

FORM C/OH
COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 617.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33212.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 550.23
	4. TOTAL POLITICAL EXPENDITURES	\$ 31548.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23728.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 31340.00

18 AFFIDAVIT		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p>*** Electronically Certified ***</p> <p>_____ Signature of Candidate or Officeholder</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Mr John K Courage</u> , this the <u>2nd</u> day of <u>April</u> , <u>2021</u> , to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mr John K Courage		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 33212.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 29208.51
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2340.00
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 31

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/12/2021

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**1621 Enfield Road A
Austin, T 78703**

8 Principal occupation / Job title (See instructions)
Partner

9 Employer (See instructions)
Cofer & Connelly PLLC

Date
1/12/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**206 E. Locust Street
San Antonio, T 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ogletree Deakins P.C.

Date
1/14/2021

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Colonel

Employer (See instructions)
US Army Retired

Date
1/14/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**9410 Whitehall Street
San Antonio, T 78216**

Principal occupation / Job title (See instructions)
engineer

Employer (See instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 31

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/14/2021

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

7 Amount of contribution (\$) **250.00**

6 Contributor address; City; State; Zip Code
**9410 Whitehall St
San Antonio, T 78216**

8 Principal occupation / Job title (See instructions)
nurse

9 Employer (See instructions)
Retired

Date
1/14/2021

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

Amount of contribution (\$) **250.00**

Contributor address; City; State; Zip Code
**735 Walder Trail
San Antonio, T 78260**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
Retired

Date
1/14/2021

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

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

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

Principal occupation / Job title (See instructions)
self employed

Employer (See instructions)

Date
1/14/2021

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

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

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

Principal occupation / Job title (See instructions)
self employed

Employer (See instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 31

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/14/2021

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

7 Amount of contribution (\$)
50.00

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

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
Retired

Date
1/14/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**10422 Huebner Rd Apt 3209
SAN ANTONIO, T 78240**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
Retired

Date
1/15/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1577 Chase Brook Rd
Berlin, V 05602**

Principal occupation / Job title (See instructions)
VP

Employer (See instructions)
ADP

Date
1/15/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**13525 Vista Bonita
San Antonio, T 78216**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Putman 6 Contributor address; City; State; Zip Code 120 E EDGEWOOD PI San Antonio, T 78209	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Lawyer		9 Employer (See instructions) Putman Law Firm
Date 1/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Miller Contributor address; City; State; Zip Code 14215 Jones Maltsberger Rd San Antonio, T 78247	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) Retired
Date 1/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Whiting Contributor address; City; State; Zip Code 2203 Sun Wood St San Antonio, T 78232	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) Retired
Date 1/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pamela Peck Contributor address; City; State; Zip Code 13710 Money Tree San Antonio, T 78232	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) U.S. Dept of Homeland Security
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 31

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
1/17/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
T. Paul Furukawa

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**2547 Ashton Village Drive
San Antonio, T 78248**

8 Principal occupation / Job title (See instructions)
Social Worker

9 Employer (See instructions)
Retired

Date
1/18/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2602 Whisper Dove
San Antonio, T 78230**

Principal occupation / Job title (See instructions)
Supervisor

Employer (See instructions)
US Government

Date
1/19/2021

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

Amount of contribution (\$)
200.00

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

Principal occupation / Job title (See instructions)
Former school administrator

Employer (See instructions)
retired

Date
1/19/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**20031 Encino Rdg
San Antonio, T 78259**

Principal occupation / Job title (See instructions)
Ex. Dir.

Employer (See instructions)
Masters Leadership Program

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
1/19/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**4218 Misty Glade
San Antonio, T 78247**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
Retired

Date
1/20/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1407 Thrush Ridge
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Vocational Coordinator

Employer (See instructions)
Military Scholl Districts Cooperative

Date
1/24/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**2103 Shady Cliff
San Antonio, T 78232**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
Northside ISD

Date
1/24/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4 Westelm Circle
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
1/26/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
William E Greehey

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
PO Box 780489
San Antonio, TX 78278

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)

Date
1/26/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
PO Box 17428
San Antonio, TX 78760

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/26/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
48 Vineyard
San Antonio, TX 78257

Principal occupation / Job title (See instructions)
CAO

Employer (See instructions)
Nustar

Date
1/28/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
11112 Monmouth
San Antonio, TX 78230

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bracewell PAC 6 Contributor address; City; State; Zip Code 111 Lousinana #2300 Houston, TX 77002	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 1/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brad Parman Contributor address; City; State; Zip Code 18585 Sigma Rd #106 San Antonio, T 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self		Employer (See instructions) Investments
Date 1/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NuStar PAC Contributor address; City; State; Zip Code PO Box 781609 San Antonio, TX 78278-1609	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 1/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eugene W Marck Contributor address; City; State; Zip Code 345 Argyle Ave San Antonio, TX 78209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 of 31

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
2/1/2021

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**1122 Garraty Rd
San Antonio, T 78209**

8 Principal occupation / Job title (See instructions)
N/A

9 Employer (See instructions)
N/A

Date
2/1/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5424 Hwy 90 West
San Antonio, TX 78227**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
2/1/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5424 Hwy 90 West
San Antonio, TX 78227**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
2/1/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**19027 Salado Canyon
San Antonio, T 78258**

Principal occupation / Job title (See instructions)
USAA

Employer (See instructions)
Director

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eduardo Parra 6 Contributor address; City; State; Zip Code 7323 Eagle Ledge San Antonio, T 78249	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Parra&Co., LLC		9 Employer (See instructions) Civil Engineer
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregg Kowalski Contributor address; City; State; Zip Code PO Box 1361 San Antonio, TX 78295-1361	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Hospitality		Employer (See instructions) The RK Group
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosemary Kowalski Contributor address; City; State; Zip Code PO Box 1361 San Antonio, TX 78295-1361	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Hospitality		Employer (See instructions) The RK Group
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phil Hardberger Contributor address; City; State; Zip Code 319 W. Hollywood San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Monica Vaughn 6 Contributor address; City; State; Zip Code 1234 Walkers Way San Antonio, TX 78216-7714	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions)
Date 2/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leslie Newton Contributor address; City; State; Zip Code 11114 Auldine San Antonio, T 78230	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 2/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christian Archer Contributor address; City; State; Zip Code 134 W Mistletoe San Antonio, T 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self		Employer (See instructions) Consultant
Date 2/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) S&B PAC Contributor address; City; State; Zip Code PO Box 266245 Houston, TX 77207	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
2/5/2021

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

7 Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
PO Box 702148
San Antonio, TX 78270-2148

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)

Date
2/5/2021

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
PO Box 702148
San Antonio, TX 78270-2148

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
2/6/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
11016 Whisper Hollow
San Antonio, TX 78230

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
2/6/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
141 Lindy Hills
Cibolo, T 78108

Principal occupation / Job title (See instructions)
Training Manager

Employer (See instructions)
Complete Data Systems

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
2/6/2021

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**14 Heritage Oaks Dr
Austin, T 78737**

8 Principal occupation / Job title (See instructions)
Lawyer

9 Employer (See instructions)
Nicole True Law Firm

Date
2/6/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**14711 Cadillac Dr
San Antonio, T 78248**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
N/A

Date
2/7/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**19103 Heather Oaks
San Antonio, T 78258**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
Retired

Date
2/7/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1924 Creek Hill St
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
The University of Texas at San Antonio

Employer (See instructions)
Video Writer / Producer

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
2/7/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**19206 Barrow Bay
San Antonio, TX 78258**

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

9 Employer (See instructions)
tennis instructor

Date
2/7/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**19206 Barrow Bay
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Accountant

Employer (See instructions)
FHK

Date
2/8/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**120 E Edgewood
San Antonio, T 78209**

Principal occupation / Job title (See instructions)
Lawyer

Employer (See instructions)
Putman Law Firm

Date
2/8/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**3 Woltwood
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Versa Terra Development

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kristi Sutterfield 6 Contributor address; City; State; Zip Code 18528 Wild Onion San Antonio, TX 78258-1654	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Executive Director		9 Employer (See instructions) GSABA
Date 2/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margaret Hartman Contributor address; City; State; Zip Code 1500 Fawn Bluff San Antonio, TX 78248	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 2/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon V Hartman Contributor address; City; State; Zip Code 1202 W. Bitters Bldg 1 #1200 San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Gordon Hartman Enterprises
Date 2/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodney Gillespie Contributor address; City; State; Zip Code 106 Palo Pinto San Antonio, T 78232	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Educator		Employer (See instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
2/20/2021

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

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
Chairman

9 Employer (See instructions)
Workth & Assoc.

Date
2/20/2021

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retire

Date
2/21/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**2806 Sierra Salinas
San Antonio, T 78259**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
NEISD

Date
2/21/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**20623 Wild Springs Drive
San Antonio, T 78258**

Principal occupation / Job title (See instructions)
Broker/Owner

Employer (See instructions)
Stone Oak Realty Services

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brett Schriever 6 Contributor address; City; State; Zip Code 7 Woodlands Dr Enid, O 73703	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) N/A		9 Employer (See instructions) N/A
Date 2/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yonni Leor Contributor address; City; State; Zip Code 16306 Buena Tierra St San Antonio, T 78232	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Scientific policy analyst		Employer (See instructions) Self
Date 2/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melvin Cohen Contributor address; City; State; Zip Code 13722 Cape Bluff San Antonio, T 78216	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Psychiatrist		Employer (See instructions) N/A
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Wells Contributor address; City; State; Zip Code 610 E Market St 3302 San Antonio, T 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) Dailey & Wells Communications
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JoAnne Wells 6 Contributor address; City; State; Zip Code 610 E Market St 3302 San Antonio, T 78205	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Executive		9 Employer (See instructions) Dailey & Wells Communications
Date 3/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leticia Van de Putte Contributor address; City; State; Zip Code 222 Herweck Dr San Antonio, T 78213	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Andrade-Van de Putte & Associates
Date 3/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SABPAC 1 Contributor address; City; State; Zip Code 3625 Paesanos Parkway San Antonio, TX 78231	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Hotel and Lodging Association Contributor address; City; State; Zip Code 119 Heiman #300 San Antonio, TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat Maloney 6 Contributor address; City; State; Zip Code 239 E. Commerce ST San Antonio, TX 78205	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Law Offices of Pat Maloney
Date 3/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krishna K Reddy Contributor address; City; State; Zip Code 13514 Able Creek San Antonio, TX 78231	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Nmeritz, Reddy Law Firm
Date 3/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Killen Griffin & Farrimond Political Committee Contributor address; City; State; Zip Code 100 NE Loop 410 #650 San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Brooks Contributor address; City; State; Zip Code 459 Paseo Encinal San Antonio, TX 78212	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Professor		Employer (See instructions) UTSA
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig R Scott 6 Contributor address; City; State; Zip Code 3418 Pinnacle Dr San Antonio, TX 78261	7 Amount of contribution (\$) 400.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Langlois & Brooks
Date 3/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aaron Neumann Contributor address; City; State; Zip Code 456 County Road 367 Hondo, TX 78861-6570	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Sr. Proj Mgr		Employer (See instructions) BGE, Inc
Date 3/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tamara Benavides Contributor address; City; State; Zip Code 10919 Town Center San Antonio, TX 78251	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Director of Sales		Employer (See instructions) ABH Hospitality
Date 3/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Tips Contributor address; City; State; Zip Code PO Box 14000 San Antonio, T 78214	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Mission Park
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
3/3/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 14000
San Antonio, T 78214**

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
Mission Park

Date
3/3/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**204 E Melrose Dr
Olmos Park, T 78212**

Principal occupation / Job title (See instructions)
Restaurateur

Employer (See instructions)
La Familia cortez restaurants

Date
3/3/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**204 E Melrose Dr
San Antonio, T 78212**

Principal occupation / Job title (See instructions)
Self

Employer (See instructions)
Marketing-Owner

Date
3/4/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1111 Charlisas Way
San Antonio, T 78216**

Principal occupation / Job title (See instructions)
USAA

Employer (See instructions)
GIR

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
3/4/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Avinash D Bhakra

7 Amount of contribution (\$)
150.00

6 Contributor address; City; State; Zip Code
**2 Privada Yesa
San Antonio, TX 78257-1738**

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
ABH Hospitality

Date
3/4/2021

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**14018 Sage Blvd
San Antonio, TX 78216-1935**

Principal occupation / Job title (See instructions)
self employed

Employer (See instructions)
Marco Barros Management

Date
3/4/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**405 Wistshire Ave
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Chairman

Employer (See instructions)
Embrey Construction

Date
3/6/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1206 Arizona Ash
San Antonio, T 78232**

Principal occupation / Job title (See instructions)
Librarian

Employer (See instructions)
N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
3/6/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1800 West Commerce St
SAN ANTONIO, T 78207**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Herrera Law Firm

Date
3/6/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**14810 Oak Briar
San Antonio, T 78232**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
Retired

Date
3/6/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1738 Fox Tree Lane
San Antonio, T 78248**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Grand Rounds

Date
3/7/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**18618 Corsini Dr
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
3/9/2021

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

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
**106 Encino Blanco
San Antonio, TX 78232-3813**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
3/9/2021

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

Amount of contribution (\$)
75.00

Contributor address; City; State; Zip Code
**318 Waxberry Trl
San Antonio, TX 78256-1635**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
3/9/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2015 OAK VISTA ST
SAN ANTONIO, T 78232**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
Retired

Date
3/10/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**17634 Hillsedge
San Antonio, T 78257**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
Tetra Tech, Inc.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David DeWall 6 Contributor address; City; State; Zip Code 31 Inwood Mnr San Antonio, T 78248	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Lawyer		9 Employer (See instructions) Retired
Date 3/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Freda Facey Contributor address; City; State; Zip Code 1935 Far Niente San Antonio, T 78258	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) N/A
Date 3/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Royden Marsh Contributor address; City; State; Zip Code 1515 Pheasant Rdg San Antonio, T 78248-1754	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 3/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve McLeod Contributor address; City; State; Zip Code 19211 Classen Crst San Antonio, T 78258	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Sales		Employer (See instructions) Vital Data Technology
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
3/11/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Rudolph F Rodriguez

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**719 Final Ct.
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)

Date
3/13/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1918 Parhaven Dr
San Antonio, F 78232-1528**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
Retired

Date
3/14/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**6963 Willow Oak
San Antonio, T 78249**

Principal occupation / Job title (See instructions)
USAA

Employer (See instructions)
Scrum master

Date
3/16/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**13843 Crown Bluff
San Antonio, T 78216**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Self Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Samuel Temple 6 Contributor address; City; State; Zip Code 2715 Woodley San Antonio, T 78232	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Statstician		9 Employer (See instructions) AT&T
Date 3/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jerry Pittman Contributor address; City; State; Zip Code 18119 Redriver Song San Antonio, TX 78259	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retire
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Comeaux Contributor address; City; State; Zip Code 3185 Morning Creek San Antonio, T 78247	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) n/a		Employer (See instructions) n/a
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ricky Brooks Contributor address; City; State; Zip Code 18007 Shady Knoll San Antonio, T 78258-3421	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Training Technician		Employer (See instructions) United States Department of the Army
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven Hays 6 Contributor address; City; State; Zip Code 3314 Falling Brk San Antonio, T 78258	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Consultant		9 Employer (See instructions) N/A
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Grinnell Contributor address; City; State; Zip Code 1901 Ridge Park St San Antonio, T 78232	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Sylist		Employer (See instructions) Self
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dutch Berkley Contributor address; City; State; Zip Code 234 Brees San Antonio, T 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) Retired
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marc Rodriguez Contributor address; City; State; Zip Code 1122 Colorado #2399 Austin, T 78701	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Lobbyist		Employer (See instructions) Offices of Marc A. Rodriguez
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laurissa Grinnell 6 Contributor address; City; State; Zip Code 1901 Ridge Park St San Antonio, T 78232	7 Amount of contribution (\$) 450.00
8 Principal occupation / Job title (See instructions) RN Liaison		9 Employer (See instructions) Kindred Hospice
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan Hampton Contributor address; City; State; Zip Code 12402 West Ave San Antonio, T 78216	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) The Front Door Co.
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ann Stevens Contributor address; City; State; Zip Code 9035 Luzita Lane San Antonio, T 78230	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daliene Hendon Contributor address; City; State; Zip Code 15219 CHALET DR SAN ANTONIO, T 78232	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Program Manager		Employer (See instructions) Girls on the Run Bexar County
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 30 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole True 6 Contributor address; City; State; Zip Code 14 Heritage Oaks Dr Austin, T 78737	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Lawyer		9 Employer (See instructions) Nicole True Law
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas OBRIEN Contributor address; City; State; Zip Code 3239 Gazelle Range San Antonio, T 78259-2268	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gina Sandoval Contributor address; City; State; Zip Code 6963 Willow Oak San Antonio, T 78249	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) USAA		Employer (See instructions) Scrum master
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chuck Barksdale Contributor address; City; State; Zip Code 2103 Shady Cliff San Antonio, T 78232	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) Northside ISD
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 31 of 31
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amber Liddell Alwais 6 Contributor address; City; State; Zip Code 1422 Silverhollow San Antonio, T 78232	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Orsinger, Nelson, Downing and Anderson
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

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

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)			
4 Date 1/6/2021	5 Payee name Deerfield HOA					
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 16120 College Oak #101 San Antonio, TX 78249					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Donation			
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width: 100%;"> <tr> <td>Candidate / Officeholder name John Courage</td> <td>Office sought Council District 9</td> <td>Office held N/A</td> </tr> </table>				Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A				
Date 1/13/2021	Payee name City of San Antonio					
Amount (\$) 100.00	Payee address; City; State; Zip Code PO Box 839975 San Antonio, TX 78283-3975					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: legal fees		Description City Filing Fee			
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width: 100%;"> <tr> <td>Candidate / Officeholder name John Courage</td> <td>Office sought Council District 9</td> <td>Office held N/A</td> </tr> </table>				Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A				
Date 1/13/2021	Payee name Rocket Science Group, LLC					
Amount (\$) 63.95	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising			
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width: 100%;"> <tr> <td>Candidate / Officeholder name John Courage</td> <td>Office sought Council District 9</td> <td>Office held N/A</td> </tr> </table>				Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/14/2021	5 Payee name Neighborhood News Inc		
6 Amount (\$) 2393.00	7 Payee address; City; State; Zip Code 3740 Colony Dr. San Antonio, TX 78230		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description HOA News Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 1/15/2021	Payee name Vista Print		
Amount (\$) 55.40	Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Postcards
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 1/19/2021	Payee name ZOOM US		
Amount (\$) 16.00	Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Video Meeting		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/19/2021	5 Payee name NationBuilder		
6 Amount (\$) 29.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Website Svcs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 1/20/2021	Payee name Kelsey Brandt		
Amount (\$) 400.00	Payee address; City; State; Zip Code 101 Linda Dr San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Consultation Services		Description Campaign Volunteer Coordination
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 1/21/2021	Payee name Vista Print		
Amount (\$) 120.24	Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Postcards
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/2021	5 Payee name NGP VAN INC MOTO		
6 Amount (\$) 170.00	7 Payee address; City; State; Zip Code 655 15th st NW #650 Washington , DC 20005		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description phonebanking campaign source
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 1/31/2021	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges		Description Bank Service Charge
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/1/2021	Payee name JVC Media		
Amount (\$) 416.76	Payee address; City; State; Zip Code 9335 Lamerton San Antonio, TX 78250		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Masks
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2021	5 Payee name JVC Media		
6 Amount (\$) 1894.38	7 Payee address; City; State; Zip Code 9335 Lamerton San Antonio, TX 78250		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Campaign signs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/1/2021	Payee name JVC Media		
Amount (\$) 1966.90	Payee address; City; State; Zip Code 9335 Lamerton San Antonio, TX 78250		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Campaign signs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/1/2021	Payee name JVC Media		
Amount (\$) 3297.75	Payee address; City; State; Zip Code 9335 Lamerton San Antonio, TX 78250		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Campaign signs and tshirts
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2021	5 Payee name Kelsey Brandt		
6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 101 Linda Dr San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Consultation Services		(b) Description Campaign Volunteer Coordination
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/2/2021	Payee name Colt Osburn		
Amount (\$) 50.00	Payee address; City; State; Zip Code 17365 Henderson Pass #1233 San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Camapign Signs Materials		Description Reimbursement for purchases
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/2/2021	Payee name Colt Osburn		
Amount (\$) 151.17	Payee address; City; State; Zip Code 17365 Henderson Pass #1233 San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Camapign Signs Materials		Description Reimbursement for purchases
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/2021	5 Payee name Vista Print		
6 Amount (\$) 231.87	7 Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Postcards
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/3/2021	Payee name Frost Bank		
Amount (\$) 55.63	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges		Description Harland Checks Purchase
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/5/2021	Payee name Vista Print		
Amount (\$) 140.80	Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Postcards
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2021	5 Payee name Cricket Wireless		
6 Amount (\$) 30.00	7 Payee address; City; State; Zip Code 575 Morosgo Dr Atlanta, GA 30324		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: utilities		(b) Description phone service
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/16/2021	Payee name Rocket Science Group, LLC		
Amount (\$) 67.15	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/16/2021	Payee name Kelsey Brandt		
Amount (\$) 400.00	Payee address; City; State; Zip Code 101 Linda Dr San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Consultation Services		Description Campaign Volunteer Coordination
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2021	5 Payee name Neighborhood News Inc		
6 Amount (\$) 1134.00	7 Payee address; City; State; Zip Code 3740 Colony Dr. San Antonio, TX 78230		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description HOA News Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/17/2021	Payee name ZOOM US		
Amount (\$) 16.00	Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Video Meeting		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 2/23/2021	Payee name Vista Print		
Amount (\$) 869.82	Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Postcards
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 10 of 21	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 2/23/2021	5 Payee name NGP VAN INC MOTO	
6 Amount (\$) 480.00	7 Payee address; City; State; Zip Code 655 15th st NW #650 Washington , DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description phonebanking campaign source
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A

Date 2/26/2021	Payee name Frost Bank	
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges	Description Bank Service Charge
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A

Date 3/1/2021	Payee name Kelsey Brandt	
Amount (\$) 400.00	Payee address; City; State; Zip Code 101 Linda Dr San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Consultation Services	Description Campaign Volunteer Coordination
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2021	5 Payee name Norma Denham & Associates		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 118 Broadway San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Consultation Services		(b) Description Campaign Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/3/2021	Payee name Michelle McBurney		
Amount (\$) 112.50	Payee address; City; State; Zip Code 2926 War Feather San Antonio, TX 78238		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/3/2021	Payee name Herlinda Torres		
Amount (\$) 562.50	Payee address; City; State; Zip Code 619 North Hackberry San Antonio, TX 78202		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 12 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2021	5 Payee name Laura Valdez		
6 Amount (\$) 82.50	7 Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Services		(b) Description Phone banking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/4/2021	Payee name Prestige Printing LLC		
Amount (\$) 676.56	Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description door hangers
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/10/2021	Payee name Michelle McBurney		
Amount (\$) 285.00	Payee address; City; State; Zip Code 2926 War Feather San Antonio, TX 78238		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 13 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2021	5 Payee name Mari Hahn		
6 Amount (\$) 270.00	7 Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Services		(b) Description Phone banking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/10/2021	Payee name Carmen Rodriguez		
Amount (\$) 90.00	Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/10/2021	Payee name Herlinda Torres		
Amount (\$) 465.00	Payee address; City; State; Zip Code 619 North Hackberry San Antonio, TX 78202		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 14 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2021	5 Payee name Mark Niedenberger		
6 Amount (\$) 240.00	7 Payee address; City; State; Zip Code 400 Bitters Rd #1511 San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Services		(b) Description Phone banking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/10/2021	Payee name Bryana Garcia		
Amount (\$) 45.00	Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/11/2021	Payee name USPS		
Amount (\$) 144.00	Payee address; City; State; Zip Code 13510 Henderson Pass San Antonio, TX 78232-9998		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description postage for postcards
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 15 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2021	5 Payee name USPS		
6 Amount (\$) 396.00	7 Payee address; City; State; Zip Code 13510 Henderson Pass San Antonio, TX 78232		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Postage for postcards
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/12/2021	Payee name USPS		
Amount (\$) 720.00	Payee address; City; State; Zip Code 10410 Perrin Beitel Rd San Antonio, TX 78284-9785		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Postage for postcards
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/13/2021	Payee name USPS		
Amount (\$) 360.00	Payee address; City; State; Zip Code 10410 Perrin Beitel Rd San Antonio, TX 78284		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Postage for Postcards
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 16 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/2021	5 Payee name Neighborhood News Inc		
6 Amount (\$) 2725.00	7 Payee address; City; State; Zip Code 3740 Colony Dr. San Antonio, TX 78230		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description HOA News Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/15/2021	Payee name Rocket Science Group, LLC		
Amount (\$) 67.15	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/16/2021	Payee name Cricket Wireless		
Amount (\$) 30.00	Payee address; City; State; Zip Code 575 Morosgo Dr Atlanta, GA 30324		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: utilities		Description phone service
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 17 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2021	5 Payee name Kelsey Brandt		
6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code 101 Linda Dr San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Consultation Services		(b) Description Campaign Volunteer Coordination
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/17/2021	Payee name Michelle McBurney		
Amount (\$) 435.00	Payee address; City; State; Zip Code 2926 War Feather San Antonio, TX 78238		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/17/2021	Payee name ZOOM US		
Amount (\$) 16.00	Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Video Meeting		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 18 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2021	5 Payee name USPS		
6 Amount (\$) 720.00	7 Payee address; City; State; Zip Code 10410 Perrin Beitel Rd San Antonio, TX 78284-9765		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description postage for postcards
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/17/2021	Payee name Carmen Rodriguez		
Amount (\$) 67.50	Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
John Courage Council District 9 N/A			
Date 3/17/2021	Payee name Mark Niedenberger		
Amount (\$) 600.00	Payee address; City; State; Zip Code 400 Bitters Rd #1511 San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
John Courage Council District 9 N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 19 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2021	5 Payee name Carmen Torres		
6 Amount (\$) 180.00	7 Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Services		(b) Description Phone banking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/17/2021	Payee name Carmen Torres		
Amount (\$) 195.00	Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/17/2021	Payee name Herlinda Torres		
Amount (\$) 558.75	Payee address; City; State; Zip Code 619 North Hackberry San Antonio, TX 78202		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 20 of 21	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2021	5 Payee name Bryana Garcia	
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Services	(b) Description Phone banking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A

Date 3/22/2021	Payee name Herlinda Torres	
Amount (\$) 585.00	Payee address; City; State; Zip Code 619 North Hackberry San Antonio, TX 78202	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services	Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A

Date 3/22/2021	Payee name Mark Niedenberger	
Amount (\$) 555.00	Payee address; City; State; Zip Code 400 Bitters Rd #1511 San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services	Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 21 of 21	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2021	5 Payee name Bryana Garcia		
6 Amount (\$) 30.00	7 Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Services		(b) Description Phone banking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/22/2021	Payee name Michelle McBurney		
Amount (\$) 345.00	Payee address; City; State; Zip Code 2926 War Feather San Antonio, TX 78238		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Phone banking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 3/22/2021	Payee name NGP VAN INC MOTO		
Amount (\$) 480.00	Payee address; City; State; Zip Code 655 15th st NW #650 Washington , DC 20005		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description phonebanking campaign source
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	-------------

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

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

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

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

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

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

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

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

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

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: 1 of 2	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2021	5 Payee Name USPS	
6 Amount (\$) 144.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 15610 Henderson Pass San Antonio, TX 78232	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Postage for Postcards
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 3/12/2021	Payee name USPS		
Amount (\$) 396.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 15610 Henderson Pass San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Postage for Postcards	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 3/12/2021	Payee name USPS		
Amount (\$) 720.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10410 Perrin Beitel Rd San Antonio, TX 78284-9785		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Postage for postcards	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: 2 of 2		2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)	
4 Date 3/13/2021		5 Payee Name USPS			
6 Amount (\$) 360.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 10410 Perrin Beitel Rd San Antonio, TX 78284-9785			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description postage for postcards	
		(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 3/17/2021		Payee name USPS			
Amount (\$) 720.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 10410 Perrin Beitel Rd San Antonio, TX 78284-9785			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description postage for postcards	
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description	
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

SCHEDULE T

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

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Mr John K Courage

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder