CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete t		ID (Ethics Commission Filers	2 Total pages fi 48	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRS		MI K	OFFICE US	SE ONLY
NAME	NICKNAME LAS		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SU 1938 Broken Oak St San Antonio TX 78232-310		STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NU (210) 216-502		EXTENSION	Date Hand-delivered	I or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRS	- :	MI T	Receipt #	Amount \$
NAME	NICKNAME LAS		SUFFIX	Date Processed	
	Tak	(ao		Date Imaged	
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	19206 Barrow Bay San Antonio TX 78258 AREA CODE PHONE NU (210) 859-910		XTENSION		
9 REPORT TYPE					
	July 15: Semi-Annual				
10 PERIOD COVERED	Month Da	y Year	Month	Day Year	
GOVERED	5/27/2	021 TH	ROUGH 6/	30/2021	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 6/5/2021		Runoff Other Description	1	
12 OFFICE	OFFICE HELD (if any) Council District 9		13 OFFICE SOUGH Council Distr		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer II) (Ethics Commission Filers)
Mr John K 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	IGN TREASURER NAME		
		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	13429.00
EXPENDITURE TOTALS	3. TOTAL UNITE	MIZED POLITICAL EXPE	INDITURES.	\$	0
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	22925.80
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	19779.83
OUTSTANDING LOAN TOTALS	J 0.	CIPAL AMOUNT OF ALL C	DUTSTANDING LOANS AS OF THE	\$	31933.00
18 AFFIDAVIT					
			I swear, or affirm, under penalty or is true and correct and includes al me under Title 15, Election Code.		
* * * Electronically Certified * * *					
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribe of July ,			_	this t	the <u>16th</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	9 FILER NAME 20 Filer IC			mmission Filers)
	Mr John	K Courage		
21		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13429.00
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		\$ 22332.80
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		\$ 593.00
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

SCHEDULE A1

	ī	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 13		
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)		
4	Date 5/27/2021	5 Full name of contributor ☐ out-of-state PA Richard Sollenberger	C (ID#)	7 Amount of contribution (\$) 9.00		
		6 Contributor address; City; S 25511 Mesa Rnch San Antonio , TX 78258	State; Zip Code			
8	Principal occupa Teacher	tion / Job title (See instructions)	9 Employer (See instruction NEISD	ctions)		
	Date 5/27/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00		
		Contributor address; City; S 2627 Rio Brazos San Antonio, TX 78259	State; Zip Code			
Principal occupation / Job title (See instructions) NA Employe NA			Employer (See instruc	ctions)		
	Date 5/27/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 25.00		
		Contributor address; City; S 13524 Evergreen Way Austin, TX 78737	State; Zip Code			
		tion / Job title (See instructions) designer/planner	Employer (See instruc Kathi Thomas Desig	·		
	Date 5/27/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 50.00		
		Contributor address; City; S 24 Inwood Blf San Antonio , TX 78248	State; Zip Code			
	Principal occupa Retiref	tion / Job title (See instructions)	Employer (See instruction Retired	ctions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 of 13
2	FILER NAME Mr John K Cou	urage		3 Filer ID (Ethics Commission Filers)
4	Date 5/27/2021	Galesspe Morrow	AC (ID#)	7 Amount of contribution (\$) 350.00
8	Principal occup Deputy Director	oation / Job title (See instructions) or	9 Employer (See instru Texas Department of	ictions) If State Health Services
	Date 5/28/2021	Full name of contributor Nicki Roberson Contributor address; City; San Antonio, TX 78218	AC (ID#)	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instru Retired	ictions)	
	Date 5/28/2021	Full name of contributor out-of-state Paragraph Green Contributor address; City; Single Ct Sugar Land, TX 77498	AC (ID#)	Amount of contribution (\$) 100.00
	Principal occup	pation / Job title (See instructions)	Employer (See instru Run The World	ictions)
	Date 5/29/2021	Full name of contributor Amanda Gentis Contributor address; City; Contributor address; City; Contributor address; City; Contributor address; City; C	AC (ID#)	Amount of contribution (\$) 500.00
	Principal occup Owner	nation / Job title (See instructions)	Employer (See instru Alamo City Moms	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 13
2	FILER NAME Mr John K Cour	rage		3 Filer ID (Ethics Commission Filers)
4	Date 5/29/2021	5 Full name of contributor ☐ out-of-state PA Francois Gentis		7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 12906 COUNTRY Rdg San Antonio, TX 78216	State; Zip Code	
8	Principal occupa Sales	tion / Job title (See instructions)	9 Employer (See instru Lookout	ctions)
	Date 5/29/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 20.00
		Contributor address; City; S 13702 Landmark San Antonio, TX 78217-1309	State; Zip Code	
Principal occupation / Job title (See instructions) NA		Employer (See instru	ctions)	
	Date 5/29/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; S 2915 Green Run Ln San Antonio, TX 78231	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instructions) NA	
	Date 5/29/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 4811 Isaac Ryan San Antonio, TX 78253	State; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instru Retired	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

		The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 4 of 13
	FILER NAME Mr John K Cou	ırage		3 Filer ID (Ethics Commission Filers)
4	Date 5/30/2021	5 Full name of contributor ☐ out-of-state PAC William E Greehey	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; St PO Box 780489 San Antonio, TX 78278-0489	ate; Zip Code	
	Principal occup Retired	ation / Job title (See instructions)	9 Employer (See instru Retired	ctions)
	Date 5/30/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 150.00
		Contributor address; City; St 15722 Mission Crest San Antonio, TX 78232	ate; Zip Code	
Principal occupation / Job title (See instructions) Employer (See in Retired		Employer (See instru Retired	ctions)	
	Date 5/30/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; St 48 Vineyard San Antonio, TX 78257	ate; Zip Code	
	Principal occup	ation / Job title (See instructions)	Employer (See instru Nustar	ctions)
	Date 5/30/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; St PO Box 781609 San Antonio, TX 78278-1609	ate; Zip Code	
	Principal occup	ation / Job title (See instructions)	Employer (See instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5 of 13	
2	FILER NAME Mr John K Cour	rage		3 Filer ID (Ethics Commission Filers)	
4	Date 5/30/2021	5 Full name of contributor Tamara Benavides 6 Contributor address; 10919 Town Center San Antonio, TX 78251	AC (ID#)	7 Amount of contribution (\$) 300.00	
8	Principal occupa Director of Sale	ation / Job title (See instructions)	9 Employer (See instru ABH Hospitality	ictions)	
	Date 5/30/2021	David Zachry	AC (ID#)	Amount of contribution (\$) 500.00	
Principal occupation / Job title (See instructions) Chairman of the Board Employer (See instructions) Zachry Corp			Employer (See instru	ictions)	
	Date 5/30/2021	Full name of contributor out-of-state P. John A Ernst Contributor address; City; 9386 Huebner Rd #109A San Antonio, TX 78240-1654	AC (ID#)	Amount of contribution (\$) 500.00	
	Principal occupa Contractor	ation / Job title (See instructions)	Employer (See instru	actions)	
	Date 5/30/2021	Full name of contributor out-of-state P. Colleen Ernst Contributor address; City; 9386 Huebner Rd #109A San Antonio, TX 78240-1654	AC (ID#)	Amount of contribution (\$) 500.00	
	Principal occupa Unknown	ation / Job title (See instructions)	Employer (See instru Unknown	uctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	T	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 13
2	FILER NAME Mr John K Cour	rage		3 Filer ID (Ethics Commission Filers)
4	Date 5/30/2021	5 Full name of contributor ☐ out-of-state PA Frances E Barros		7 Amount of contribution (\$) 250.00
8	Principal occupa	ttion / Job title (See instructions)	9 Employer (See instru	ictions)
	Date 5/30/2021	SA Appartment Assoc PAC		Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Employer (See instructions)				uctions)
	Date 5/30/2021	Carol W Gill		Amount of contribution (\$) 50.00
		Employer (See instru	ictions)	
	Date 5/30/2021	Full name of contributor out-of-state PA Marc D Gill Contributor address; City; S Niram Lane San Antonio, TX 78216-2362		Amount of contribution (\$) 50.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	т	he Instruction Guide explains how to co	1 Total pages Schedule A1: 7 of 13		
2	FILER NAME Mr John K Cour	rage			3 Filer ID (Ethics Commission Filers)
4	Date 5/30/2021	5 Full name of contributor Bracewell PAC		AC (ID#)	7 Amount of contribution (\$) 500.00
		711 Louisiana St Houston, TX 77002	Oity,	state, Zip code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	ictions)
	Date 6/1/2021	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 345 Argyle Ave San Antonio, TX 78209	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) N/A		Employer (See instru N/A	ictions)		
	Date 6/1/2021	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 3314 Falling Brk San Antonio, TX 78258	City;	State; Zip Code	
	Principal occupa N/A	tion / Job title (See instructions)		Employer (See instru Retired	ictions)
	Date 6/1/2021	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 320 Lexington Ave San Antonio, TX 78215	City; S	State; Zip Code	
	Principal occupa attorney	ntion / Job title (See instructions)		Employer (See instru self	ictions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	т	he Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 8 of 13
2	FILER NAME Mr John K Cour	rage		3 Filer ID (Ethics Commission Filers)
4	Date 6/1/2021	5 Full name of contributor ☐ out-of-state Rebecca Hirsch	PAC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; 19027 Salado Cyn San Antonio, TX 78258	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions) of Staff, CAO	9 Employer (See instru USAA	ictions)
	Date 6/1/2021	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 1810 Oakline Dr San Antonio, TX 78232	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (SN/A N/A		Employer (See instru N/A	uctions)	
	Date Full name of contributor Out-of-state PAC (ID#) 6/1/2021 Arthur Downey		PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; 730 Arch Stone San Antonio, TX 78258	State; Zip Code	
	Principal occupa Colonel	tion / Job title (See instructions)	Employer (See instru US Army - Retired	ictions)
	Date 6/1/2021	Full name of contributor Karen Cochran Contributor address; Cuty;	PAC (ID#)	Amount of contribution (\$) 50.00
		812 Eventide SAn Antonio, TX 78209		
Principal occupation / Job title (See instructions) Petroleum landman		Employer (See instru	actions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 9 of 13
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 6/1/2021	_	\C (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; S 9406 Hazelton Ln San Antonio, TX 78251	State; Zip Code	
8	Principal occupa Attorney	ation / Job title (See instructions)	9 Employer (See instru Self-Employed	ctions)
	Date 6/1/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; S 15219 Bent Moss St San Antonio, TX 78232	State; Zip Code	
	Principal occupa Contracts admi	ation / Job title (See instructions) nistrator	Employer (See instru Park Place Recreation	•
Date Full name of contributor ☐ out-of-state PA 6/3/2021 Charlie Jackson		\C (ID#)	Amount of contribution (\$) 100.00	
		Contributor address; City; S 1108 Lavaca St_Ste110 #309 Austin, TX 78701	State; Zip Code	
	Principal occupa Technologist	ation / Job title (See instructions)	Employer (See instru Acceleros	ctions)
	Date 6/4/2021	Full name of contributor Out-of-state PA Phyllis Thompson Contributor address; City; S 16803 SUMMER CREEK Dr San Antonio, TX 78248	C (ID#)	Amount of contribution (\$) 100.00
	Principal occupa retired	ation / Job title (See instructions)	Employer (See instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 10 of 13
2	FILER NAME Mr John K Cou	urage			3 Filer ID (Ethics Commission Filers)
4	Date 6/8/2021	5 Full name of contributor Michele C Haussmann		AC (ID#)	7 Amount of contribution (\$) 500.00
		28 Tidbury Ln San Antonio, TX 78230	City, C	State, Zip Gode	
8	Principal occup Real Estate	oation / Job title (See instructions)		9 Employer (See instru Landusesolutions	uctions)
	Date 6/8/2021	Full name of contributor Jacques Braha	out-of-state Pa	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 28 Tidbury Ln San Antonio, TX 78230	City;	State; Zip Code	
	Principal occup Real Estate	pation / Job title (See instructions)		Employer (See instru Fulcrum Deveopme	
	Date 6/8/2021	Full name of contributor Steve Braha	☐ out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 101 Turnberry Way San Antonio, TX 78230	City;	State; Zip Code	
	Principal occup Real Estate	pation / Job title (See instructions)		Employer (See instru Fulcrum Deveopme	
	Date 6/8/2021	Full name of contributor Enrique Flores	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1913 Chalk Rock CV Austin, TX 78735	City;	State; Zip Code	
	Principal occup President	nation / Job title (See instructions)		Employer (See instru Madhouse Dev Svo	•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	T	he Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 11 of 13
2	FILER NAME Mr John K Cou	rage			3 Filer ID (Ethics Commission Filers)
4	Date 6/8/2021	5 Full name of contributor Lloyd Doggett for Congress	out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; PO Box 5843 Austin, TX 78763	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 6/8/2021	Full name of contributor Larry Travis	Out-of-state Pa	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 239 Loera San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)		Employer (See instru Retired	uctions)
	Date Full name of contributor □ out-of-state PAC (ID#) 6/8/2021 Minerva Sanchez		AC (ID#)	Amount of contribution (\$) 200.00	
		Contributor address; 3711 River Falls San Antonio, TX 78259	City;	State; Zip Code	
	Principal occupa Consultant	ation / Job title (See instructions)		Employer (See instru Aandrade-vandeput	•
	Date 6/8/2021	Full name of contributor Herberto Guerra Jr	Out-of-state Pa	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1 Lone Start Pass #BLD41 San Antonio, TX 78264	City;	State; Zip Code	
	Principal occupa Chairman	ation / Job title (See instructions)		Employer (See instru Avanzar	ictions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	T	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 12 of 13
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Mr John K Cou	rage		
4	Date 6/8/2021	5 Full name of contributor ☐ out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; City; S PO Box 5679 San Antonio, TX 78201	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 6/8/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 2246 Austin, TX 78768	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions)				uctions)
	Date 6/22/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 8735 Paseo Oaks San Antonio, TX 78256	State; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru	uctions)
	Date 6/22/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 112 E Pecan San Antonio, TX 78205	State; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru Martin Drought PC	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	т	he Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 13 of 13
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 6/22/2021	5 Full name of contributor ☐ out-of-state F Audrey Fisher	PAC (ID#)	7 Amount of contribution (\$) 75.00
		6 Contributor address; City; 9134 Welles Way San Antonio, TX 78240	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 6/25/2021	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 9800 Fredericksburg Rd San Antonio, TX 78288	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
		ATTACH ADDITIONAL COPIES		

Forms provided by Texas Ethics Commission

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2: 1 of 1
2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$ 0
5 Date 6 Full name of contributor out-of-state PAC (ID#	9 In-kind contribution description
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas, complete Schedule T 11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#	Amount of Contribution \$ In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF T	UIS SCUEDIII E AS NEEDED

Forms provided by Texas Ethics Commission

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense
Contributions/Donations Made By Event Expense

Food/Beverage Expense Gifts/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Drinting Evnence

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District Travel Out Of District

Candidate/Officeholder/Political C Credit Card Payment	·	omplete this form The Cott of District Other (enter a category not listed	i above)
1 Total pages Schedule F1: 1 of 20	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission	on Filers)
4 Date 5/17/2021	5 Payee name ZOOM US		
6 Amount (\$) 16.00	7 Payee address; City; State; Z 55 Almanden Blvd #6 FI San Jose, CA 95113	ip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Other: Video Meeting	(b) Description Website Svcs	
• • • • • • • • • • • • • • • • • • • •	(c) Check if travel outside of Texas, complete sched		ense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 9 N/A	
Date 5/27/2021	Payee name Facebook		
Amount (\$) 400.00	Payee address; City; State; Z 1 Hacker Way Menlo Park, CA 94025	ip 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 sched	ule T Check if Austin, TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 9 N/A	
Date 5/27/2021	Payee name Facebook		
Amount (\$) 250.00	Payee address; City; State; Z 1 Hacker Way Menlo Park, CA 94025	ip 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 sched	ule T Check if Austin, TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held Council District 9 N/A	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

	EXPENDITURE CATEG	ODIES EOD BOY 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: 2 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/27/2021	5 Payee name KAHL Radio		
6 Amount (\$) 1014.00	7 Payee address; City; S 8023 Vantage Dr #840 San Antonio, TX 78230	tate; Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of to Other: Advertising	his schedule) (b) Description Radio Media	
EXPENDITURE	(c) Check if travel outside of Texas, comp	Dilete schedule T Check if A	austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 9	Office held N/A
Date 5/28/2021	Payee name Frost Bank		
Amount (\$) 49.85	Payee address; City; S PO Box 1600 San Antonio, TX 78296	tate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of t Other: Service Charges	his schedule) Description Bank Service Cha	arge
	Check if travel outside of Texas, comp	olete 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 N/A
Date 5/28/2021	Payee name Kelsey Brandt		
Amount (\$) 750.00	Payee address; City; S 101 Linda Dr San Antonio, TX 78216	tate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of t Other: Consultation Services	his schedule) Description Campaign Volunt	eer Coordination
	Check if travel outside of Texas, com	plete schedule T Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDE	:D

	EVDENDITURE CATEGOR	PIES EOD BOY 9(2)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	EXPENDITURE CATEGOR Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense ommittee Legal Services The Instruction Guide explains h	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: 3 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2021	5 Payee name Kelsey Brandt		
6 Amount (\$) 18.67	7 Payee address; City; Sta 101 Linda Dr San Antonio, TX 78216	te; Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this Other: Food	(b) Description Reimbursement f	or purchases
EXPENDITURE	(c) Check if travel outside of Texas, comple	te schedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 9	Office held N/A
Date 6/1/2021	Payee name RoboDial.Org, LLC		
Amount (\$) 42.13	Payee address; City; Sta 4601 North Fairfax Dr Arlington, VA 22203	te; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Other: Advertising	Description phonebanking ca	mpaign source
	Check if travel outside of Texas, comple	te 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 N/A
Date 6/1/2021	Payee name Facebook		
Amount (\$) 207.55	Payee address; City; Sta 1 Hacker Way Menlo Park, CA 94025	te; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Other: Advertising	Description Advertising	
	Check if travel outside of Texas, comple	te schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	:D

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 Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gifts/Awards/Memorials Expense P	olling Expense rinting Expense alaries/Wages/Contract Labor complete this form	Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 4 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)			
4 Date 6/1/2021	5 Payee name Norma Denham & Associates					
6 Amount (\$) 3473.25	7 Payee address; City; State; 118 Broadway San Antonio, TX 78205	Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schede Other: Consultation Services	(b) Description Campaign Consu	ulting			
	(c) Check if travel outside of Texas, complete sch	edule T Check if A	Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH John Courage	Office sought Council District 9	Office held N/A			
Date 6/1/2021	Payee name Facebook					
Amount (\$) 600.00	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 schede Other: Advertising	Description Advertising				
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A			
Date 6/2/2021	Payee name Michelle McBurney					
Amount (\$) 195.00	Payee address; City; State; 2926 War Feather San Antonio, TX 78238	Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Other: Campaign Services	Description Phone banking				
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A			
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDI	ED			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking		_oan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense	
Consulting Expense		Polling Expense	Travel in District	
Contributions/Donations Made By Candidate/Officeholder/Political C		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (onter a entegen) not listed above)	
Credit Card Payment	The Instruction Guide explains how to	-	Other (enter a category not listed above)	
4 Tatal a cons Oak adula E4.		o complete this form	• ET 10 (EII)	
1 Total pages Schedule F1: 5 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)	
	-			
4 Date 6/2/2021	5 Payee name Herlinda Torres			
0/2/2021	Heriiliaa Torres			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
90.00	619 North Hackberry			
	San Antonio, TX 78202			
8	(a) Category (See categories listed at the top of this sched	(b) Description Phone banking		
PURPOSE	Other: Campaign Services	Filotie balikilig		
OF				
EXPENDITURE	(a)			
	(C) Check if travel outside of Texas, complete sci		Austin, TX, officeholder living expense	
9 Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH John Courage	Council District 9	N/A	
Date	Payee name			
6/2/2021	Carmen Torres			
Amount (\$)	Payee address; City; State;	Zip Code		
217.50	PO Box 700007	,		
	San Antonio, TX 78270			
	Category (See categories listed at the top of this sched			
PURPOSE	Other: Campaign Services	Phone banking		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete sci	hedule T Check if /	Austin, TX, officeholder living expense	
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			
6/2/2021	Maria Williams			
Amount (\$)	Payee address; City; State;	Zip Code		
75.00	PO Box 700007	Zip Oodc		
	San Antonio, TX 78270			
	Category (See categories listed at the top of this sched			
PURPOSE	Other: Campaign Services	Phone banking		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete sci	hedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C		Council District 9	N/A	
	•			
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED!	ED .	

Accounting/Banking	EXPENDITURE Event Expense	E CATEGORIES FOR I	BOX 8(a) payment/Reimbursement	Solicitation/Fundraising Expense		
Advertising Expense Consulting Expense	Fees Food/Beverage Expens	Office Over Polling E	verhead/Rental Expense xpense	Transportation Equipment & Related Expense Travel in District		
Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	· ·	Salaries/	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
-	The Instruction Guid	e explains how to comp	lete this form			
1 Total pages Schedule F1: 6 of 20	2 FILER NAME Mr John K Courage			3 Filer ID (Ethics Commission Filers)		
4 Date 6/2/2021	5 Payee name Stacy Gillespie					
6 Amount (\$) 75.00	7 Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270					
8 PURPOSE OF	(a) Category (See categories listed at Other: Campaign Services		(b) Description Phone banking			
EXPENDITURE	(c) Check if travel outside of Te	exas complete schedule	T Check if A	ustin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder	name	Office sought Council District 9	Office held N/A		
Date 6/2/2021	Payee name Jacob Marshall					
Amount (\$) 270.00	Payee address; C PO Box 700007 San Antonio, TX 78270	ity; State; Zip C	Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at Other: Campaign Services		Description Phone banking			
EXI ENDITORE	Check if travel outside of Te	exas, complete schedule	T Check if A	ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder DH John Courage		Office sought Council District 9	Office held N/A		
Date 6/2/2021	Payee name Anyka H Bumgarner					
Amount (\$) 450.00	Payee address; C PO Box 700007 San Antonio, TX 78270	ity; State; Zip C	Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at Other: Campaign Services		Description Phone banking			
	Check if travel outside of Te	exas, complete schedule	T Check if A	ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C			Office sought Council District 9	Office held N/A		
	ATTACH ADDITIONAL C	OPIES OF THIS SC	HEDULE AS NEEDE	D		

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	ORIES FOR BOX 8(a) Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting Expense Contributions/Donations Made By	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel in District Travel Out Of District
Candidate/Officeholder/Political C Credit Card Payment	ommittee Legal Services The Instruction Guide explains	Salaries/Wages/Contract Labor s how to complete this form	Other (enter a category not listed above)
1 Total pages Schedule F1: 7 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Payee name Rosalinda Ramos	,	
6 Amount (\$) 675.00	7 Payee address; City; S 8230 Meado Sun St San Antonio, TX 78270	tate; Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of the Other: Campaign Services	(b) Description Phone banking	
EXPENDITURE	(c) Check if travel outside of Texas, comp	Nete schedule T	austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 9	Office held N/A
Date 6/2/2021	Payee name Rosemary Merino		
Amount (\$) 525.00	Payee address; City; S 8230 Meado Sun St San Antonio, TX 78270	tate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Other: Campaign Services	Description Phone banking	
EXI ENDITORE	Check if travel outside of Texas, comp	olete 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 N/A
Date 6/2/2021	Payee name Raquel Gates		
Amount (\$) 255.00	Payee address; City; S PO Box 700007 San Antonio, TX 78270	tate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Other: Campaign Services	Description Poll worker	
	Check if travel outside of Texas, comp	olete schedule T Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEEDE	ED .

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	FOR BOX 8(a) 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	o complete this form	
1 Total pages Schedule F1: 8 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Payee name Hustle Inc		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
1182.65	251 Kearny St		
	San Francisco, CA 94108		
8 PURPOSE OF	(a) Category (See categories listed at the top of this scheen Other: Advertising	(b) Description Texting Campaig	n Services
EXPENDITURE			
	(c) Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 9	Office held
experiordine to beliefit G/C	OH John Courage	Council District 9	N/A
Date 6/2/2021	Payee name Hustle Inc		
Amount (\$)	Payee address; City; State;	Zip Code	
1182.65	1182.65 251 Kearny St		
	San Francisco, CA 94108		
	Category (See categories listed at the top of this scheen		
PURPOSE	Other: Advertising	Texting Campaig	n Services
OF EXPENDITURE			
ZXI ZXISTI GXZ	Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	DH John Courage	Council District 9	N/A
Date 6/2/2021	Payee name Jake Billo		
Amount (\$)	Payee address; City; State;	Zip Code	
135.00	PO Box 700007		
	San Antonio, TX 78270		
	Category (See categories listed at the top of this scheen	·	
PURPOSE	Other: Campaign Services	Poll worker	
OF			
EXPENDITURE	Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C		Council District 9	N/A
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	FOR BOX 8(a) 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	o complete this form	
1 Total pages Schedule F1: 9 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Payee name Juston Glasscock		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
105.00	PO Box 700007		
	San Antonio, TX 78270		
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche Other: Campaign Services	(b) Description Poll worker	
EXPENDITURE			
	(c) Check if travel outside of Texas, complete sc	hedule 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 6/2/2021	Payee name Kevin Garcia		
Amount (\$)	Payee address; City; State;	Zip Code	
345.00			
	San Antonio, TX 78270		
	Category (See categories listed at the top of this sche	· ·	
PURPOSE	Other: Campaign Services	Poll worker	
OF			
EXPENDITURE	Check if travel outside of Toyan complete as	hadula T Chack if A	Austin TV officeholder living expense
Computate ONLY if direct	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date	Payee name		
6/2/2021	Lyn Thomas		
Amount (\$)	Payee address; City; State;	Zip Code	
450.00	PO Box 700007		
	San Antonio, TX 78270		
	Category (See categories listed at the top of this sche	·	
PURPOSE	Other: Campaign Services	Poll worker	
OF			
EXPENDITURE	Charle if travel outside of Toyan complete on	hadula T Chack if i	Austin TV officeholder living eveness
Complete ONLY Seller	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	FOR BOX 8(a) Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting Expense		Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	-	Circl (circl a category not instead above)
1 Total pages Schedule F1: 10 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Payee name Ricardo Ramon		
6 Amount (\$) 135.00	7 Payee address; City; State; PO Box 700007	Zip Code	
	San Antonio, TX 78270		
8 PURPOSE OF	(a) Category (See categories listed at the top of this sched Other: Campaign Services	(b) Description Poll worker	
EXPENDITURE			
	(c) Check if travel outside of Texas, complete sci	hedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH John Courage	Office sought Council District 9	Office held N/A
Date 6/2/2021	Payee name Trenton Cantu		
Amount (\$) 120.00	Payee address; City; State; PO Box 700007 San Antonio, TX 78270	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this sched Other: Campaign Services	Description Poll worker	
EXPENDITURE	Check if travel outside of Texas, complete sci	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 9	Office held N/A
Date 6/2/2021	Payee name Valerie Reiffert		
Amount (\$) 150.00	Payee address; City; State; PO Box 700007 San Antonio, TX 78270	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Campaign Services	Description Poll worker	
-	Check if travel outside of Texas, complete scl	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 CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officender/Political C	Fees O Food/Beverage Expense P Gifts/Awards/Memorials Expense P	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/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 form	<u>, </u>
1 Total pages Schedule F1: 11 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Payee name Alamo Mailing		
6 Amount (\$) 1537.56	7 Payee address; City; State; 13114 Lookout Run San Antonio, TX 78250	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this scheduled Other: Advertising	(b) Description Mailers	
	(c) Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 6/3/2021	Payee name Hustle Inc		
Amount (\$) 100.00	Payee address; City; State; 251 Kearny St San Francisco, CA 94108	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheduled Other: Advertising	Description Texting Campaig	gn Services
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 6/3/2021	Payee name Hustle Inc		
Amount (\$) 100.00	Payee address; City; State; 251 Kearny St San Francisco, CA 94108	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Other: Advertising	Description Texting Campaig	gn Services
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEDI	ED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	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:	2 FILER NAME Mr John K Courage	o complete this form	3 Filer ID (Ethics Commission Filers)
4 Date 6/3/2021	5 Payee name Colt Osburn		l.
6 Amount (\$) 800.00	7 Payee address; City; State; 17365 Henderson Pass #1233 San Antonio, TX 78232	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Other: Camapign Signs Materials		for purchases for food, suppies and
	(c) Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 6/4/2021	Payee name Prestige Printing LLC		
Amount (\$) 880.07	Payee address; City; State; 8 Burwood Lane San Antonio, TX 78216	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Other: Advertising	dule) Description Mailer	
	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 6/4/2021	Payee name RoboDial.Org, LLC		
Amount (\$) 46.97	Payee address; City; State; 4601 North Fairfax Dr Arlington, VA 22203	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Other: Advertising	Description phonebanking ca	ampaign source
	Check if travel outside of Texas, complete so	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 NEEDI	ED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking		Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense		Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	-	cutor (enter a sategory not noted above)
1 Total pages Schedule F1:		o complete tina form	2 Filer ID (Ethica Commission Filers)
13 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6/5/2021	Tilos Tex Mex, LLC		
	*	7' 0 1	
6 Amount (\$) 593.00	7 Payee address; City; State; 12403 West Ave	Zip Code	
333.00			
	San Antonio, TX 78232		
8	(a) Category (See categories listed at the top of this sched	dule) (b) Description	
PURPOSE	Other: Meeting Expense	Election Party	
OF			
EXPENDITURE			
	(c) Check if travel outside of Texas, complete sci	hedule 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		Council District 9	N/A
Date	Payee name		
6/7/2021	Facebook		
Amount (\$)	Payee address; City; State;	Zip Code	
900.00	1 Hacker Way	Zip Code	
	Menio Park, CA 94025		
	Category (See categories listed at the top of this sched	dule) Description	
PURPOSE	Other: Advertising	Advertising	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete sci	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH John Courage	Council District 9	N/A
Date	Payee name		
6/7/2021	Pizza Italia		
Amount (\$)	Payee address; City; State;	Zip Code	
54.25	3023 Thousand Oaks #101	•	
	San Antonio, TX 78247		
	Category (See categories listed at the top of this sched Other: Food	Description Planning Meeting	
PURPOSE	Other. Food	Fianning weeting	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete sci		Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	DH John Courage	Council District 9	N/A
<u> </u>	ATTACH ADDITIONAL CODIES OF TH	IS SCHEDIII E AS NEEDS	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	FOR BOX 8(a) _oan 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	o complete this form	
1 Total pages Schedule F1: 14 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2021	5 Payee name Trenton Cantu		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
45.00	PO Box 700007 San Antonio, TX 78270		
PURPOSE	(a) Category (See categories listed at the top of this schee Other: Campaign Services	(b) Description Poll worker	
OF EXPENDITURE			
	(c) Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 9	Office held N/A
experiorare to benefit G/C	OH John Courage	Council District 9	N/A
Date 6/8/2021	Payee name Bobby Carranza		
Amount (\$)	Payee address; City; State;	Zip Code	
286.00	286.00 PO Box 700007		
	San Antonio, TX 78270		
	Category (See categories listed at the top of this sched		an Ciana
PURPOSE OF	Other: Campaign Services	Retrieve Campai	yn olyns
EXPENDITURE			
	Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH John Courage	Council District 9	N/A
Date 6/8/2021	Payee name Kevin Garcia		
Amount (\$)	Payee address; City; State;	Zip Code	
262.50	PO Box 700007		
	San Antonio, TX 78270		
	Category (See categories listed at the top of this sched		
PURPOSE	Other: Campaign Services	Poll worker	
OF EXPENDITURE			
EXPENDITURE	Check if travel outside of Texas, complete sc	hadula T Chack if	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C		Council District 9	N/A
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

	EXPENDITURE CATEGORIES		
Accounting/Banking Advertising Expense	·	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	· ·	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	·	3 Filer ID (Ethics Commission Filers)
15 of 20	Mr John K Courage		,
4 Date 6/8/2021	5 Payee name Raquel Gates		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
105.00	PO Box 700007		
	San Antonio, TX 78270		
8	(a) Category (See categories listed at the top of this sche	dule) (b) Description Poll worker	
PURPOSE OF	Other: Campaign Services	Poli worker	
EXPENDITURE			
	(c) Check if travel outside of Texas, complete so	hedule 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 6/8/2021	Payee name Rosemary Merino		
Amount (\$)	Payee address; City; State;	Zip Code	
150.00	150.00 8230 Meado Sun St		
	San Antonio, TX 78270		
	Category (See categories listed at the top of this sche	dule) Description	
PURPOSE	Other: Campaign Services	Poll worker	
OF EXPENDITURE			
EXPENDITORE	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	<u> </u>	Office sought	Office held
expenditure to benefit C/C		Council District 9	N/A
Date 6/8/2021	Payee name Rosalinda Ramos		
Amount (\$)	Payee address; City; State;	Zip Code	
150.00	8230 Meado Sun St		
	San Antonio, TX 78270		
	Category (See categories listed at the top of this sche	·	
PURPOSE	Other: Campaign Services	Poll worker	
OF			
EXPENDITURE			
0 1. 0	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
, i i i i i i i i i i i i i i i i i i i	Odifici District 9 14/A		
	ATTAON ADDITIONAL CODIES OF THE	WO OOLIEDIN T 40 WEET	-n
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

Accounting/Banking	EXPENDITURE CATEGOR Event Expense	IES FOR BOX 8(a) Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	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 ho	ow to complete this form	
1 Total pages Schedule F1: 16 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2021	5 Payee name Herlinda Torres		
6 Amount (\$) 120.00	7 Payee address; City; State 619 North Hackberry San Antonio, TX 78202	e; Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this s Other: Campaign Services	(b) Description Phone banking	
EXPENDITURE	(c) Check if travel outside of Texas, complete	a ashadula T	usetin TV officeholder living evenes
O Complete ONLY if direct			Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH John Courage	Office sought Council District 9	Office held N/A
Date 6/8/2021	Payee name Mark Niedenberger		
Amount (\$) 120.00	Payee address; City; State 400 Bitters Rd #1511 San Antonio, TX 78216	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Other: Campaign Services	Description Phone banking	
LAFENDITORE	Check if travel outside of Texas, complete	e 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 N/A
Date 6/8/2021	Payee name Carmen Torres		
Amount (\$) 105.00	Payee address; City; State PO Box 700007 San Antonio, TX 78270	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Other: Campaign Services	Description Phone banking	
	Check if travel outside of Texas, complete	e schedule T Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	D

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees C Food/Beverage Expense F Gifts/Awards/Memorials Expense F	coan Repayment/Reimbursement Office Overhead/Rental Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Mr John K Courage	complete this form	3 Filer ID (Ethics Commission Filers)
4 Date 6/9/2021	5 Payee name JVC Media		
6 Amount (\$) 365.34	7 Payee address; City; State; 9335 Lamerton San Antonio, TX 78250	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Other: Advertising	(b) Description Campaign T-Shir	ts
	(c) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 6/10/2021	Payee name Herlinda Torres		
Amount (\$) 90.00	Payee address; City; State; 619 North Hackberry San Antonio, TX 78202	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Campaign Services	Description Phone banking	
	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 6/11/2021	Payee name Bryan Naylor		
Amount (\$) 220.00	Payee address; City; State; PO Box 700007 San Antonio, TX 78270	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Campaign Services	Description Retrieve Campai	gn Signs
-	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	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 Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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:	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/14/2021	5 Payee name Cricket Wireless	'	
6 Amount (\$) 30.00	7 Payee address; City; State; 575 Morosgo Dr Atlanta, GA 30324	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Other: Utilities	(b) Description phone service	
9 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 N/A
Date 6/14/2021	Payee name Rocket Science Group, LLC		
Amount (\$) 67.15	Payee address; City; State; 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Advertising	Description Advertising	
	Check if travel outside of Texas, complete s	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 N/A
Date 6/16/2021	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 sch Other: Advertising	Description Website Svcs	
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees C Food/Beverage Expense P Gifts/Awards/Memorials Expense P Legal Services S	oan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
Orean Gara'i ayment	The Instruction Guide explains how to	complete this form	1
1 Total pages Schedule F1: 19 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/17/2021	5 Payee name Facebook		
6 Amount (\$) 351.07	7 Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schede Other: Advertising	(b) Description Advertising	
	(c) Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 6/17/2021	Payee name Kelsey Brandt		
Amount (\$) 300.00	Payee address; City; State; 101 Linda Dr San Antonio, TX 78216	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Other: Consultation Services		teer Coordination
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 6/25/2021	Payee name PayPal		
Amount (\$) 105.59	Payee address; City; State; 12312 Port Grace Blvd La Vista, NE 76592	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Other: Service Charges	Description Service Charge	
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	ED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CA	TEGORIES FOR B	OX 8(a)	
Accounting/Banking Advertising Expense	Event Expense Fees		ayment/Reimbursement erhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Exp	•	Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expe			Travel Out Of District
Candidate/Officeholder/Political C	committee Legal Services	Salaries/W	/ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide ex	plains how to comple		
1 Total pages Schedule F1: 20 of 20	2 FILER NAME Mr John K Courage			3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2021	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	(a) Category (See categories listed at the to Other: Service Charges	op of this schedule)	(b) Description Bank Service Cha	rge
OF EXPENDITURE				
	(c) Check if travel outside of Texas,	complete schedule T	Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam DH John Courage		Office sought Council District 9	Office held N/A
Date 6/30/2021	Payee name Hustle Inc			
Amount (\$)	Payee address; City;	State; Zip Co	ode	
960.05	251 Kearny St			
	San Francisco, CA 94108			
	Category (See categories listed at the to	op of this schedule)	Description	
PURPOSE	Other: Advertising		Texting Campaigr	n Services
OF				
EXPENDITURE				
	Check if travel outside of Texas,	complete schedule T	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder nam	ne C	Office sought	Office held
expenditure to benefit C/C	OH John Courage	C	Council District 9	N/A
Date	Payee name			
Amount (\$)	Payee address; City;	State; Zip Co	ode	
	Category (See categories listed at the to	op of this schedule)	Description	
PURPOSE	Category (cor sangame more as are a	,	Description	
OF				
EXPENDITURE				
	Check if travel outside of Texas,	complete schedule T	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct		· · · · · · · · · · · · · · · · · · ·	Office sought	Office held
expenditure to benefit C/C			omoe sought	Office field
,				
	ATTACH ADDITIONAL COPI	ES OF THIS SCH	IEDULE AS NEEDE	D

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: 1 of 1				
2	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;					
7 Description of investment							
		8 Amount of investment (\$)					
	Date Name of person from whom investment is purchased						
		Address of person from whom investment is purchased; City;	•	State; Zip Code			
		Description of investment					
		Amount of investment (\$)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Accounting/Banking Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Polling Expense Travel in District Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District	
Candidate/Officeholder/Political C Credit Card Payment		
1 Total pages Schedule G:	The Instruction Guide explains how to complete this form 2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
1 of 1	Mr John K Courage	
4 Date	5 Payee Name	_
6/5/2021	Tilo Mexican Restaurant	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
593.00 Reimbursement from political contributions intended	12403 West Ave San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense (b) Description Election Party	
EXI ENDITORE	(c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF	Category (See categories listed at the top of this schedule) Description	
EXPENDITURE		_
Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held OH	
Date	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) Event Expense Accounting/Banking Advertising Expense Consulting Expense

Food/Beverage Expense Gifts/Awards/Memorials E

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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) Descri	ption (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ption (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ption (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ption (See instructions regarding type of information required.)			
	ATTACH ADDITIONAL CODIES OF THIS SCHEDLILE	AC NEEDED			

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

SCHEDULE K

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

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• C/OH NAME Filer ID (Ethics Commission Filers) Mr John K Courage **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. .. **CAMPAIGN FUNDS** A. 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. В. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER** .. Complete this section only if you are an officeholder. .. I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder