## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete thi		thics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST <b>John</b>		MI	OFFICE US	SE ONLY
NAME	NICKNAME LAST Coura		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE 1938 Broken Oak St San Antonio TX 78232	E#; CITY; ST	ATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMB ( 210 ) 216-5020		NSION	Date Hand-delivered	l or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr Ryan		MI <b>T</b>	Receipt #	Amount \$
NAME	NICKNAME LAST		SUFFIX	Date Processed	
	Takad	0		Date Imaged	
TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX I 19206 Barrow Bay San Antonio TX 78258  AREA CODE PHONE NUME ( 210 ) 859-9106	BER EXTEN		ATE; ZIP CODE	
9 REPORT TYPE					
	July 15: Semi-Annual				
10 PERIOD COVERED	Month Day	Year	Month	Day Year	
GOVERED	4/1/2020	THROUG	GH <b>6/</b> 3	30/2020	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	Primary Runof	Description		
	5/1/2021	X General Speci	al 		
12 OFFICE	OFFICE HELD (if any)  City Council District 9		13 OFFICE SOUGHT  Council Distri		
		GO TO PAGE 2			

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer II	) (Ethics Commission Filers)
Mr John Courage					
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRE	SS		
	SPECIFIC				
Additional Pages		COMMITTEE CAMPA	NIGN TREASURER NAME		
		COMMITTEE CAMPA	NIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	2000.00
EXPENDITURE TOTALS	3. TOTAL UNITE	MIZED POLITICAL EXPE	ENDITURES.	\$	0
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	3889.70
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	17166.07
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	DUTSTANDING LOANS AS OF THE	\$	28000.00
18 AFFIDAVIT					
			I swear, or affirm, under penalty of is true and correct and includes al me under Title 15, Election Code.		
			* * * Electronically		
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candidat	e or Officeho	older
Sworn to and subscribe of <b>July</b> ,			_	this	the <u>15th</u> day
Signature of officer adn	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath

### **SUBTOTALS - COH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co			mmission Filers)
	Mr John	Courage		
21		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2000.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	X	SCHEDULE E: LOANS		\$ 0
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3889.70
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	S	\$0
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10.	X	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	· C/OH	\$ 0
11.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS .	\$ 0
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

#### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

	Т	he Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 1 of 1
2	FILER NAME  Mr John Courag	ge			3 Filer ID (Ethics Commission Filers)
4	Date 1/9/2020	5 Full name of contributor San Antonio Fire & Police Pe		AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 11603 W. Coker Loop #201A San Antonio, TX 78216	•	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See inst	ructions)
	Date 1/20/2020	Full name of contributor Heriberto Guerra Jr Jr	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1 Lone Star Pass #41 San Antonio, TX 78264	City; S	State; Zip Code	
	Principal occupa Chairman & CE	tion / Job title (See instructions)  O		Employer (See inst <b>Anvanzar</b>	ructions)
	Date 4/15/2020	Full name of contributor  Ernrique M Davila	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 5424 Hwy 90 West San Antonio, TX 78227	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See inst <b>Retired</b>	ructions)
	Date 4/15/2020	Full name of contributor Linda D Davila	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 5424 Hwy 90 West San Antonio, TX 78227	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See inst <b>Retired</b>	ructions)

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 Courage	3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$ 0
5	Date  6 Full name of contributor out-of-state PAC (ID#  7 Contributor address; City; State; Zip	9 In-kind contribution \$ p Code
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas, complete Schedule T  11 Employer (FOR NON-JUDICIAL) (See instructions)
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	Date  Full name of contributor  out-of-state PAC (ID#	Amount of Contribution \$ In-kind contribution description  Check if travel outside of Tayes, complete Schodule 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 CODIES OF T	THE COUEDING AC MEEDED

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 Co			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF I	JNITEMIZED PLEDGES		\$ 0
5	Date  6 Full name of pledgor out-of-state PAC (ID#)  7 Pledgor address; City; State; Zip Code		8 Amount of Pledge \$	
10	Principal occu	upation / Job title (See instructions)	<b>11</b> Employer (S	Check if travel outside of Texas, complete Schedule Tosee instructions)
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$
				Check if travel outside of Texas, complete Schedule T
	Principal occu	pation / Job title (See instructions)	Employer (S	See instructions)
	Date	Full name of pledgor out-of-state PAC (ID#	de	Amount of Pledge \$
		· · ·		Check if travel outside of Texas, complete Schedule T
	Principal occu	pation / Job title (See instructions)	Employer (S	See instructions)
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$
		Pledgor address; City; State; Zip Co	de	Check if travel outside of Texas, complete Schedule T
	Principal occu	pation / Job title (See instructions)	Employer (S	See instructions)
		ATTACH ADDITIONAL CODIES OF T	III COLIEDIU I	- AS NEEDED
		ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see instruction g		

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

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form	
1 Total pages Schedule F1: 1 of 13	2 FILER NAME Mr John Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/6/2020	5 Payee name Weebly		
6 Amount (\$) 15.05	7 Payee address; City; State; Zip 460 Bryant St San Francisco, CA 94107	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Website Svcs	
EXPENDITORE	(c) Check if travel outside of Texas, complete schedule	T Check if A	ustin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 1/7/2020	Payee name <b>Weebly</b>		
Amount (\$) <b>15.05</b>	Payee address; City; State; Zip 460 Bryant St San Francisco, CA 94107	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Other: Advertising	Description Website Svcs	
	Check if travel outside of Texas, complete schedule	T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 9	Office held N/A
Date 1/13/2020	Payee name Rocket Science Group, LLC		
Amount (\$) <b>63.95</b>	Payee address; City; State; Zip 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Other: Advertising	Description Advertising	
	Check if travel outside of Texas, complete schedule	T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDE	D

Accounting/Panking	EXPENDITURE CATEGORIES  Event Expense	FOR BOX 8(a)  Loan Repayment/Reimbursement	Calinitation/Eundraining Evanges
Accounting/Banking Advertising Expense	Fees	Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	o complete this form	
1 Total pages Schedule F1: 2 of 13	2 FILER NAME Mr John Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2020	5 Payee name NationBuilder		
6 Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code	
29.00	520 S. Grand Ave #2 FI		
	Los Angeles, CA 90071		
PURPOSE	(a) Category (See categories listed at the top of this sched Other: Advertising	(b) Description Website Svcs	
OF EXPENDITURE			
	(c) Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH John Courage	Council District 9	N/A
Date 1/17/2020	Payee name Norma Denham & Associates		
Amount (\$)	Payee address; City; State;	Zip Code	
1555.00	118 Broadway		
	San Antonio, TX 78205		
	Category (See categories listed at the top of this sched		
PURPOSE	Other: Consultation Services	Campaign Consu	ulting
OF EXPENDITURE			
EXI ENDITORE	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C		Council District 9	N/A
Date <b>1/31/2020</b>	Payee name Frost Bank		
Amount (\$)	Payee address; City; State;	Zip Code	
5.00	PO Box 1600		
	San Antonio, TX 78296		
	Category (See categories listed at the top of this sched	dule) Description	
PURPOSE	Other: Service Charges	Bank Service Ch	arge
OF			
EXPENDITURE			
0 1. 0	Check if travel outside of Texas, complete sc		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 9	Office held <b>N/A</b>
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED!	<b>ED</b>

	EXPENDIT	JRE CATEGORIES FOR	BOX 8(a)	
Accounting/Banking	Event Expense		epayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees		overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By	Food/Beverage Ex Gifts/Awards/Mem	-	Expense Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C			/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	•	Guide explains how to com	_	, , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME	<u> </u>		3 Filer ID (Ethics Commission Filers)
3 of 13	Mr John Courage			Crimer 12 (Euros Seminosien Francis)
<b>4</b> Date	<b>5</b> Payee name			
2/3/2020	Weebly			
6 Amount (\$)	<b>7</b> Payee address;	City; State; Zip	Code	
15.05	460 Bryant St			
	San Francisco, CA 9410	7		
•	(-) 0 1 (One antennation lint		(In) December 1	
8	(a) Category (See categories liste Other: Advertising	ed at the top of this schedule)	(b) Description Website Svcs	
PURPOSE OF	Other. Advertising		11000110 0100	
EXPENDITURE				
EXI ENDITORE	(c) Check if travel outside of	of Texas, complete schedule	T Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officehole	der name	Office sought	Office held
expenditure to benefit C/C	OH John Courage		Council District 9	N/A
Date	Payee name			
2/4/2020	Northeast Bexar County	Democrats		
Amount (\$)	Payee address;	City; State; Zip	Code	
500.00	PO Box 700766			
	San Antonio, TX 78270-	0766		
			T	
	Category (See categories liste Other: Advertising	ed at the top of this schedule)	Description AD	
PURPOSE	Other. Advertising		Ab	
OF EXPENDITURE				
LAFENDITORE	Charle if two value while a	.f.T	T Charlett A	
0 11 01 11 11 11		of Texas, complete schedule		ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholo  John Courage	der name	Office sought  Council District 9	Office held N/A
experientare to benefit of	John Courage		Council District 9	N/A
	_			
Date <b>2/5/2020</b>	Payee name <b>Weebly</b>			
Amount (\$) <b>15.05</b>	Payee address;	City; State; Zip	Code	
15.05	460 Bryant St	-		
	San Francisco, CA 9410	1		
	Category (See categories liste	ed at the top of this schedule)	Description	
PURPOSE	Other: Advertising		Website Svcs	
OF				
EXPENDITURE				
	Check if travel outside of	of Texas, complete schedule	T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct		der name	Office sought	Office held
expenditure to benefit C/C	OH John Courage		Council District 9	N/A
		00DIE2 0=		
	ATTACH ADDITIONAL	L COPIES OF THIS SO	HEDULE AS NEEDE	ט

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking		Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	to complete this form	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 of 13	Mr John Courage		,
4 Date	<b>5</b> Payee name		
2/10/2020	Metal Promo		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
776.69	517 S. Lamar Blvd #C	·	
	Austin, TX 78704-1548		
8	(a) Category (See categories listed at the top of this sche		
PURPOSE	Other: Advertising	Fiesta Medals	
OF			
EXPENDITURE	(-) [		
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH John Courage	Council District 9	N/A
Date	Payee name		
2/13/2020	Rocket Science Group, LLC		
Amount (\$)	Payee address; City; State;	Zip Code	
63.95	675 Ponce de Leon Ave NE #5000		
	Atlanta, GA 30308		
	Only and the same of the same	Description	
	Category (See categories listed at the top of this sche Other: Advertising	Description  Advertising	
PURPOSE	other. Advertising	7 tavor tioning	
OF EXPENDITURE			
EXPENDITORE	Objects (Associated of Target association)	electric T	Avertic TV office health a living a suppose
	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought  Council District 9	Office held
experiorure to beriefit C/C	DH John Courage	Council District 9	N/A
Date	Payee name		
2/18/2020	NationBuilder		
Amount (\$)	Payee address; City; State;	Zip Code	
29.00	520 S. Grand Ave #2 FI		
	Los Angeles, CA 90071		
	Category (See categories listed at the top of this sche	adule) Description	
DUDDOOF	Other: Advertising	Description Website Svcs	
PURPOSE OF	outer / ture ture.		
EXPENDITURE			
EXPENDITORE	Check if travel outside of Texas, complete so	chadula T Chack if A	Austin, TX, officeholder living expense
Complete ONLY if direct			
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 9	Office held N/A
	oom oomago	Council District 9	
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ĒD

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Committee Fees Committee Commit	coan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Galaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains how to	o complete this form	3 Filer ID (Ethics Commission Filers)
5 of 13	Mr John Courage		
4 Date 2/18/2020	5 Payee name Alamo Mailing		
6 Amount (\$) 163.98	7 Payee address; City; State; 13114 Lookout Run San Antonio, TX 78233	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Other: Advertising	(b) Description Campaign Mailin	g
	(c) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date <b>2/28/2020</b>	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; PO Box 1600 San Antonio, TX 78296	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Service Charges	ule) Description  Bank Service Cha	arge
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date <b>3/2/2020</b>	Payee name <b>Weebly</b>		
Amount (\$) <b>15.05</b>	Payee address; City; State; 460 Bryant St San Francisco, CA 94107	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Advertising	Description Website Svcs	
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDE	ED

Accounting/Banking Advertising Expense	·	FOR BOX 8(a)  Loan Repayment/Reimbursement  Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Food/Beverage Expense Gifts/Awards/Memorials Expense committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
·	The Instruction Guide explains how t	o complete this form	
1 Total pages Schedule F1: 6 of 13	2 FILER NAME Mr John Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/2020	5 Payee name Weebly		
6 Amount (\$) 15.05	7 Payee address; City; State; 460 Bryant St San Francisco, CA 94107	Zip Code	
PURPOSE OF	(a) Category (See categories listed at the top of this scheen Other: Advertising	(b) Description Website Svcs	
EXPENDITURE	(c) Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH <b>John Courage</b>	Office sought Council District 9	Office held N/A
Date 3/13/2020	Payee name Rocket Science Group, LLC		
Amount (\$) <b>63.95</b>	Payee address; City; State; 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Other: Advertising	Description Advertising	
	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date <b>3/16/2020</b>	Payee name NationBuilder		
Amount (\$) 29.00	Payee address; City; State; 520 S. Grand Ave #2 FI Los Angeles, CA 90071	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Other: Advertising	Description Website Svcs	
	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 7 of 13	2 FILER NAME Mr John Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2020	5 Payee name RoboDial.org		
6 Amount (\$) 95.51	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 sche Other: Advertising	(b) Description Advertising	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete so Candidate / Officeholder name DH John Courage	Office sought  Council District 9	Office held  N/A
Date 3/31/2020	Payee name Facebook		
Amount (\$) 14.00	Payee address; City; State;  1 Hacker Way Menlo Park, CA 94025	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school Other: Advertising	Description Advertising	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH <b>John Courage</b>	Office sought Council District 9	Office held N/A
Date 3/31/2020	Payee name Frost Bank		
Amount (\$) <b>5.00</b>	Payee address; City; State; PO Box 1600 San Antonio, TX 78296	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school Other: Service Charges	Description Bank Service Cha	arge
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 8 of 13	2 FILER NAME Mr John Courage		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/1/2020</b>	5 Payee name Weebly		
6 Amount (\$) 15.05	7 Payee address; City; St 460 Bryant St San Francisco, CA 94107	tate; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of the Other: Advertising	(b) Description Website Svcs	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, comp  Candidate / Officeholder name  John Courage	Office sought  Council District 9	Office held  Council District 9
Date <b>4/6/2020</b>	Payee name <b>Weebly</b>		
Amount (\$) 15.05	Payee address; City; St 460 Bryant St San Francisco, CA 94107	tate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Other: Advertising	Description Website Svcs	
	Check if travel outside of Texas, comp	lete schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH John Courage	Office sought  Council District 9	Office held Council District 9
Date 4/13/2020	Payee name Rocket Science Group, LLC		
Amount (\$) <b>63.95</b>	Payee address; City; Si 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	tate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Other: Advertising	Description Advertising	
	Check if travel outside of Texas, comp	elete schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 9	Office held Council District 9
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS NEEDE	ED

Accounting/Banking Advertising Expense Consulting Expense	Fees	FOR BOX 8(a)  Loan Repayment/Reimbursement  Office Overhead/Rental Expense  Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gifts/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 9 of 13	2 FILER NAME Mr John Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2020	5 Payee name NationBuilder		
6 Amount (\$) 29.00	7 Payee address; City; State; 520 S. Grand Ave #2 FI Los Angeles, CA 90071	Zip Code	
PURPOSE OF	(a) Category (See categories listed at the top of this schere Other: Advertising	(b) Description Website Svcs	
EXPENDITURE	(c) Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH <b>John Courage</b>	Office sought Council District 9	Office held N/A
Date <b>4/30/2020</b>	Payee name Frost Bank		
Amount (\$) <b>5.00</b>	Payee address; City; State; PO Box 1600 San Antonio, TX 78296	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Other: Service Charges	Description Bank Service Cha	arge
	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 9	Office held Council District 9
Date <b>5/1/2020</b>	Payee name <b>Weebly</b>		
Amount (\$) <b>15.05</b>	Payee address; City; State; 460 Bryant St San Francisco, CA 94107	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Other: Advertising	Description Website Svcs	
	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held Council District 9
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	·	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense se Printing Expense Salaries/Wages/Contract Labor ains how to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 10 of 13	2 FILER NAME Mr John Courage	and now to complete this form	3 Filer ID (Ethics Commission Filers)
4 Date 5/6/2020	5 Payee name Weebly		
6 Amount (\$) 15.05	7 Payee address; City; 460 Bryant St San Francisco, CA 94107	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Other: Advertising	of this schedule) (b) Description Website Svcs	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, co Candidate / Officeholder name DH John Courage	<u> </u>	Austin, TX, officeholder living expense  Office held  Council District 9
Date <b>5/13/2020</b>	Payee name Rocket Science Group, LLC		
Amount (\$) <b>63.95</b>	Payee address; City; 675 Ponce de Leon Ave NE #50 Atlanta, GA 30308	State; Zip Code 00	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Other: Advertising	of this schedule)  Description  Advertising	
	Check if travel outside of Texas, co	omplete schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH John Courage	Office sought  Council District 9	Office held Council District 9
Date 5/18/2020	Payee name NationBuilder		
Amount (\$) <b>29.00</b>	Payee address; City; 520 S. Grand Ave #2 FI Los Angeles, CA 90071	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Other: Advertising	of this schedule)  Description  Website Svcs	
	Check if travel outside of Texas, co	omplete schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 9	Office held Council District 9
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEED	ED

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 11 of 13	2 FILER NAME Mr John Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2020	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 sch Other: Service Charges	Bank Service Cha	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete s  Candidate / Officeholder name  John Courage	Office sought  Council District 9	Office held  Council District 9
Date 6/1/2020	Payee name <b>Weebly</b>		
Amount (\$) <b>15.16</b>	Payee address; City; State; 460 Bryant St San Francisco, CA 94107	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Advertising	Description Website Svcs	
	Check if travel outside of Texas, complete s	schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH <b>John Courage</b>	Office sought Council District 9	Office held Council District 9
Date 6/5/2020	Payee name <b>Weebly</b>		
Amount (\$) <b>15.16</b>	Payee address; City; State; 460 Bryant St San Francisco, CA 94107	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Advertising	Description Website Svcs	
	Check if travel outside of Texas, complete s	schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held Council District 9
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	D

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense		Polling Expense	Travel in District
Contributions/Donations Made By		Printing Expense	Travel Out Of District
Candidate/Officeholder/Political C Credit Card Payment	•	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains how to 2 FILER NAME	to complete this form	2 Filer ID (Ethics Commission Filers)
12 of 13	Mr John Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/12/2020	5 Payee name Rocket Science Group, LLC		
6 Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code	
63.95	675 Ponce de Leon Ave NE #5000	·	
	Atlanta, GA 30308		
8	(a) Category (See categories listed at the top of this sche	edule) (b) Description	
PURPOSE	Other: Advertising	Advertising	
OF	, and the second		
EXPENDITURE			
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH John Courage	Council District 9	Council District 9
Date	Payee name		
6/16/2020	NationBuilder		
Amount (\$)	Payee address; City; State;	Zip Code	
29.00	520 S. Grand Ave #2 FI		
	Los Angeles, CA 90071		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Other: Advertising	Website Svcs	
OF			
EXPENDITURE	Charle if travel sutside of Taylor complete so	Charlett	Austin TV officeholder living average
Operation ONLY if the st	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought  Council District 9	Office held  Council District 9
, , , , , , , , , , , , , , , , , , , ,			200
Date	Payee name		
6/17/2020	ZOOM US		
Amount (\$)	Payee address; City; State;	Zip Code	
16.00	55 Almanden Blvd #6 FI		
	San Jose, CA 95113		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Other: Video Meeting	Website Svcs	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	DH John Courage	Council District 9	Council District 9
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	<b>ED</b>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees 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 Salaries/Wages/Contract Labor Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 13 of 13 Mr John Courage 4 Date 5 Payee name 6/30/2020 **Frost Bank** 6 Amount (\$) 7 Payee address; City; State; Zip Code 5.00 PO Box 1600 San Antonio, TX 78296 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **Bank Service Charge** Other: Service Charges **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH **Council District 9** John Courage **Council District 9** Payee name Date Amount (\$) Pavee address: City: State: Zip Code Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; Zip Code State; Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Accounting/Banking Advertising Expense Consulting Expense

Event Expense Loan Repayment/Reimbursement Fees Food/Beverage Expense
Gifts/Awards/Memorials Ex

Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel Out Of Dist

Candidate/Officeholder/Political C	ommittee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form	Other (enter a category not listed above)
1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mr John Courage	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ED UNPAID INCURRED OBLIGATIONS	\$ 0
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description	
	(c) Check if travel outside of Texas, complete schedule T Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/0		Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description	
	Check if travel outside of Texas, complete schedule T Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		Office held
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEED	EDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.		ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 1 of 1		
2	P FILER NAME  Mr John Courage		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Name of person from whom investment is purchased			
		<b>6</b> 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

Solicitation/Fundraising Expense

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Accounting/Banking Advertising Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense ommittee Legal Services	Office Overhead/Rent Polling Expense Printing Expense Salaries/Wages/Contr		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:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
1 of 1	Mr John Courage				
4 TOTAL OF UNITEMIZ	ED EXPENDITURES CHARGED TO A CR	EDIT CARD		\$ O	
<b>5</b> Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State	; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Po	olitical			
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so	(b)	Description		
	(c) Check if travel outside of Texas, complete	schedule T	Check if	Austin, TX, officeholder living expense	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address; City; State	; Zip Code			
TYPE OF EXPENDITURE	Political Non-Po	olitical			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	chedule)	Description		
	Check if travel outside of Texas, complete	schedule T	Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office so	ought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

Transportation Equipment & Related Expense

Accounting/Banking Advertising Expense Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel in District

Solicitation/Fundraising Expense

Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form	
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
1 of 1	Mr John Courage	
4 Date	5 Payee Name	
6 Amount (\$)  Reimbursement from political contributions	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description	
LA LIBITORE	(c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		
Date	Payee name	
Amount (\$)  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	
	Check if travel outside of Texas, complete schedule T  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct		
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description	
EXPENDITURE	Check if travel outside of Texas, complete schedule T  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	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 Advertising Expense Consulting 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)

Credit Card Payment	The Instruction Guide explains how to complete this for	m
1 Total pages Schedule H: 1 of 1	2 FILER NAME Mr John 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) Descri	ription
	(c) Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/G		ght 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)  Descri	iption
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		ght 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)  Descri	ription
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/6		ght Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

#### SCHEDULE

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I: 1 of 1	2 FILER NAME Mr John 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.)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED	

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

#### SCHEDULE K

The	1 Total pages Schedule K: 1 of 1	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr John Coura	ge	
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	leck 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	l neck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received	l neck if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED

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

#### SCHEDULE T

The Ins	truction Guide e	explains how to complete this	s form.	1 Total pages Schedule T: 1 of 1		
2 FILER NAME Mr John Courage				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expenditure reported on:						
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
6 Dates of travel	es 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 L	abor Organization / Pledgor /	Payee			
Contribution / Expendi	ture reported on	:				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name of 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 / Expendi	ture reported on					
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name of pers	son(s) traveling				
Departure city or name of departure location						
Destination city or name of destination location			ation			
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 N	AME n Courage	Filer ID (Ethics Commission Filers)			
SIGNA	TURE				
a repo	ot expect any further political contributions or political expenditures in con ort as a final report terminates my campaign treasurer appointment. I also outions or make any campaign expenditures without a campaign treasure	understand that I may not accept any campaign			
		Signature of Candidate / Officeholder			
	WHO IS NOT AN OFFICEHOLDER lete A & B below only if you are not an officeholder. ••				
A.	CAMPAIGN FUNDS				
Chec	k only one:				
	I do not have unexpended contributions or unexpended interest or inco	me earned from political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
В.	ASSETS				
Chec	k only one:				
	I do not retain assets purchased with political contributions or interest o	r other income from political contributions.			
	I do retain assets purchased with political contributions or interest or oth may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political Code, § 254.204.	or other income from political contributions to personal			
		Signature of Candidate			
	EHOLDER lete this section only if you are an officeholder. ••				
	I am aware that I remain subject to filing requirements applicable to an am also aware that I will be required to file reports of unexpended contr I retain political contributions, interest of other income from political con interest or other income from political contributions.	ibutions if, after filing the last required report as an officeholder			
		Signature of Officeholder			