

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: 42		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST John	MI K	OFFICE USE ONLY		
	NICKNAME	LAST Courage	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1938 Broken Oak St San Antonio TX 78232-3104			Date Received		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 216-5020	EXTENSION			Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Ryan	MI T			Receipt #
	NICKNAME	LAST Takao	SUFFIX	Date Processed		
				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 19206 Barrow Bay San Antonio TX 78258					
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 859-9106	EXTENSION			
9 REPORT TYPE	July 15: Semi-Annual					
10 PERIOD COVERED	Month Day Year 1/1/2022		THROUGH	Month Day Year 6/30/2022		
11 ELECTION	ELECTION DATE Month Day Year 5/6/2023		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) Council District 9		13 OFFICE SOUGHT (if known) Council District 9			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr John K Courage	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	<small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small>
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COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17852.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2154.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 33451.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 31933.00

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 15th day of July, 2022, 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	\$ 17852.00
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	\$ 2154.88
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 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/27/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Lloyd A Denton Jr

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
Dilettante

9 Employer (See instructions)
Bitterblue, Inc

Date
1/27/2022

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
2/1/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Jeffrey Morgan

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5606 S Rice Ave
Houston, TX 77081**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Morgan Group

Date
2/1/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Kate Morgan

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5606 S Rice Ave
Houston, TX 77081**

Principal occupation / Job title (See instructions)
Not employed

Employer (See instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
2/1/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Patti B Morgan

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**422 Thamer
Houston, TX 77024**

8 Principal occupation / Job title (See instructions)
Not employed

9 Employer (See instructions)
N/A

Date
2/1/2022

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**422 Thamer
Houston, TX 77024**

Principal occupation / Job title (See instructions)
Chairman

Employer (See instructions)
Morgan Group

Date
2/1/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Jason D Hauck

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2101 Airole Way #B
Austin, TX 78704-3226**

Principal occupation / Job title (See instructions)
Regional Development Partner

Employer (See instructions)
Morgan Group

Date
2/2/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Alan Bass

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**27605 Bulverde Rd
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Assoc VP

Employer (See instructions)
Providence Commercial Real Estate Services

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: <div style="text-align: right;">3 of 14</div>
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Richard K Sheldon 6 Contributor address; City; State; Zip Code 4006 Green Oak Dr Waco, TX 76710	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) President CEO		9 Employer (See instructions) Rick Sheldon Real Estated
Date 2/2/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Lisa L Sheldon Contributor address; City; State; Zip Code 4006 Green Oak Dr Waco, TX 76710	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Manager		Employer (See instructions) Rick Sheldon Real Estated
Date 2/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Jaime R Arechiga Contributor address; City; State; Zip Code 2310 Winding Way San Antonio, TX 78260	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Sr VP		Employer (See instructions) The NRP Group
Date 2/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Gerald M Merck III Contributor address; City; State; Zip Code 22346 Fossil Ridge San Antonio, TX 78261-3015	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Legacy Sitework, LLC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
2/7/2022

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

7 Amount of contribution (\$) **500.00**

6 Contributor address; City; State; Zip Code
**15522 Clover Rdg
San Antonio, TX 78248-1333**

8 Principal occupation / Job title (See instructions)
Developer

9 Employer (See instructions)
Bitterblue, Inc

Date
2/7/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Sandra Teeter

Amount of contribution (\$) **500.00**

Contributor address; City; State; Zip Code
**15522 Clover Rdg
San Antonio, TX 78248-1333**

Principal occupation / Job title (See instructions)
General Manager

Employer (See instructions)
Zillow, Inc

Date
2/8/2022

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

Amount of contribution (\$) **500.00**

Contributor address; City; State; Zip Code
**145 Grand Oak St
San Antonio, TX 78232-1221**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Louis Pooppoon Development & Consulting, Ltd

Date
2/8/2022

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

Amount of contribution (\$) **500.00**

Contributor address; City; State; Zip Code
**145 Grand Oak St
San Antonio, TX 78232-1221**

Principal occupation / Job title (See instructions)
Director

Employer (See instructions)
The Soldier Road Home Foundation

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 14
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Thomas D Rutherford 6 Contributor address; City; State; Zip Code 8205 Asmara Ct Austin, TX 78750	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) President CEO		9 Employer (See instructions) Southstar Communities
Date 2/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Ken L Espensen Contributor address; City; State; Zip Code 3406 Mont Blanc San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Sr. VP		Employer (See instructions) REOC Development
Date 2/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Aubra L Franklin Contributor address; City; State; Zip Code 1502 Greystone Rdg San Antonio, TX 78258-4666	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Founder		Employer (See instructions) Franklin Development
Date 2/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Harry B Adams Contributor address; City; State; Zip Code 2319 Fountain Way San Antonio, TX 78248-1937	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Executive VP		Employer (See instructions) McCombs Enterprises

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 14
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Kenneth W Brown 6 Contributor address; City; State; Zip Code 2454 Toftrees Dr San Antonio, TX 78209	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Brown & Ortiz, P.C.
Date 2/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Leslie Brown Contributor address; City; State; Zip Code 2454 Toftrees Dr San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) US Government
Date 2/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Christopher T Donohue Contributor address; City; State; Zip Code 4023 Monteverde Way San Antonio, TX 78261-2950	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Marathon Title Company
Date 2/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Daniel Ortiz Contributor address; City; State; Zip Code 9103 Mellbrook St San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Brown & Ortiz, P.C.
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 14
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Casandra Ortiz 6 Contributor address; City; State; Zip Code 9103 Mellbrook St San Antonio, TX 78230	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Kassahn & Ortiz, PC
Date 2/9/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Mary A Rozar-Hogan Contributor address; City; State; Zip Code 1305 Yosemite Oaks San Antonio, TX 78213-1637	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Dir. Special Projects and Facilities		Employer (See instructions) University of Texas at San Antonio
Date 2/9/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Michael A Hogan Contributor address; City; State; Zip Code 1305 Yosemite Oaks San Antonio, TX 78213-1637	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) President CEO		Employer (See instructions) Hogan Properties Company
Date 2/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Allen Hoover Contributor address; City; State; Zip Code 9 Jason Rd Boerne, TX 78006	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) FBC Boerne

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 14
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Karen Hoover 6 Contributor address; City; State; Zip Code 9 Jason Rd Boerne, TX 78006	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Teacher		9 Employer (See instructions) FBC Boerne
Date 2/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr John Munley Contributor address; City; State; Zip Code 1010 Serenata Circle San Antonio, TX 78216	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 4/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Rollette Schreckenghost Contributor address; City; State; Zip Code 10502 Posthouse Cir San Antonio, TX 78216	Amount of contribution (\$) 9.00
Principal occupation / Job title (See instructions)		Employer (See instructions) Retired
Date 4/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Russell Voyles Contributor address; City; State; Zip Code 918 Riverstone Dr San Antonio, TX 78258	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions)		Employer (See instructions) Banker
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 14
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Mobi Warren 6 Contributor address; City; State; Zip Code 1826 Poppy Peak St San Antonio, TX 78232	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions) retired
Date 4/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Robert W Miller Contributor address; City; State; Zip Code 14215 Jones Maltzberger Rd San Antonio, TX 78247	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions)		Employer (See instructions) Retired
Date 4/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Gary Rogers Contributor address; City; State; Zip Code 203 Donella Dr San Antonio, TX 78232	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions)		Employer (See instructions) N/A
Date 4/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Stephanie Aicher Contributor address; City; State; Zip Code 9444 Atelier Dr Anchorage, AK 99507	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions) Chairman of Board
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 14
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Sophie R Minich 6 Contributor address; City; State; Zip Code 8326 Heavenly Cr Anchorage, AK 99654	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions) Chief Counsel
Date 4/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Chad Nugent Contributor address; City; State; Zip Code 4237 E Meridian Loop Wasilla, AK 99654	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions) COO
Date 4/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Jenny Nugent Contributor address; City; State; Zip Code 4237 E Meridian Loop Wasilla, AK 99654	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions) N/A
Date 4/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Colleen Waguespack Contributor address; City; State; Zip Code 1603 Tarton Ln San Antonio, TX 78231	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions)		Employer (See instructions) CPA
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
6/14/2022

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

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
**1923 Deer Rdg
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)
Retired

Date
6/22/2022

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)

Employer (See instructions)
Colonel

Date
6/22/2022

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

Amount of contribution (\$)
9.00

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

Principal occupation / Job title (See instructions)

Employer (See instructions)
retired

Date
6/22/2022

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

Amount of contribution (\$)
25.00

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

Principal occupation / Job title (See instructions)

Employer (See instructions)
Stay at home mom

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
6/22/2022

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

7 Amount of contribution (\$) **20.00**

6 Contributor address; City; State; Zip Code
**18631 Encino Way
San Antonio, TX 78259**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)
N/A

Date
6/22/2022

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

Amount of contribution (\$) **50.00**

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

Principal occupation / Job title (See instructions)

Employer (See instructions)
continuous breathing

Date
6/22/2022

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

Amount of contribution (\$) **50.00**

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

Principal occupation / Job title (See instructions)

Employer (See instructions)
Retired

Date
6/22/2022

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

Amount of contribution (\$) **20.00**

Contributor address; City; State; Zip Code
**24806 Night Arrow
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)

Employer (See instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 14
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/22/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Eileen Shiman 6 Contributor address; City; State; Zip Code 1130 Tranquil Trall Dr San Antonio, TX 78232	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions) Retired
Date 6/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Richard Pressman Contributor address; City; State; Zip Code 11310 Whisper Falls St San Antonio, TX 78230	Amount of contribution (\$) 9.00
Principal occupation / Job title (See instructions)		Employer (See instructions) retired
Date 6/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Ronald Sims Contributor address; City; State; Zip Code 13606 Oak Ash San Antonio, TX 78232	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions)		Employer (See instructions) N/A
Date 6/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Alex Hill Contributor address; City; State; Zip Code 16803 SUMMER CREEK Dr San Antonio, TX 78248	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions)		Employer (See instructions) claims mgr
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
6/24/2022

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

7 Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
127 Sandhill Woods
Rockport, TX 78382

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)
Drought researcher

Date
6/26/2022

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
2410 Borders
Sam Antonio, TX 78232

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
6/28/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Catherine Silvers

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
2427 Thrasher Oak
San Antonio, TX 78232

Principal occupation / Job title (See instructions)

Employer (See instructions)
N/A

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

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 13	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/13/2022	5 Payee name Rocket Science Group, LLC		
6 Amount (\$) 67.15	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name John Courage		Office sought Council District 9	Office held N/A
Date 1/13/2022	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
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name John Courage		Office sought Council District 9	Office held N/A
Date 1/18/2022	Payee name ZOOM US		
Amount (\$) 16.00	Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Video Meeting		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: 2 of 13	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/18/2022	5 Payee name NationBuilder		
6 Amount (\$) 29.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Website Svcs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 1/31/2022	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges		Description Bank Service Charge
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/9/2022	Payee name Metal Promo		
Amount (\$) 874.12	Payee address; City; State; Zip Code 517 S. Lamar Blvd Austin, TX 78704-1548		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Fiesta Medals
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 13	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/2022	5 Payee name Cricket Wireless		
6 Amount (\$) 30.00	7 Payee address; City; State; Zip Code 575 Morosgo Dr Atlanta, GA 30324		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Utilities		(b) Description phone service
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/14/2022	Payee name Rocket Science Group, LLC		
Amount (\$) 74.61	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/16/2022	Payee name NationBuilder		
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 13	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2022	5 Payee name ZOOM US		
6 Amount (\$) 16.00	7 Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Video Meeting		(b) Description Website Svcs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/22/2022	Payee name PayPal		
Amount (\$) 29.60	Payee address; City; State; Zip Code 12312 Port Grace Blvd La Vista, NE 76592		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges		Description 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			
Date 2/28/2022	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges		Description Bank Service Charge
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 13	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2022	5 Payee name PayPal		
6 Amount (\$) 3.20	7 Payee address; City; State; Zip Code 12312 Port Grace Blvd La Vista, NE 76592		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Service Charges		(b) Description Service Charge
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

Date 3/7/2022	Payee name FHK		
Amount (\$) 200.00	Payee address; City; State; Zip Code 9501 Console Dr. #200 San Antonio, TX 78229		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description 1099 Form preparation
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

Date 3/14/2022	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
	<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 13	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/2022	5 Payee name Rocket Science Group, LLC		
6 Amount (\$) 74.61	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/16/2022	Payee name NationBuilder		
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/16/2022	Payee name ZOOM US		
Amount (\$) 16.00	Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Video Meeting		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: 7 of 13	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2022	5 Payee name Frost Bank		
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Service Charges		(b) Description Bank Service Charge
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 4/13/2022	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
	<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 4/13/2022	Payee name Rocket Science Group, LLC		
Amount (\$) 74.61	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2022	5 Payee name ZOOM US	
6 Amount (\$) 16.00	7 Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Video Meeting	(b) Description Website Svcs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A
Date 4/18/2022	Payee name NationBuilder	
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A
Date 4/30/2022	Payee name Frost Bank	
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges	Description Bank Service Charge
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought 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 13	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/9/2022	5 Payee name GODADDY.COM		
6 Amount (\$) 76.62	7 Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Email addresses
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/13/2022	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
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
John Courage Council District 9 N/A			
Date 5/13/2022	Payee name Rocket Science Group, LLC		
Amount (\$) 74.61	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
John Courage Council District 9 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: 10 of 13	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2022	5 Payee name ZOOM US		
6 Amount (\$) 16.00	7 Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Video Meeting		(b) Description Website Svcs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 5/16/2022	Payee name NationBuilder		
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 5/29/2022	Payee name PayPal		
Amount (\$) 18.30	Payee address; City; State; Zip Code 12312 Port Grace Blvd La Vista, NE 76592		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges		Description Service Charge
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 13	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2022	5 Payee name Frost Bank		
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Service Charges		(b) Description Bank Service Charge
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 6/13/2022	Payee name Rocket Science Group, LLC		
Amount (\$) 74.61	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 6/13/2022	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
	<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 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 6/16/2022	5 Payee name ZOOM US	
6 Amount (\$) 16.00	7 Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Video Meeting	(b) Description Website Svcs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A

Date 6/16/2022	Payee name NationBuilder	
Amount (\$) 35.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A

Date 6/29/2022	Payee name PayPal	
Amount (\$) 26.84	Payee address; City; State; Zip Code 12312 Port Grace Blvd La Vista, NE 76592	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges	Description 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: 13 of 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2022	5 Payee name Frost Bank	
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Service Charges	(b) Description Bank Service Charge
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A

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

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

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
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

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

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

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

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

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name Office sought Office held		
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			
Date	Candidate / Officeholder name Office sought Office held		
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			
Date	Candidate / Officeholder name Office sought Office held		
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			

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
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