

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: 31 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | | FIRST John | MI K | OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged |
| | NICKNAME | | LAST Courage | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1938 Broken Oak St San Antonio TX 78232-3104 | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE () | PHONE NUMBER - | EXTENSION | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr | | FIRST Ryan | MI T | Date Processed |
| | NICKNAME | | LAST Takao | SUFFIX | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 19206 Barrow Bay San Antonio TX 78258 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (210) | PHONE NUMBER 859-9106 | EXTENSION | | |
| 9 REPORT TYPE | July 15: Semi-Annual | | | | |
| 10 PERIOD COVERED | Month Day Year 4/25/2019 | | Month Day Year THROUGH 6/30/2019 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 5/4/2019 | | ELECTION TYPE | | |
| | | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) City Council District 9 | | 13 OFFICE SOUGHT (if known) Council District 10 | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | |
|---|---|
| 14 C/OH NAME Mr John K Courage | 15 Filer ID (Ethics Commission Filers) |
|---|---|

| | |
|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | <small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small> |
|--|--|

| | |
|---|--|
| COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS |
|---|--|

☐ Additional Pages

| | | |
|-----------------------------------|---|--------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 274.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4524.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 18.25 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 12400.01 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 4609.08 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 28000.00 |

18 AFFIDAVIT

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

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr John K Courage, this the 14th day of July, 2019, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

| | | |
|--|---|---|
| 19 FILER NAME Mr John K Courage | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 4524.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0 |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 12400.01 |
| 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 4

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/25/2019

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**300 Convent #25
San Antonio, T 78205**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Martin & Drought, P.C.

Date
4/25/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**250 W. Nottingham #400
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Self

Date
4/25/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
W_Plack Carr III

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Self

Date
4/25/2019

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**316 Brahan Blvd
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 4

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/26/2019

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**1 Bitterblue Ln
San Antonio, TX 78218-1790**

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

9 Employer (See instructions)
Denton Communities

Date
4/26/2019

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1 Bitterblue Ln
San Antonio, TX 78218-1790**

Principal occupation / Job title (See instructions)
self employed

Employer (See instructions)
Denton Communities

Date
4/26/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Southwest Laborers District Council SWLDC PAC

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**11720 East 21 St
Tulsa, OK 74129**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/29/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**270 Terrell Rd
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
self employed

Employer (See instructions)
Worth Associates

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 4

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
5/5/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Tracey S Bedwell

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**15722 Mission Crest
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)
Treasurer

9 Employer (See instructions)
Alamo Community Colleges

Date
5/6/2019

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

Amount of contribution (\$)
50.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/6/2019

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

Amount of contribution (\$)
50.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/6/2019

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**8531 N. New Braunfels #203
San Antonio, TX 78217**

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:
4 of 4

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
5/7/2019

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**12701 West Ave #1412
San Antonio, T 78216**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
6/13/2019

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**PO Box 90883
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Judge

Employer (See instructions)
Bexar County

Date
6/27/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tamara A Tapman

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2401 Ridge Country
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
VP

Employer (See instructions)
SWBC

Date
6/27/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**300 Convent #25
San Antonio, T 78205**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Martin & Drought, P.C.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

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

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

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 12 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/25/2019 | 5 Payee name Lone Star Media | | |
| 6 Amount (\$) 1110.70 | 7 Payee address; City; State; Zip Code 1011 N. Frio St. San Antonio, TX 78207 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Advertising | (b) Description Campaign Materials <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name John Courage | | Office sought Council District 9 | Office held N/A |
| Date 4/27/2019 | Payee name PayPal | | |
| Amount (\$) 7.55 | 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) Other: Processing Expenses | Description Service Charges <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name John Courage | | Office sought Council District 9 | Office held N/A |
| Date 4/29/2019 | Payee name RoboDial.org | | |
| Amount (\$) 40.00 | Payee address; City; State; Zip Code 4601 N. Fairfax Dr. #1200 Arlington, VA 22203 | | |
| 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 Council District 9 | Office held N/A |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|--|---|---|--|
| 1 Total pages Schedule F1: 2 of 12 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/29/2019 | 5 Payee name RoboDial.org | | |
| 6 Amount (\$) 50.00 | 7 Payee address; City; State; Zip Code 4601 N. Fairfax Dr. #1200 Arlington, VA 22203 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Advertising | (b) Description Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |
| Date 4/30/2019 | Payee name Facebook | | |
| Amount (\$) 401.95 | Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 | | |
| 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: Council District 9 Office held: N/A | | | |
| Date 4/30/2019 | Payee name Frost Bank | | |
| Amount (\$) 5.00 | Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Advertising | Description Bank Service Charge <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|--|--|---|--|
| 1 Total pages Schedule F1: 3 of 12 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/2/2019 | 5 Payee name Alpha Media LLC | | |
| 6 Amount (\$) 586.50 | 7 Payee address; City; State; Zip Code 4050 Eisenhower Rd San Antonio, TX 78218 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Advertising | (b) Description Radio Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |
| Date 5/2/2019 | Payee name Office Max | | |
| Amount (\$) 139.83 | Payee address; City; State; Zip Code 13484 Bitters Rd San Antonio, TX 78216 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Advertising | Description Campaign Materials <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |
| Date 5/3/2019 | Payee name Lowes | | |
| Amount (\$) 59.22 | Payee address; City; State; Zip Code 1200 N. FM 1604 West San Antonio, TX 78248 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Advertising | Description Campaign Materials <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |

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: 4 of 12 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/3/2019 | 5 Payee name Jorge Vasquez | | |
| 6 Amount (\$) 1250.00 | 7 Payee address; City; State; Zip Code 7602 Maxwell St. San Antonio, TX 78214 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: consulting Expense | | (b) Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |
| Date 5/6/2019 | Payee name AT&T | | |
| Amount (\$) 84.47 | Payee address; City; State; Zip Code 410 NE Broadway St Portland, OR 97232 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Office Expense | | Description Phone <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |
| Date 5/6/2019 | Payee name Zack Lyke | | |
| Amount (\$) 1845.00 | Payee address; City; State; Zip Code 2118 Edgehill Dr #203 San Antonio, TX 78209 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: consulting Expense | | Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 5 of 12 | 2 FILER NAME Mr John K Courage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/6/2019 | 5 Payee name Colt Osburn | |
| 6 Amount (\$) 250.00 | 7 Payee address; City; State; Zip Code 67 Triangle #3 San Antonio, TX 78255 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: consulting Expense | (b) Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name John Courage | Office sought Council District 9 Office held N/A |
| Date 5/6/2019 | Payee name Bryan Naylor | |
| Amount (\$) 250.00 | Payee address; City; State; Zip Code 159 Gray Bluff Bulverde, TX 78163 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: consulting Expense | Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name John Courage | Office sought Council District 9 Office held N/A |
| Date 5/6/2019 | Payee name Weathered Souls | |
| Amount (\$) 574.25 | Payee address; City; State; Zip Code 606 Embassy Oaks #500 San Antonio, TX 78216 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description Campaign Election Watch 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 Council District 9 Office held N/A |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|--|--|---|--|
| 1 Total pages Schedule F1: 6 of 12 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/6/2019 | 5 Payee name Google Services | | |
| 6 Amount (\$) 350.00 | 7 Payee address; City; State; Zip Code 1600 Amphitheater Pkwy Mountain View, CA 94043 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Advertising | (b) Description Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |
| Date 5/6/2019 | Payee name Derek Roberts | | |
| Amount (\$) 250.00 | Payee address; City; State; Zip Code 11818 Jasmine Way San Antonio, TX 78253 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: consulting Expense | Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |
| Date 5/6/2019 | Payee name Babette Olson | | |
| Amount (\$) 250.00 | Payee address; City; State; Zip Code 1903 Oakline San Antonio, TX 78232 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: consulting Expense | Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|--|---|---|--|
| 1 Total pages Schedule F1: 7 of 12 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/6/2019 | 5 Payee name Mildred Ray | | |
| 6 Amount (\$) 250.00 | 7 Payee address; City; State; Zip Code 950 E. Bitters #603 San Antonio, TX 78216 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: consulting Expense | (b) Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |
| Date 5/6/2019 | Payee name Monique Lane | | |
| Amount (\$) 250.00 | Payee address; City; State; Zip Code 13054 Five Brooks Helotes, TX 78023 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: consulting Expense | Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |
| Date 5/7/2019 | Payee name DNH*GODADDY.COM | | |
| Amount (\$) 5.32 | Payee address; City; State; Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Advertising | Description Website Svcs <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |

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: 8 of 12 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/8/2019 | 5 Payee name CPS Energy | | |
| 6 Amount (\$) 71.70 | 7 Payee address; City; State; Zip Code PO Box 2678 San Antonio, TX 78289 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Office Expense | (b) Description Utilities <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |
| Date 5/8/2019 | Payee name PayPal | | |
| Amount (\$) 12.51 | 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) Other: Processing Expenses | Description Service Charges <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |
| Date 5/13/2019 | Payee name DNH*GODADDY.COM | | |
| Amount (\$) 5.32 | Payee address; City; State; Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Advertising | Description Website Svcs <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 9 of 12 | 2 FILER NAME Mr John K Courage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/13/2019 | 5 Payee name Rocket Science Group, LLC | |
| 6 Amount (\$) 53.30 | 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 <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name John Courage | Office sought Council District 9 Office held N/A |

| | | |
|--|--|--|
| Date 5/14/2019 | Payee name Jorge Vasquez | |
| Amount (\$) 1250.00 | Payee address; City; State; Zip Code 7602 Maxwell St. San Antonio, TX 78214 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: consulting Expense | Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name John Courage | Office sought Council District 9 Office held N/A |

| | | |
|--|--|--|
| Date 5/14/2019 | Payee name Jorge Vasquez | |
| Amount (\$) 2500.00 | Payee address; City; State; Zip Code 7602 Maxwell St. San Antonio, TX 78214 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: consulting Expense | Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name John Courage | Office sought Council District 9 Office held N/A |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | |
|--|--|--|
| 1 Total pages Schedule F1: 10 of 12 | 2 FILER NAME Mr John K Courage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/17/2019 | 5 Payee name NationBuilder | |
| 6 Amount (\$) 29.00 | 7 Payee address; City; State; Zip Code 520 S. Grand Ave #2 Fl Los Angeles, CA 90071 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Advertising | (b) Description Website Svcs <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | |
| Date 5/26/2019 | Payee name CPS Energy | |
| Amount (\$) 49.39 | Payee address; City; State; Zip Code PO Box 2678 San Antonio, TX 78289 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Office Expense | Description Utilities <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | |
| Date 5/31/2019 | Payee name Facebook | |
| Amount (\$) 145.00 | Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 | |
| 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: Council District 9 Office held: N/A | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|--|---|---|--|
| 1 Total pages Schedule F1: 11 of 12 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/31/2019 | 5 Payee name Frost Bank | | |
| 6 Amount (\$) 5.00 | 7 Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Advertising | (b) Description Bank Service Charge <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |
| Date 6/3/2019 | Payee name AT&T | | |
| Amount (\$) 84.50 | Payee address; City; State; Zip Code 410 NE Broadway St Portland, OR 97232 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Office Expense | Description Phone <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | | |
| Date 6/3/2019 | Payee name Google Services | | |
| Amount (\$) 78.95 | Payee address; City; State; Zip Code 1600 Amphitheater Pkwy 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: Council District 9 Office held: N/A | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | |
|--|--|---|
| 1 Total pages Schedule F1: 12 of 12 | 2 FILER NAME Mr John K Courage | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/13/2019 | 5 Payee name Rocket Science Group, LLC | |
| 6 Amount (\$) 53.30 | 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 <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | |
| Date 6/17/2019 | Payee name NationBuilder | |
| Amount (\$) 29.00 | Payee address; City; State; Zip Code 520 S. Grand Ave #2 FI Los Angeles, CA 90071 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Advertising | Description Website Svcs <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | |
| Date 6/30/2019 | Payee name Frost Bank | |
| Amount (\$) 5.00 | Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Advertising | Description Bank Service Charge <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

| | | |
|--|---|--|
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | | |

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

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

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

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

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

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

| | | | |
|---|--|--|--|
| Date | Payee name | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

| | | | |
|---|--|--|--|
| Date | Payee name | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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 Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div> | | |
| 6 Dates of travel | 7 Name of person(s) traveling | |
| | 8 Departure city or name of departure location | |
| | 9 Destination city or name of destination location | |
| 10 Means of transportation | 11 Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div> | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div> | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Mr John K Courage

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder