Date 7/1/2021	5 Payee name Hustle Inc
6 Amount (\$) 960.05	7 Payee address; City; State; Zip Code 251 Kearny St San Francisco, CA 94108
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising (b) Description Texting Campaign Services
	(c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held John Courage Council District 9 N/A
Date 7/13/2021	Payee name Cricket Wireless
Amount (\$) 30.00	Payee address; City; State; Zip Code 575 Morosgo Dr Atlanta, GA 30324
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Utilities Description phone service
EXI ENDITORE	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held John Courage Council District 9 N/A
Date 7/13/2021	Payee name Rocket Science Group, LLC
Amount (\$) 67.15	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
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held John Courage Council District 9 N/A
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 2 of 7	2 FILER NAME Mr John K Courage	,	3 Filer ID (Ethics Commission Filers)
4 Date 7/16/2021	5 Payee name ZOOM US	-	
6 Amount (\$) 16.00	7 Payee address; City; State; 55 Almanden Blvd San Jose, CA 95113	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sci Other: Video Meeting	(b) Description Website Svcs	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 7/16/2021	Payee name NationBuilder		
Amount (\$) 29.00	Payee address; City; State; 520 S. Grand Ave Los Angeles, CA 90071	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Advertising	Description Website Svcs	
	Check if travel outside of Texas, complete	schedule T Check if A	sustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 7/30/2021	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; PO Box 1600 San Antonio, TX 78296	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci Other: Service Charges	Description Bank Service Cha	arge
	Check if travel outside of Texas, complete	schedule T Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED.

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	-	Other (enter a category not listed above)
4 Tatal a cons Oak adula E4.	-	to complete this form	• ET 10 (EII)
1 Total pages Schedule F1: 3 of 7	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Mr John K Courage		
4 Date	5 Payee name		
8/13/2021	Rocket Science Group, LLC		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
67.15	675 Ponce de Leon Ave NE #5000		
	Atlanta, GA 30308		
_			
8	(a) Category (See categories listed at the top of this scho	1 1	
PURPOSE	Other: Advertising	Advertising	
OF			
EXPENDITURE	(a) [
	(c) Check if travel outside of Texas, complete so	chedule T Check if I	Austin, TX, officeholder living expense
$\textbf{9} \ \text{Complete} \ \underline{\text{ONLY}} \ \text{if direct}$		Office sought	Office held
expenditure to benefit C/C	OH John Courage	Council District 9	N/A
Date	Payee name		
8/13/2021	Cricket Wireless		
Amount (\$)	Payee address; City; State;	Zip Code	
30.00	575 Morosgo Dr	p	
	Atlanta, GA 30324		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Other: Utilities	phone service	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		Council District 9	N/A
Date	Payee name		
8/16/2021	ZOOM US		
		7:- 0-4-	
Amount (\$) 16.00	Payee address; City; State; 55 Almanden Blvd	Zip Code	
10.00	• • • • • • • • • • • • • • • • • • • •		
	San Jose, CA 95113		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Other: Video Meeting	Website Svcs	
OF	-		
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct			Office held
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	N/A
	Joint Journage	Council District 3	WA
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED.

	FYPENDITLIRE	CATEGORIES FOR I	ROY 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expens Gifts/Awards/Memorials ommittee Legal Services	Loan Re Office Over se Polling E s Expense Printing I	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Mr John K Courage	<u> </u>		3 Filer ID (Ethics Commission Filers)
4 Date 8/16/2021	5 Payee name NationBuilder		,	
6 Amount (\$) 29.00	7 Payee address; C 520 S. Grand Ave Los Angeles, CA 90071	ity; State; Zip C	Code	
8 PURPOSE OF	(a) Category (See categories listed at Other: Advertising	the top of this schedule)	(b) Description Website Svcs	
EXPENDITURE	(c) Check if travel outside of Te	evas complete schedule	T Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder	name	Office sought Council District 9	Office held N/A
Date 8/28/2021	Payee name PayPal			
Amount (\$) 29.60	Payee address; C 12312 Port Grace Blvd La Vista, NE 76592	ity; State; Zip C	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at Other: Service Charges	the top of this schedule)	Description Service Charge	
	Check if travel outside of Te	exas, complete schedule	T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder DH John Courage		Office sought Council District 9	Office held N/A
Date 8/31/2021	Payee name Frost Bank			
Amount (\$) 5.00	Payee address; C PO Box 1600 San Antonio, TX 78296	ity; State; Zip C	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at Other: Service Charges	the top of this schedule)	Description Bank Service Cha	rge
	Check if travel outside of Te	exas, complete schedule	T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C			Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL C	OPIES OF THIS SC	HEDULE AS NEEDE	D

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 5 of 7	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/2021	5 Payee name PayPal	1	
6 Amount (\$) 14.80	7 Payee address; City; State 12312 Port Grace Blvd La Vista, NE 76592	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Other: Service Charges	(b) Description Service Charge	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
Date 9/13/2021	Payee name Cricket Wireless		
Amount (\$) 30.00	Payee address; City; State 575 Morosgo Dr Atlanta, GA 30324	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Other: Utilities	chedule) Description phone service	
	Check if travel outside of Texas, complete	e schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH John Courage	Office sought Council District 9	Office held N/A
Date 9/13/2021	Payee name Harmony Hills PTA		
Amount (\$) 160.00	Payee address; City; State 10727 Memory Lane San Antonio, TX 78216	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Other: Advertising	chedule) Description Contribution	
	Check if travel outside of Texas, complete	e schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	D

	EXPENDITURE CATEGORIES		
Accounting/Banking Advertising Expense	·	oan Repayment/Reimbursement ffice Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense		olling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C		rinting Expense alaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	•	,
1 Total pages Schedule F1: 6 of 7	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/2021	5 Payee name Harmony Hills Elementary		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
160.00	10727 Memory Lane San Antonio, TX 78216		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schede Other: Advertising		oution for Blood Drive
EXPENDITURE			
	(c) Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 9/13/2021	Payee name Rocket Science Group, LLC		
Amount (\$) 67.15	Payee address; City; State; 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this schede Other: Advertising	Description Advertising	
EXPENDITURE	Check if travel outside of Texas, complete sch	edule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 9/16/2021	Payee name ZOOM US		
Amount (\$) 16.00	Payee address; City; State; 55 Almanden Blvd San Jose, CA 95113	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Other: Video Meeting	Description Website Svcs	
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking	·	_oan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	o complete this form	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
7 of 7	Mr John K Courage		
4 Date	5 Payee name		
9/16/2021	NationBuilder		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
29.00	520 S. Grand Ave		
	Los Angeles, CA 90071		
8	(a) Category (See categories listed at the top of this sched	(b) Description Website Svcs	
PURPOSE	Other: Advertising	website svcs	
OF			
EXPENDITURE	(c) Check if travel outside of Texas, complete scl	hadula T Chack if A	Austin TV officeholder living expense
O Complete ONLY if all 1			Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
expenditure to benefit G/C	John Courage	Council District 9	N/A
Date	Payee name		
9/30/2021	Frost Bank		
Amount (\$)	Payee address; City; State;	Zip Code	
5.00	PO Box 1600		
	San Antonio, TX 78296		
	Category (See categories listed at the top of this sched	dule) Description	
PURPOSE	Other: Service Charges	Bank Service Cha	arge
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete scl	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C		Council District 9	N/A
D /			
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
	Category (See categories listed at the top of this sched	dule) Description	
PURPOSE			
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete scl	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C		Omoc Jougni	Since field
,			
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDE	D

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Contributions/Donations Made By Candidate/Officeholder/Political Co	Gifts/Awards/Memorials Expense Printing Exp emmittee Legal Services Salaries/Wa		Travel Out Of District Other (enter a category not listed above)	
The Instruction Guide explains how to complete this form				
1 Total pages Schedule F2:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
1 of 1	Mr John K Courage			
4 TOTAL OF UNITEMIZE	ED UNPAID INCURRED OBLIGATIONS		\$ 0	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas, complete schedule T	Check	if Austin, TX, officeholder living expense	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description		
0 11 0111111111111111111111111111111111	Check if travel outside of Texas, complete schedule T		if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEE	EDED	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	TI	ne Instruction Guide explains how to complete this form.		otal pages Schedule F3:
2	2 FILER NAME Mr John K Courage			iler ID (Ethics Commission Filers)
4	Date	5 Name of person from whom investment is purchased		
		6 Address of person from whom investment is purchased; City;		
		7 Description of investment		
		8 Amount of investment (\$)		
	Date	Name of person from whom investment is purchased		
		Address of person from whom investment is purchased; City;	•	State; Zip Code
		Description of investment		
		Amount of investment (\$)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Accounting/Banking Advertising Expense Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District

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

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

SCHEDULE H

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

Food/Beverage Expense Gifts/Awards/Memorials E

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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

SCHEDULE |

	The Instruction Guide explains how to complete th	is form.			
1 Total pages Schedule I: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) (b) Descri	ption (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ption (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ption (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ption (See instructions regarding type of information required.)			
	ATTACH ADDITIONAL CODIES OF THIS SCHEDLILE	AC NEEDED			

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

SCHEDULE K

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

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to com •• Complete only if "Report Type" on page 1 is mar	
C/OH NA	AME n K Courage	Filer ID (Ethics Commission Filers)
SIGNA	TURE	
a repo	ot expect any further political contributions or political expenditures in connort as a final report terminates my campaign treasurer appointment. I also outions or make any campaign expenditures without a campaign treasurer	understand that I may not accept any campaign
		Signature of Candidate / Officeholder
	WHO IS NOT AN OFFICEHOLDER lete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	k only one:	
	I do not have unexpended contributions or unexpended interest or incom	ne earned from political contributions.
	I have unexpended contributions or unexpended interest or income earn convert unexpended political contributions or unexpended interest or income also understand that I must file an annual report of unexpended contribution unexpended interest or income earned on political contributions longe understand that I must dispose of unexpended political contributions and contributions in accordance with the requirements of Election Code, § 25	ome earned on political contributions to personal use. I tions and that I may not retain unexpended contributions or than six years after filing this final report. Further, I developed interest or income earned on political
В.	ASSETS	
Chec	k only one:	
	I do not retain assets purchased with political contributions or interest or	other income from political contributions.
	I do retain assets purchased with political contributions or interest or other may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political Code, § 254.204.	or other income from political contributions to personal
		Signature of Candidate
	EHOLDER lete this section only if you are an officeholder. ••	
	I am aware that I remain subject to filing requirements applicable to an o am also aware that I will be required to file reports of unexpended contrib I retain political contributions, interest of other income from political contributions.	outions if, after filing the last required report as an officeholder
		Signature of Officeholder