CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 68	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mr John	мі К	OFFICE USE ONLY	
NAME	NICKNAME LAST Courage	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 1938 Broken Oak St San Antonio TX 78232-3104	CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 216-5020	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Ryan	МI Т	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Takao		Date Imaged	
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	19206 Barrow Way San Antonio TX 78258-3846 AREA CODE PHONE NUMBER () -	EXTENSION		
9 REPORT TYPE	30th Day Before General Electio	n		
10 PERIOD COVERED	Month Day Year	Month	Day Year	
	1/1/2021	THROUGH 3/2	22/2021	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year X Gen	Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT		
	City Council District 9	Council Distri	ct 9	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer II) (Ethics Commission Filers)
Mr John K Courage					
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRE	ss		
	SPECIFIC				
Additional Pages		COMMITTEE CAMPA	IIGN TREASURER NAME		
<u> </u>		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	617.00
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	33212.00
EXPENDITURE TOTALS	3. TOTAL UNITE	DTAL UNITEMIZED POLITICAL EXPENDITURES.		\$	550.23
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	31548.51
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	23728.72
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$	31340.00
18 AFFIDAVIT					
			I swear, or affirm, under penalty of is true and correct and includes al me under Title 15, Election Code.		
* * * Electronically Certified * * *					
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candidat	te or Officeho	older
Sworn to and subscribe	ed before me by the sa	id Mr John K Cou	ıraqe	this t	the 2nd day
of April ,			_		
Signature of officer adm	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

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

SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 31		
2	FILER NAME Mr John K Cour	rage		3 Filer ID (Ethics Commission Filers)		
4	Date 1/12/2021	5 Full name of contributor ut-of-state P. Rick Cofer	AC (ID#)	7 Amount of contribution (\$) 250.00		
		6 Contributor address; City; 1621 Enfield Road A Austin, T 78703	State; Zip Code			
8	Principal occupa Partner	ation / Job title (See instructions)	9 Employer (See instru Cofer & Connelly Pt	-		
	Date 1/12/2021	Full name of contributor ut-of-state P. Charles Gonzalez	AC (ID#)	Amount of contribution (\$) 100.00		
		Contributor address; City; 206 E. Locust Street San Antonio, T 78212	State; Zip Code			
		Employer (See instru Ogletree Deakins P.	•			
	Date 1/14/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00		
		Contributor address; City; 730 Arch Stone San Antonio, T 78258				
	Principal occupa Colonel	tion / Job title (See instructions)	Employer (See instru US Army Retired	uctions)		
	Date 1/14/2021	Full name of contributor ut-of-state P. Keneth Kanagaki	AC (ID#)	Amount of contribution (\$) 250.00		
		Contributor address; City; 9410 Whitehall Street San Antonio, T 78216	State; Zip Code			
	Principal occupa engineer	tion / Job title (See instructions)	Employer (See instru Retired	uctions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	-	The Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 2 of 31
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 1/14/2021	5 Full name of contributor	(ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; Sta 9410 Whitehall St San Antonio, T 78216	te; Zip Code	
8	Principal occupa	ation / Job title (See instructions) 9	Employer (See instru Retired	ctions)
	Date 1/14/2021	Full name of contributor	(ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; Sta 735 Walder Trail San Antonio, T 78260	te; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Retired	ctions)
	Date 1/14/2021	Full name of contributor	(ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; Sta 1 Bitterblue Ln San Antonio, TX 78218-1790	te; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 1/14/2021	Full name of contributor	(ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; Sta 1 Bitterblue Ln San Antonio, TX 78218-1790	te; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 31
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 1/14/2021	5 Full name of contributor ut-of-state P/ Kenneth Phelps	AC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; City; S 18222 Crystal Cv San Antonio, T 78259	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Retired	ctions)
	Date 1/14/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; S 10422 Huebner Rd Apt 3209 SAN ANTONIO, T 78240	State; Zip Code	
Principal occupation / Job title (See instructions) N/A		Employer (See instru Retired	ctions)	
	Date 1/15/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 1577 Chase Brook Rd Berlin, V 05602	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru ADP	ctions)
	Date 1/15/2021	Full name of contributor ut-of-state P/	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 13525 Vista Bonita San Antonio, T 78216	State; Zip Code	
	Principal occupa Teacher	ation / Job title (See instructions)	Employer (See instru N/A	ctions)

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

SCHEDULE A1

	1	he Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 4 of 31
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 1/15/2021	5 Full name of contributor ☐ out-of-state F Michael Putman	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; 120 E EDGEWOOD PI San Antonio, T 78209	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Putman Law Firm	actions)
	Date 1/15/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 14215 Jones Maltsberger Rd San Antonio, T 78247	State; Zip Code	
			Employer (See instru Retired	uctions)
	Date 1/15/2021	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 2203 Sun Wood St San Antonio, T 78232	State; Zip Code	
	Principal occupa retired	ation / Job title (See instructions)	Employer (See instru	ictions)
	Date 1/16/2021	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 13710 Money Tree San Antonio, T 78232	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	•

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SCHEDULE A1

	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: 5 of 31
2	FILER NAME Mr John K Cou	rage			3	Filer ID (Ethics Commission Filers)
4	Date 1/17/2021	Full name of contributor T. Paul Furukawa	out-of-state P/	AC (ID#)		Amount of contribution (\$) 100.00
		6 Contributor address; 2547 Ashton Village Drive San Antonio, T 78248	City;	State; Zip Code		
8	Principal occupa Social Worker	tion / Job title (See instructions)		9 Employer (See instru Retired	uctio	ns)
	Date 1/18/2021	Full name of contributor Lora Makowski	☐ out-of-state P/	AC (ID#)		Amount of contribution (\$) 250.00
		Contributor address; 2602 Whisper Dove San Antonio, T 78230	City;	State; Zip Code		
	Principal occupation / Job title (See instructions) Supervisor Employer (See instructions) US Government		Employer (See instru US Government	uctio	ns)	
	Date 1/19/2021	Full name of contributor Tom Hill	Out-of-state PA	AC (ID#)		Amount of contribution (\$) 200.00
		Contributor address; 24806 Night Arrow San Antonio, T 78258	City;			
	Principal occupa	ntion / Job title (See instructions) administrator		Employer (See instru	uctio	ns)
	Date 1/19/2021	Full name of contributor Kathy MacNaughton	out-of-state P/	AC (ID#)		Amount of contribution (\$) 100.00
		Contributor address; 20031 Encino Rdg San Antonio, T 78259	City;	State; Zip Code		
	Principal occupa Ex. Dir.	tion / Job title (See instructions)		Employer (See instru Masters Leadership		-

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

SCHEDULE A1

	1	he Instruction Guide explains how to co	omplete this	form.	1 Total pages Schedule A1: 6 of 31
2	FILER NAME Mr John K Cou	rage			3 Filer ID (Ethics Commission Filers)
4	Date 1/19/2021	5 Full name of contributor	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 4218 Misty Glade San Antonio, T 78247	City; S	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions) 9 Employer (See instructions) Retired			uctions)
	Date 1/20/2021	Full name of contributor Gusan N Sebastian	out-of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 1407 Thrush Ridge San Antonio, TX 78248	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Vocational Coordinator		Employer (See instru Military Scholl Distr	-		
	Date 1/24/2021	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 2103 Shady Cliff San Antonio, T 78232	City; S	State; Zip Code	
	Principal occupa Teacher	ation / Job title (See instructions)		Employer (See instru Northside ISD	uctions)
	Date 1/24/2021	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 4 Westelm Circle San Antonio, TX 78230	City; S	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 7 of 31
2	FILER NAME Mr John K Cour	rage		3 Filer ID (Ethics Commission Filers)
4	Date 1/26/2021	5 Full name of contributor ☐ out-of-state William E Greehey	PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; PO Box 780489 San Antonio, TX 78278	State; Zip Code	
8	Principal occupa Retired	tion / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 1/26/2021	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; PO Box 17428 San Antonio, TX 78760	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See		Employer (See instru	uctions)	
	Date 1/26/2021	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 48 Vineyard San Antonio, TX 78257	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru Nustar	uctions)
	Date 1/28/2021	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 11112 Monmouth San Antonio, TX 78230	State; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	T	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 8 of 31
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 1/28/2021	5 Full name of contributor	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 111 Lousinana #2300 Houston, TX 77002	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 1/28/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 18585 Sigma Rd #106 San Antonio, T 78258	State; Zip Code	
	Principal occupa Self	ation / Job title (See instructions)	Employer (See instru Investments	ctions)
	Date 1/29/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 781609 San Antonio, TX 78278-1609	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 1/31/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 345 Argyle Ave San Antonio, TX 78209	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)	Employer (See instru	ctions)
		ATTACH ADDITIONAL CODIES O	E THIS SCHEDI II E AS A	JEEDED

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SCHEDULE A1

	т	he Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 9 of 31
2	FILER NAME Mr John K Cou	rage			3 Filer ID (Ethics Commission Filers)
4	Date 2/1/2021	5 Full name of contributor John Goodman		AC (ID#)	7 Amount of contribution (\$) 50.00
		San Antonio, T 78209			
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	ctions)
	Date 2/1/2021	Full name of contributor Enrique Davila	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 5424 Hwy 90 West San Antonio, TX 78227	City; S	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)		Employer (See instru Retired	ctions)
	Date 2/1/2021	Full name of contributor Linda Davila	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 5424 Hwy 90 West San Antonio, TX 78227	City; S	State; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)		Employer (See instru Retired	ctions)
	Date 2/1/2021	Full name of contributor Rebecca Hirsch	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 19027 Salado Canyon San Antonio, T 78258	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru Director	ctions)

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

SCHEDULE A1

	т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 10 of 31
2	FILER NAME Mr John K Cour	rage	3 Filer ID (Ethics Commission Filers)
4	Date 2/1/2021	5 Full name of contributor ☐ out-of-state PAC (ID#) Eduardo Parra	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; State; Zip Code 7323 Eagle Ledge San Antonio, T 78249	•
8	Principal occupa Parra&Co., LLC	tion / Job title (See instructions) 9 Employer (See instructions) Civil Engineer	tructions)
	Date 2/1/2021	Full name of contributor	Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip Code PO Box 1361 San Antonio, TX 78295-1361	•
Principal occupation / Job title (See instructions) Hospitality Employer (See in the RK Group)			tructions)
Date Full name of contributor □ out-of-state PA 2/1/2021 Rosemary Kowalski		· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip Code PO Box 1361 San Antonio, TX 78295-1361	•
	Principal occupa Hospitality	tion / Job title (See instructions) Employer (See instructions) The RK Group	tructions)
	Date 2/1/2021	Full name of contributor	Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip Code 319 W. Hollywood San Antonio, TX 78212	
	Principal occupa Retired	tion / Job title (See instructions) Employer (See instructions)	tructions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 11 of 31		
2	FILER NAME Mr John K Cour	age		3 Filer ID (Ethics Commission Filers)		
4	Date 2/1/2021	5 Full name of contributor ☐ out-of-state Monica Vaughn	PAC (ID#)	7 Amount of contribution (\$) 200.00		
		6 Contributor address; City; 1234 Walkers Way San Antonio, TX 78216-7714	State; Zip Code			
8	Principal occupa Retired	tion / Job title (See instructions)	9 Employer (See instru	uctions)		
	Date 2/2/2021	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 50.00		
		Contributor address; City; 11114 Auldine San Antonio, T 78230	State; Zip Code			
	Principal occupa N/A	tion / Job title (See instructions)	Employer (See instru N/A	uctions)		
	Date 2/2/2021	Full name of contributor ut-of-state	PAC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; 134 W Misletoe San Antonio, T 78212	State; Zip Code			
	Principal occupa Self	tion / Job title (See instructions)	Employer (See instru Consultant	uctions)		
	Date 2/3/2021	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; PO Box 266245 Houston, TX 77207	State; Zip Code			
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)		

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 12 of 31	
2	FILER NAME Mr John K Cour	age		3 Filer ID (Ethics Commission Filers)	
4	Date 2/5/2021	5 Full name of contributor ☐ out-of-state PA Larry Howard	.C (ID#)	7 Amount of contribution (\$) 25.00	
		6 Contributor address; City; S PO Box 702148 San Antonio, TX 78270-2148	State; Zip Code		
8	Principal occupa Retired	tion / Job title (See instructions)	9 Employer (See instru	ctions)	
	Date 2/5/2021	Full name of contributor	.C (ID#)	Amount of contribution (\$) 25.00	
		Contributor address; City; S PO Box 702148 San Antonio, TX 78270-2148	State; Zip Code		
	Principal occupation / Job title (See instructions) Retired Employer (See instructions)				
	Date 2/6/2021	Full name of contributor	.C (ID#)	Amount of contribution (\$) 100.00	
		Contributor address; City; S 11016 Whisper Hollow San Antonio, TX 78230	State; Zip Code		
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru Self	ctions)	
	Date 2/6/2021	Full name of contributor	.C (ID#)	Amount of contribution (\$) 50.00	
		Contributor address; City; S 141 Lindy Hills Cibolo, T 78108	State; Zip Code		
	Principal occupa Training Manag	tion / Job title (See instructions) er	Employer (See instru Complete Data Syst		

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SCHEDULE A1

	1	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13 of 31	
2	FILER NAME Mr John K Cou	7300		3 Filer ID (Ethics Commission Filers)
4	Date 2/6/2021	5 Full name of contributor ut-of-state PAC (ID# Nicole TRUE)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; State; 14 Heritage Oaks Dr Austin, T 78737	Zip Code	
8	Principal occupa		loyer (See instruction See i	•
	Date 2/6/2021	Full name of contributor)	Amount of contribution (\$) 100.00
		Contributor address; City; State; 14711 Cadillac Dr San Antonio, T 78248	Zip Code	
Principal occupation / Job title (See instructions) Employer (See N/A N/A			loyer (See instruc	ctions)
	Date 2/7/2021	Full name of contributor)	Amount of contribution (\$) 100.00
		Contributor address; City; State; 19103 Heather Oaks San Antonio, T 78258	Zip Code	
	Principal occupa N/A	ation / Job title (See instructions) Empl Retir	loyer (See instruc	ctions)
	Date 2/7/2021	Full name of contributor)	Amount of contribution (\$) 100.00
		Contributor address; City; State; 1924 Creek Hill St San Antonio, TX 78259	Zip Code	
			loyer (See instruction of Writer / Production	•

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SCHEDULE A1

		The Instruction Guide explains how to co	mplete this	form.	1 Total pages Schedule A1: 14 of 31
2	FILER NAME Mr John K Cou	ırage			3 Filer ID (Ethics Commission Filers)
4	Date 2/7/2021	5 Full name of contributor	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 19206 Barrow Bay San Antonio, TX 78258	City; S	State; Zip Code	
8	Principal occup	ation / Job title (See instructions)		9 Employer (See instructor	ctions)
	Date 2/7/2021	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 19206 Barrow Bay San Antonio, TX 78258	City; S	State; Zip Code	
	Principal occup Accountant	ation / Job title (See instructions)		Employer (See instru	ctions)
	Date Full name of contributor ☐ out-of-state PAC (ID#) 2/8/2021 Michael Putman		AC (ID#)	Amount of contribution (\$) 250.00	
		Contributor address; 120 E Edgewood San Antonio, T 78209	City; S	State; Zip Code	
	Principal occup Lawyer	ation / Job title (See instructions)		Employer (See instru Putman Law Firm	ctions)
	Date 2/8/2021	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 3 Woltwood San Antonio, TX 78248	City; S	State; Zip Code	
	Principal occup Real Estate	ation / Job title (See instructions)		Employer (See instru Versa Terra Develop	•

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 15 of 31	
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 2/10/2021	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; S 18528 Wild Onion San Antonio, TX 78258-1654	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru GSABA	ictions)
	Date 2/11/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 1500 Fawn Bluff San Antonio, TX 78248		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 2/11/2021	Gordon V Hartman Contributor address; City; S 1202 W. Bitters Bldg 1 #1200	C (ID#) Ctate; Zip Code	Amount of contribution (\$) 500.00
	Principal occupa	San Antonio, TX 78216 ation / Job title (See instructions)	Employer (See instru Gordon Hartman En	-
	Date 2/15/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; S 106 Palo Pinto San Antonio, T 78232	State; Zip Code	
	Principal occupa Educator	ation / Job title (See instructions)	Employer (See instru Retired	uctions)

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SCHEDULE A1

т	he Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 16 of 31
FILER NAME				3 Filer ID (Ethics Commission Filers)
Mr John K Coul	rage			
Date 2/20/2021	5 Full name of contributor Robert L Worth	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 270 Terrell RD San Antonio, TX 78209	City;	State; Zip Code	
Principal occupa Chairman	ation / Job title (See instructions)		9 Employer (See instru Workth & Assoc.	uctions)
Date 2/20/2021	Full name of contributor Mary_Hare Worth	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; 270 Terrell RD San Antonio, TX 78209	City;	State; Zip Code	
Principal occupa Retired	ation / Job title (See instructions)		Employer (See instru Retire	uctions)
Date 2/21/2021	Full name of contributor David Holmes	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
	Contributor address; 2806 Sierra Salinas San Antonio, T 78259	City;	State; Zip Code	
Principal occupa Teacher	ation / Job title (See instructions)		Employer (See instru NEISD	uctions)
Date 2/21/2021	Full name of contributor Viki Melton	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
	Contributor address; 20623 Wild Springs Drive San Antonio, T 78258	City;	State; Zip Code	
	ation / Job title (See instructions)		Employer (See instru	
Broker/Owner			Stone Oak Realty Se	ervices
	Principal occupared in the company of the company o	FILER NAME Mr John K Courage Date 2/20/2021 5 Full name of contributor Robert L Worth 6 Contributor address; 270 Terrell RD San Antonio, TX 78209 Principal occupation / Job title (See instructions) Chairman Date 2/20/2021 Full name of contributor Mary_Hare Worth Contributor address; 270 Terrell RD San Antonio, TX 78209 Principal occupation / Job title (See instructions) Retired Date 2/21/2021 Date 2/21/2021 Full name of contributor David Holmes Contributor address; 2806 Sierra Salinas San Antonio, T 78259 Principal occupation / Job title (See instructions) Teacher Date 2/21/2021 Full name of contributor Viki Melton Contributor address; 20623 Wild Springs Drive San Antonio, T 78258 Principal occupation / Job title (See instructions)	FILER NAME Mr John K Courage Date 2/20/2021 5 Full name of contributor Robert L Worth 6 Contributor address; 270 Terrell RD San Antonio, TX 78209 Principal occupation / Job title (See instructions) Chairman Date 2/20/2021 Full name of contributor Mary_Hare Worth Contributor address; 270 Terrell RD San Antonio, TX 78209 Principal occupation / Job title (See instructions) Retired Date 2/21/2021 Date 2/21/2021 Principal occupation / Job title (See instructions) Contributor address; 2806 Sierra Salinas San Antonio, T 78259 Principal occupation / Job title (See instructions) Teacher Date 2/21/2021 Full name of contributor David Holmes Contributor address; 2806 Sierra Salinas San Antonio, T 78259 Principal occupation / Job title (See instructions) Teacher Date 2/21/2021 Contributor address; 2806 Sierra Salinas San Antonio, T 78259 Principal occupation / Job title (See instructions) Teacher Date 2/21/2021 Full name of contributor Viki Melton Contributor address; 20623 Wild Springs Drive San Antonio, T 78258 Principal occupation / Job title (See instructions)	Date 2/20/2021

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 17 of 31
2	FILER NAME Mr John K Cou	rage			3 Filer ID (Ethics Commission Filers)
4	Date 2/21/2021	5 Full name of contributor Brett Schriever	☐ out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 7 Woodlands Dr Enid, O 73703	City;	State; Zip Code	
8	Principal occupa N/A	ation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 2/24/2021	Full name of contributor Yonni Leor	out-of-state P/	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 16306 Buena Tierra St San Antonio, T 78232	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Scientific policy analyst Self		Employer (See instru Self	uctions)		
	Date 2/25/2021	Full name of contributor Melvin Cohen	Out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 13722 Cape Bluff San Antonio, T 78216	City;	State; Zip Code	
	Principal occupa Psychiatrist	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 2/26/2021	Full name of contributor Richard Wells	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 610 E Market St 3302 San Antonio, T 78205	City;	State; Zip Code	
	Principal occupa Executive	ation / Job title (See instructions)		Employer (See instru Dailey & Wells Com	

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 18 of 31		
2	FILER NAME Mr John K Cour	rage		3 Filer ID (Ethics Commission Filers)		
4	Date 2/26/2021	5 Full name of contributor	C (ID#)	7 Amount of contribution (\$) 500.00		
		6 Contributor address; City; S 610 E Market St 3302 San Antonio, T 78205	state; Zip Code			
8	Principal occupa Executive	ation / Job title (See instructions)	9 Employer (See instru Dailey & Wells Com	-		
	Date 3/1/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00		
		Contributor address; City; S 222 Herweck Dr San Antonio, T 78213	tate; Zip Code			
	Principal occupa Consultant	tion / Job title (See instructions)	Employer (See instru Andrade-Van de Pu	-		
	Date 3/1/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00		
		Contributor address; City; S 3625 Paesanos Parkway San Antonio, TX 78231	tate; Zip Code			
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)		
	Date 3/1/2021	Full name of contributor		Amount of contribution (\$) 500.00		
		Contributor address; City; S 119 Heiman #300 San Antonio, TX 78205	tate; Zip Code			
Principal occupation / Job title (See instructions) Employer (See instructions)						
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Forms provided by Texas Ethics Commission

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

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 19 of 31	
2	FILER NAME Mr John K Cour	age		3 Filer ID (Ethics Commission Filers)
4	Date 3/3/2021	5 Full name of contributor ☐ out-of-state PA Pat Maloney	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 239 E. Commerce ST San Antonio, TX 78205	State; Zip Code	
8	Principal occupa Attorney	tion / Job title (See instructions)	9 Employer (See instru Law Offices of Pat N	•
	Date 3/3/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 13514 Able Creek San Antonio, TX 78231	State; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru Nmeritz, Reddy Law	•
	Date 3/3/2021	Killen Griffin & Farrimond Political Commi	ttee	Amount of contribution (\$) 500.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ctions)
	Date 3/3/2021	Full name of contributor William Brooks Contributor address; City; 459 Paseo Encinal San Antonio, TX 78212	C (ID#)	Amount of contribution (\$) 200.00
	Principal occupa Professor	tion / Job title (See instructions)	Employer (See instru UTSA	ctions)

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Revised 01/01/2020

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SCHEDULE A1

	7	The Instruction Guide explains how	1 Total pages Schedule A1: 20 of 31		
2	FILER NAME Mr John K Cou	rage			3 Filer ID (Ethics Commission Filers)
4	Date 3/3/2021	5 Full name of contributor Craig R Scott	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 400.00
		6 Contributor address; 3418 Pinnacle Dr San Antonio, TX 78261	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Langlois & Brooks	uctions)
	Date 3/3/2021	Full name of contributor Aaron Neumann	out-of-state Pa	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 456 County Road 367 Hondo, TX 78861-6570	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 3/3/2021	Full name of contributor Tamara Benavides	out-of-state P	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 10919 Town Center San Antonio, TX 78251	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 3/3/2021	Full name of contributor Robert Tips	☐ out-of-state Pa	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 14000 San Antonio, T 78214	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Mission Park	uctions)

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SCHEDULE A1

	ī	he Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 21 of 31
2	FILER NAME Mr John K Cou	rage			3 Filer ID (Ethics Commission Filers)
4	Date 3/3/2021	5 Full name of contributor Kristen Tips	out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; PO Box 14000 San Antonio, T 78214	City;	State; Zip Code	
8	Principal occupa President	ation / Job title (See instructions)		9 Employer (See instru Mission Park	actions)
	Date 3/3/2021	Full name of contributor Carino Cortez -Haass	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 204 E Melrose Dr Olmos Park, T 78212	City;	State; Zip Code	
		Employer (See instru La Familia cortez re	•		
	Date Full name of contributor □ out-of-state PAC (ID#) 3/3/2021 Chip Haass		AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; 204 E Melrose Dr San Antonio, T 78212	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Marketing-Owner	ictions)
	Date 3/4/2021	Full name of contributor Ashley Dumulong	out-of-state P/	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 1111 Charlisas Way San Antonio, T 78216	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	ī	he Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 22 of 31
2	FILER NAME Mr John K Cou	rage		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; 2 Privada Yesa San Antonio, TX 78257-1738	Zip Code	
8	Principal occupa	·	nployer (See instru	ctions)
	Date 3/4/2021	Full name of contributor)	Amount of contribution (\$) 200.00
		Contributor address; City; State; 14018 Sage Blvd San Antonio, TX 78216-1935	Zip Code	
	Principal occupa	,	nployer (See instru rco Barros Manag	,
	Date 3/4/2021	Full name of contributor)	Amount of contribution (\$) 250.00
		Contributor address; City; State; 405 Wistshire Ave San Antonio, TX 78209	Zip Code	
	Principal occupa		nployer (See instruction	
	Date 3/6/2021	Full name of contributor)	Amount of contribution (\$) 50.00
		Contributor address; City; State; 1206 Arizona Ash San Antonio, T 78232	Zip Code	
	Principal occupa	ation / Job title (See instructions) Em N//	nployer (See instru	ctions)

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SCHEDULE A1

	1	The Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 23 of 31
2	FILER NAME Mr John K Cou	rage			3 Filer ID (Ethics Commission Filers)
4	Date 3/6/2021	5 Full name of contributor Jorge Herrera	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1800 West Commerce St SAN ANTONIO, T 78207	City; S	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Herrera Law Firm	ctions)
	Date 3/6/2021	Full name of contributor Tim Golian	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 14810 Oak Briar San Antonio, T 78232	City; S	State; Zip Code	
		Employer (See instru Retired	ctions)		
	Date 3/6/2021	Full name of contributor Todd Thames	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 1738 Fox Tree Lane San Antonio, T 78248	City; S	State; Zip Code	
	Principal occupa Physician	ation / Job title (See instructions)		Employer (See instru Grand Rounds	ctions)
	Date 3/7/2021	Full name of contributor Marlene Eichelbaum	out-of-state PA	\C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 18618 Corsini Dr San Antonio, TX 78258	City; S	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)		Employer (See instru Retired	ctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 24 of 31
2	FILER NAME Mr John K Co	urage		3 Filer ID (Ethics Commission Filers)
4	Date 3/9/2021	Jimmie Casias	C (ID#)	7 Amount of contribution (\$) 20.00
8	Principal occup Retired	pation / Job title (See instructions)	9 Employer (See instru Retired	uctions)
	Date 3/9/2021	Full name of contributor Out-of-state PA Shad R Smith Contributor address; City; S 318 Waxberry Trl San Antonio, TX 78256-1635		Amount of contribution (\$) 75.00
	Principal occup	pation / Job title (See instructions)	Employer (See instru	uctions)
	Date 3/9/2021	Full name of contributor MICHAEL JOUFFRAY		Amount of contribution (\$) 100.00
	Principal occup	pation / Job title (See instructions)	Employer (See instru Retired	uctions)
	Date 3/10/2021	Mike Geer	C (ID#)	Amount of contribution (\$) 500.00
	Principal occup Engineer	pation / Job title (See instructions)	Employer (See instru Tetra Tech, Inc.	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: 25 of 31
2	FILER NAME Mr John K Cour	rage		3 Filer ID (Ethics Commission Filers)
4	Date 3/11/2021	5 Full name of contributor □ out-of David DeWall	-state PAC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; Cit 31 Inwood Mnr San Antonio, T 78248	y; State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Retired	uctions)
	Date 3/11/2021	Full name of contributor	-state PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; Cit 1935 Far Niente San Antonio, T 78258	y; State; Zip Code	
	Principal occupa retired	ation / Job title (See instructions)	Employer (See instru N/A	uctions)
	Date 3/11/2021	Full name of contributor	F-state PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; Cit 1515 Pheasant Rdg San Antonio, T 78248-1754	y; State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru N/A	uctions)
	Date 3/11/2021	Full name of contributor	-state PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; Cit 19211 Classen Crst San Antonio, T 78258	y; State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Vital Data Technolo	

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

SCHEDULE A1

	т	he Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 26 of 31
2	FILER NAME Mr John K Cour	rage			3 Filer ID (Ethics Commission Filers)
4	Date 3/11/2021	5 Full name of contributor Rudolph F Rodriguez	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 719 Final Ct. San Antonio, TX 78216	City;	State; Zip Code	
8	Principal occupa Attorney	tion / Job title (See instructions)		9 Employer (See instru	ctions)
	Date 3/13/2021	Full name of contributor Richard Ayres	out-of-state P	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 1918 Parhaven Dr San Antonio, F 78232-1528	•	State; Zip Code	
	Principal occupa retired	ation / Job title (See instructions)		Employer (See instru Retired	ctions)
	Date 3/14/2021	Full name of contributor Gina Sandoval	out-of-state P	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 6963 Willow Oak San Antonio, T 78249	City;	State; Zip Code	
	Principal occupa USAA	tion / Job title (See instructions)		Employer (See instru Scrum master	ctions)
	Date 3/16/2021	Full name of contributor Roger Legrand	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 13843 Crown Bluff San Antonio, T 78216	City;	State; Zip Code	
	Principal occupa Consultant	tion / Job title (See instructions)		Employer (See instru	ctions)

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SCHEDULE A1

	1	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 27 of 31
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 3/17/2021	5 Full name of contributor ut-of-state F Samuel Temple	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; 2715 Woodley San Antonio, T 78232	State; Zip Code	
8	Principal occupa Statstician	ation / Job title (See instructions)	9 Employer (See instru AT&T	ctions)
	Date 3/17/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; 18119 Redriver Song San Antonio, TX 78259	State; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)	Employer (See instru Retire	ctions)
	Date 3/18/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 3185 Morning Creek San Antonio, T 78247	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 3/18/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 18007 Shady Knoll San Antonio, T 78258-3421	State; Zip Code	
	Principal occupation / Job title (See instructions) Training Technician		Employer (See instru United States Depar	•

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SCHEDULE A1

	ī	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 28 of 31
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 3/18/2021	5 Full name of contributor ☐ out-of-sta	ate PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 3314 Falling Brk San Antonio, T 78258	State; Zip Code	
8	Principal occupa Consultant	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 3/22/2021	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 1901 Ridge Park St San Antonio, T 78232	State; Zip Code	
	Principal occupa Sylist	ation / Job title (See instructions)	Employer (See instru Self	uctions)
	Date 3/22/2021	Full name of contributor ut-of-sta	ate PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 234 Brees San Antonio, T 78209	State; Zip Code	
	Principal occupa retired	ation / Job title (See instructions)	Employer (See instru Retired	uctions)
	Date 3/22/2021	Full name of contributor ut-of-sta	ate PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 1122 Colorado #2399 Austin, T 78701	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Offices of Marc A. F	•

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SCHEDULE A1

	1	The Instruction Guide explains how to co	omplete this f	orm.	1 Total pages Schedule A1: 29 of 31
2	FILER NAME Mr John K Cou	rage			3 Filer ID (Ethics Commission Filers)
4	Date 3/22/2021	5 Full name of contributor	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 450.00
		6 Contributor address; 1901 Ridge Park St San Antonio, T 78232	City; S	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Kindred Hospice	ctions)
	Date 3/22/2021	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 12402 West Ave San Antonio, T 78216	City; S	tate; Zip Code	
		Employer (See instru The Front Door Co.	ctions)		
	Date 3/22/2021	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 9035 Luzita Lane San Antonio, T 78230	City; S	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	ctions)
	Date 3/22/2021	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 15219 CHALET DR SAN ANTONIO, T 78232	City; S	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Girls on the Run Be	

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SCHEDULE A1

	т	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 30 of 31
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)
4	Date 3/22/2021	5 Full name of contributor ☐ out-of-state P Nicole True	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; 14 Heritage Oaks Dr Austin, T 78737	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Nicole True Law	ctions)
	Date 3/22/2021	Full name of contributor ut-of-state P Thomas OBRIEN	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 3239 Gazelle Range San Antonio, T 78259-2268	State; Zip Code	
	Principal occupa N/A	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 3/22/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; 6963 Willow Oak San Antonio, T 78249	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Scrum master	ctions)
	Date 3/22/2021	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; 2103 Shady Cliff San Antonio, T 78232	State; Zip Code	
	Principal occupa Teacher	ation / Job title (See instructions)	Employer (See instru Northside ISD	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 31 of 31	
2	FILER NAME Mr John K Cou	rage		3 Filer ID (Ethics Commission Filers)	
4	Date 3/22/2021	Amber Liddell Alwais		7 Amount of contribution (\$) 50.00	
8	Principal occupa Attorney	ation / Job title (See instructions)	9 Employer (See instru Orsinger, Nelson, D	octions) Downing and Anderson	
	Date		AC (ID#)	Amount of contribution (\$)	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	actions)	
	Date		AC (ID#)	Amount of contribution (\$)	
Principal occupation / Job title (See instructions) Employer (See instructions)		actions)			
	Date		AC (ID#)	Amount of contribution (\$)	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	actions)	
		ATTAOU ADDITIONAL CODUTO	E TUIO COUEDIN E A CA	JEEDED.	
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Forms provided by Texas Ethics Commission

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Accounting/Banking Event Expense Loan Repayment/Reimbursement Advertising Expense Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense

 Loan Repayment/Reimbursement
 Solicitation/Fundraising Expense

 Office Overhead/Rental Expense
 Transportation Equipment & Related Expense

 Polling Expense
 Travel in District

 Printing Expense
 Travel Out Of District

 Salaries/Wages/Contract Labor
 Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment		ng Expense es/Wages/Contract Labor nplete this form	Travel Out Of District Other (enter a category not listed above)
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 16120 College Oak #101 San Antonio, TX 78249) Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Donation	
	(c) Check if travel outside of Texas, complete schedu	le T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 1/13/2021	Payee name City of San Antonio		
Amount (\$) 100.00	Payee address; City; State; Zip PO Box 839975 San Antonio, TX 78283-3975) Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: legal fees	Description City Filing Fee	
	Check if travel outside of Texas, complete schedu	le T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH John Courage	Office sought Council District 9	Office held N/A
Date 1/13/2021	Payee name Rocket Science Group, LLC		
Amount (\$) 63.95	Payee address; City; State; Zip 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308) Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertising	
	Check if travel outside of Texas, complete schedu	le T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	:D

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Accounting/Panking	EXPENDITURE CATEGORIES		Collection/Fundraining Funance
Accounting/Banking Advertising Expense	•	oan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how 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 (\$)	7 Payee address; City; State;	Zip Code	
2393.00	3740 Colony Dr.		
	San Antonio, TX 78230		
8 PURPOSE OF	(a) Category (See categories listed at the top of this sched Other: Advertising	(b) Description HOA News Ads	
EXPENDITURE			
	(c) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH John Courage	Council District 9	N/A
Date 1/15/2021	Payee name Vista Print		
Amount (\$)	Payee address; City; State;	Zip Code	
55.40	275 Wyman St Waltham, MA 02451		
	Waitham, WA 02451		
	Category (See categories listed at the top of this sched	· '	
PURPOSE	Other: Advertising	Postcards	
OF EXPENDITURE			
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH John Courage	Council District 9	N/A
Date 1/19/2021	Payee name ZOOM US		
Amount (\$)	Payee address; City; State;	Zip Code	
16.00	55 Almanden Blvd		
	San Jose, CA 95113		
	Category (See categories listed at the top of this sched		
PURPOSE	Other: Video Meeting	Website Svcs	
OF			
EXPENDITURE	Check if travel outside of Tayon complete solution	codulo T Chook if A	Austin TV officeholder living expense
Complete ONLY if direct	Check if travel outside of Texas, complete sch	Office sought	Austin, TX, officeholder living expense Office held
expenditure to benefit C/C		Council District 9	N/A
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 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; Sta 520 S. Grand Ave Los Angeles, CA 90071	ate; Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this Other: Advertising	(b) Description Website Svcs	
EXPENDITURE	(c) Check if travel outside of Texas, comple	ete schedule T Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 9	Office held N/A
Date 1/20/2021	Payee name Kelsey Brandt		
Amount (\$) 400.00	Payee address; City; Sta 101 Linda Dr San Antonio, TX 78216	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Other: Consultation Services	Description Campaign Volunt	eer Coordination
	Check if travel outside of Texas, comple	ete schedule T Check if A	sustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH John Courage	Office sought Council District 9	Office held N/A
Date 1/21/2021	Payee name Vista Print		
Amount (\$) 120.24	Payee address; City; Sta 275 Wyman St Waltham, MA 02451	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Other: Advertising	Description Postcards	
	Check if travel outside of Texas, comple	ete schedule T Check if A	sustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDE	D

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Loc Fees Off Food/Beverage Expense Pol Gifts/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense Iaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Mr John K Courage	Somplete this form	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; 5 655 15th st NW #650 Washington , DC 20005	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedul Other: Advertising	e) (b) Description phonebanking ca	ampaign source
	(c) Check if travel outside of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Council District 9	Office held N/A
Date 1/31/2021	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; 2 PO Box 1600 San Antonio, TX 78296	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul Other: Service Charges	Description Bank Service Ch	arge
	Check if travel outside of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 2/1/2021	Payee name JVC Media		
Amount (\$) 416.76	Payee address; City; State; 2 9335 Lamerton San Antonio, TX 78250	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul Other: Advertising	e) Description Masks	
	Check if travel outside of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED .

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 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; 9335 Lamerton San Antonio, TX 78250	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Other: Advertising	Campaign signs	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete so Candidate / Officeholder name DH John Courage	Office sought Council District 9	Office held N/A
Date 2/1/2021	Payee name JVC Media		
Amount (\$) 1966.90	Payee address; City; State; 9335 Lamerton San Antonio, TX 78250	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Other: Advertising	Description Campaign signs	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH 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; 9335 Lamerton San Antonio, TX 78250	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Other: Advertising	Description Campaign signs a	and tshirts
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGORIES			
Accounting/Banking Advertising Expense	Event Expense Fees	* *	olicitation/Fundraising Expense ansportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	Polling Expense Tr	avel in District	
Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense committee Legal Services	•	avel Out Of District her (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to	-	Their (either a category flot listed above)	
1 Total pages Schedule F1:	2 FILER NAME	-	er ID (Ethics Commission Filers)	
6 of 21	Mr John K Courage			
4 Date 2/1/2021	5 Payee name Kelsey Brandt			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
400.00	101 Linda Dr			
	San Antonio, TX 78216			
8	(a) Category (See categories listed at the top of this sche		a a valimati a m	
PURPOSE OF	Other: Consultation Services	Campaign Volunteer C	oordination	
EXPENDITURE				
	(c) Check if travel outside of Texas, complete so	hedule T Check if Austin,	TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name		Office held	
expenditure to benefit C/C	OH John Courage	Council District 9	N/A	
Date 2/2/2021	Payee name Colt Osburn			
Amount (\$)	Payee address; City; State;	Zip Code		
50.00	17365 Henderson Pass #1233			
	San Antonio, TX 78232			
	Category (See categories listed at the top of this sche	·		
PURPOSE	Other: Camapign Signs Materials	Reimbursement for pu	rchases	
OF EXPENDITURE				
EXI ENDITORE	Check if travel outside of Texas, complete so	hedule T Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct		3	Office held	
expenditure to benefit C/C	OH John Courage	Council District 9	N/A	
Dete	Davies record			
Date 2/2/2021	Payee name Colt Osburn			
Amount (\$)	Payee address; City; State;	Zip Code		
151.17	17365 Henderson Pass #1233			
	San Antonio, TX 78232			
	Category (See categories listed at the top of this sche	·	h	
PURPOSE	Other: Camapign Signs Materials	Reimbursement for pu	rcnases	
OF				
EXPENDITURE	Check if travel outside of Texas, complete so	hedule T Check if Austin	TX, officeholder living expense	
Complete ONLY if direct			Office held	
expenditure to benefit C/C		=	N/A	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED		

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Mr John K Courage	,	3 Filer ID (Ethics Commission Filers)
4 Date 2/2/2021	5 Payee name Vista Print	-	
6 Amount (\$) 231.87	7 Payee address; City; State; 275 Wyman St Waltham, MA 02451	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Other: Advertising	(b) Description Postcards	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete s Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
Date 2/3/2021	Payee name Frost Bank		
Amount (\$) 55.63	Payee address; City; State; PO Box 1600 San Antonio, TX 78296	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Service Charges	Description Harland Checks F	Purchase
	Check if travel outside of Texas, complete s	chedule T Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH John Courage	Office sought Council District 9	Office held N/A
Date 2/5/2021	Payee name Vista Print		
Amount (\$) 140.80	Payee address; City; State; 275 Wyman St Waltham, MA 02451	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Advertising	Description Postcards	
	Check if travel outside of Texas, complete s	chedule T Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED.

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)		
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District	
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	to complete this form		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
8 of 21	Mr John K Courage			
4 Date 2/16/2021	5 Payee name Cricket Wireless			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
30.00	575 Morosgo Dr	p		
	Atlanta, GA 30324			
	·			
8	(a) Category (See categories listed at the top of this sche			
PURPOSE	Other: utilities	phone service		
OF EXPENDITURE				
LAFENDITORE	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C		Council District 9	N/A	
Date	Payee name			
2/16/2021	Rocket Science Group, LLC			
Amount (\$)	Payee address; City; State;	Zip Code		
67.15	675 Ponce de Leon Ave NE #5000			
	Atlanta, GA 30308			
	Category (See categories listed at the top of this sche	edule) Description		
PURPOSE	Other: Advertising	Advertising		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH John Courage	Council District 9	N/A	
Date	Payee name			
2/16/2021	Kelsey Brandt			
Amount (\$)	Payee address; City; State;	Zip Code		
400.00	101 Linda Dr			
	San Antonio, TX 78216			
	Category (See categories listed at the top of this sche	edule) Description		
PURPOSE	Other: Consultation Services	·	teer Coordination	
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C		Council District 9	N/A	
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED	

A	EXPENDITURE CATEGORIES		0.574.5.45.45.45	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District	
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains 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 (\$)	7 Payee address; City; State;	Zip Code		
1134.00	3740 Colony Dr.			
	San Antonio, TX 78230			
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche Other: Advertising	(b) Description HOA News Ads		
EXPENDITURE				
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	OH John Courage	Council District 9	N/A	
Date 2/17/2021	Payee name ZOOM US			
Amount (\$)	Payee address; City; State;	Zip Code		
16.00	55 Almanden Blvd			
	San Jose, CA 95113			
	Category (See categories listed at the top of this sche			
PURPOSE	Other: Video Meeting	Website Svcs		
OF EXPENDITURE				
EXPENDITORE	Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH John Courage	Council District 9	N/A	
Date 2/23/2021	Payee name Vista Print			
Amount (\$)	Payee address; City; State;	Zip Code		
869.82	275 Wyman St			
	Waltham, MA 02451			
	Category (See categories listed at the top of this sche	·		
PURPOSE	Other: Advertising	Postcards		
OF				
EXPENDITURE				
Complete CNII V 15 alice at	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A	
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED	

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees (Committee Fees (Committe	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains how to	o complete this form	3 Filer ID (Ethics Commission Filers)
	Mr John K Courage		
4 Date 2/23/2021	5 Payee name NGP VAN INC MOTO		
6 Amount (\$) 480.00	7 Payee address; City; State; 655 15th st NW #650 Washington , DC 20005	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Other: Advertising	(b) Description phonebanking ca	ampaign source
ZXI ZXISTI GXZ	(C) Check if travel outside of Texas, complete scl	nedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 2/26/2021	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; PO Box 1600 San Antonio, TX 78296	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Service Charges	Description Bank Service Ch	arge
	Check if travel outside of Texas, complete scl	nedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 3/1/2021	Payee name Kelsey Brandt		
Amount (\$) 400.00	Payee address; City; State; 101 Linda Dr San Antonio, TX 78216	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: Consultation Services	·	teer Coordination
	Check if travel outside of Texas, complete scl	nedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDI	ED

Accounting/Banking Advertising Expense	Fees O	oan Repayment/Reimbursement ffice Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gifts/Awards/Memorials Expense P	olling Expense rinting Expense alaries/Wages/Contract Labor complete this form	Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	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; 118 Broadway San Antonio, TX 78205	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this scheduled Other: Consultation Services	(b) Description Campaign Consu	ulting
	(c) Check if travel outside of Texas, complete sch	edule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH John Courage	Office sought Council District 9	Office held N/A
Date 3/3/2021	Payee name Michelle McBurney		
Amount (\$) 112.50	Payee address; City; State; 2926 War Feather San Antonio, TX 78238	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheduled Other: Campaign Services	Description Phone banking	
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 3/3/2021	Payee name Herlinda Torres		
Amount (\$) 562.50	Payee address; City; State; 619 North Hackberry San Antonio, TX 78202	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule of the campaign Services	Description Phone banking	
	Check if travel outside of Texas, complete sch	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Accounting/Banking	·	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Advertising Expense Consulting Expense		Polling Expense	Travel in District	
Contributions/Donations Made By		Printing Expense	Travel Out Of District	
Candidate/Officeholder/Political C	ommittee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how t	o complete this form		
1 Total pages Schedule F1: 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 (\$)	7 Payee address; City; State;	Zip Code		
82.50	PO Box 700007			
	San Antonio, TX 78270			
0	(a) Category (See categories listed at the top of this sche	dule) (b) Description		
	Other: Campaign Services	Phone banking		
PURPOSE OF				
EXPENDITURE				
	(c) Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	DH John Courage	Council District 9	N/A	
Date	Payee name			
3/4/2021	Prestige Printing LLC			
Amount (\$)	Payee address; City; State;	Zip Code		
676.56	8 Burwood Lane			
	San Antonio, TX 78216			
	Category (See categories listed at the top of this sche	dule) Description		
PURPOSE	Other: Advertising	door hangers		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	OH John Courage	Council District 9	N/A	
Date	Payee name			
3/10/2021	Michelle McBurney			
Amount (\$)	Payee address; City; State;	Zip Code		
285.00	2926 War Feather			
	San Antonio, TX 78238			
	Onto your (See estanging listed at the top of this cabo	dula) December in a		
DUDDOOF	Category (See categories listed at the top of this sche Other: Campaign Services	dule) Description Phone banking		
PURPOSE OF	Canon Campaign Contions			
EXPENDITURE				
LXI LIBITORE	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C		Council District 9	N/A	
p			·	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED!	ĒD	

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	FOR BOX 8(a) _oan Repayment/Reimbursement	Solicitation/Fundraising Expense		
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense		
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District		
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to	o 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 (\$)	7 Payee address; City; State;	Zip Code			
270.00	PO Box 700007				
	San Antonio, TX 78270				
8 PURPOSE OF	(a) Category (See categories listed at the top of this sched Other: Campaign Services	(b) Description Phone banking			
EXPENDITURE					
	(c) Check if travel outside of Texas, complete sch	hedule T Check if	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O		Office sought Council District 9	Office held N/A		
experientare to benefit ore	John Courage	Council District 9	WA		
Date 3/10/2021	Payee name Carmen Rodriguez				
Amount (\$)	Payee address; City; State;	Zip Code			
90.00	PO Box 700007				
	San Antonio, TX 78270				
	Category (See categories listed at the top of this sched	dule) Description Phone banking			
PURPOSE OF	Other: Campaign Services	Priorie banking			
EXPENDITURE					
	Check if travel outside of Texas, complete sch	hedule T Check if	Austin, TX, officeholder living expense		
Complete ONLY if direct		Office sought	Office held		
expenditure to benefit C/C	OH John Courage	Council District 9	N/A		
	_				
Date 3/10/2021	Payee name Herlinda Torres				
Amount (\$)	Payee address; City; State;	Zip Code			
465.00	619 North Hackberry				
	San Antonio, TX 78202				
	Category (See categories listed at the top of this sched				
PURPOSE	Other: Campaign Services	Phone banking			
OF					
EXPENDITURE					
	Check if travel outside of Texas, complete sch		Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDE	E D		

	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor o complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Mr John K Courage 3 Filer ID (Ethics Commission Filers)				
4 Date 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 sche Other: Campaign Services	Phone banking			
9 Complete ONLY if direct expenditure to benefit C/C	(c) Check if travel outside of Texas, complete so Candidate / Officeholder name John Courage	Office sought Council District 9	Austin, TX, officeholder living expense Office held N/A		
Date 3/10/2021	Payee name Bryana Garcia				
Amount (\$) 45.00	Payee address; City; State; PO Box 700007 San Antonio, TX 78270	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Other: Campaign Services	Description Phone banking			
	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH 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; 13510 Henderson Pass San Antonio, TX 78232-9998	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising Expense	Description postage for post	cards		
	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .		

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	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				
9 Complete ONLY if direct expenditure to benefit C/C		e schedule T Check if A	Austin, TX, officeholder living expense Office held		
Date 3/12/2021	Payee name USPS				
Amount (\$) 720.00	Payee address; City; State 10410 Perrin Beitel Rd San Antonio, TX 78284-9785	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Advertising Expense	Description Postage for post	cards		
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 3/13/2021	Payee name USPS				
Amount (\$) 360.00	Payee address; City; State 10410 Perrin Beitel Rd San Antonio, TX 78284	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Advertising Expense	Description Postage for Post	cards		
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct					
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED		

Accounting/Ranking	EXPENDITURE CATEGORIES Event Expense L	FOR BOX 8(a) oan Repayment/Reimbursement	Solicitation/Eundraising Evnence
Accounting/Banking Advertising Expense	Fees	Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how 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; 3740 Colony Dr.	Zip Code	
	San Antonio, TX 78230		
8 PURPOSE OF	(a) Category (See categories listed at the top of this sched Other: Advertising	(b) Description HOA News Ads	
EXPENDITURE	(6)		A TV 65 1. 1
	(c) Check if travel outside of Texas, complete sch		Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH John Courage	Office sought Council District 9	Office held N/A
Date 3/15/2021	Payee name Rocket Science Group, LLC		
Amount (\$) 67.15	Payee address; City; State; 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this sched Other: Advertising	Description Advertising	
EXPENDITURE	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
Date 3/16/2021	Payee name Cricket Wireless		
Amount (\$) 30.00	Payee address; City; State; 575 Morosgo Dr Atlanta, GA 30324	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Other: utilities	Description phone service	
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense 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)		
1 Total pages Schedule F1:	The Instruction Guide explains how to 2 FILER NAME Mr John K Courage	o complete this form	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 sche Other: Consultation Services		teer Coordination		
	(c) Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A		
Date 3/17/2021	Payee name Michelle McBurney				
Amount (\$) 435.00	Payee address; City; State; 2926 War Feather San Antonio, TX 78238	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Other: Campaign Services	Description Phone banking			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A		
Date 3/17/2021	Payee name ZOOM US				
Amount (\$) 16.00	Payee address; City; State; 55 Almanden Blvd San Jose, CA 95113	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Other: Video Meeting	dule) Description Website Svcs			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDI	ED		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	·	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	The Instruction Guide explains how 2 FILER NAME Mr John K Courage	to complete this form	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				
EXI ENDITORE	(c) Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 3/17/2021	Payee name Carmen Rodriguez				
Amount (\$) 67.50	Payee address; City; State; PO Box 700007 San Antonio, TX 78270	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Campaign Services	Description Phone banking			
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A		
Date 3/17/2021	Payee name Mark Niedenberger				
Amount (\$) 600.00	Payee address; City; State; 400 Bitters Rd #1511 San Antonio, TX 78216	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Campaign Services	Description Phone banking			
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense 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)		
1 Total pages Schedule F1:	The Instruction Guide explains how to 2 FILER NAME Mr John K Courage	o complete this form	3 Filer ID (Ethics Commission Filers)		
4 Date 3/17/2021	5 Payee name Carmen Torres		<u> </u>		
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 sched Other: Campaign Services	(b) Description Phone banking			
	(c) Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A		
Date 3/17/2021	Payee name Carmen Torres				
Amount (\$) 195.00	Payee address; City; State; PO Box 700007 San Antonio, TX 78270	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Other: Campaign Services	Description Phone banking			
	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A		
Date 3/17/2021	Payee name Herlinda Torres				
Amount (\$) 558.75	Payee address; City; State; 619 North Hackberry San Antonio, TX 78202	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Other: Campaign Services	Description Phone banking			
	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 9	Office held N/A		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDI	E D		

Content promise Positive Content promise P	Accounting/Ranking	EXPENDITURE CATEGORIES Event Expense	FOR BOX 8(a) Loan Repayment/Reimbursement	Solicitation/Eundraising Evpense	
Contribution/Borations floated by Control Laplace Princip Expense Salarians/Reposite/Princip Expense Princip Ex	Accounting/Banking Advertising Expense	•		Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Complete QNLY if direct expenditure to benefit C/OH Calegory (See categories to the too of this schedule Too	- · ·				
Total pages Schedule Ft: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr John K Courage 3 Filer ID (Ethics Commission Filers) 3 Filer ID (Ethics Commission Filers) 3 Filer ID (Ethics Commission Filers) 4 Date 3 Filer ID (Ethics Commission Filers) 4 Date 3 Filer ID (Ethics Commission Filers) 4 Date 5	•				
4 Date 5 Payee name SPANDITURE Category (See citingories listed at the top of this schedule) Description Phone banking PURPOSE OF EXPENDITURE Category (See citingories listed at the top of this schedule) Description Phone banking PURPOSE OF EXPENDITURE Category (See citingories listed at the top of this schedule) Description Phone banking Date 3/22/2021 Payee name Herlinda Torres Amount (\$) Payee address; City; State; Zip Code State; Zip Code State; Zip Code 19 Complete ONLY if direct Category (See citingories listed at the top of this schedule) Description Phone banking Date 3/22/2021 Payee name Herlinda Torres BURPOSE OF EXPENDITURE Category (See citingories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Category (See citingories listed at the top of this schedule) Description Phone banking Description Phone banking Category (See citingories listed at the top of this schedule) Description Phone banking Description Office held Complete ONLY if direct Candidate / Officeholder name Office sought Officeholder living expense Date Payee name Office sought Officeholder living expense Payee address; City; State; Zip Code Officeholder living expense Category (See citingories listed at the top of this schedule) Description Phone banking Office held Officeholder name Office sought Officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Officeholder living expense Camplete ONLY if direct Candidate / Officeholder name Office sought Officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Officeholder living expense Complete ONLY if direct Officeholde			-	, , , , , , , , , , , , , , , , , , ,	
Syrang Garcia Fayese address; City: State: Zip Code PO Box 700007 San Antonio, TX 78270 San Antonio, TX 78270 Check if travel outside of Texas, complete schedule T	· =	-		3 Filer ID (Ethics Commission Filers)	
8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Other: Campaign Services (b) Description Phone banking (c) Check if travel outside of Texas, complete schedule T		,			
San Antonio, TX 78270	6 Amount (\$)	7 Payee address; City; State;	Zip Code		
(a) Category (See categories listed at the top of this schedule) (b) Description Phone banking	60.00	PO Box 700007			
PURPOSE OF EXPENDITURE C		San Antonio, TX 78270			
EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Ni/A	PURPOSE				
9 Complete ONLY if direct expenditure to benefit C/OH Date John Courage Payee name Herlinda Torres Amount (\$) Payee address; City; State; Zip Code 619 North Hackberry San Antonio, TX 78202 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date John Courage Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code 619 North Hackberry San Antonio, TX 78202 Category (See categories listed at the top of this schedule) Description Phone banking Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date John Courage Payee name Mark Niedenberger Amount (\$) 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) Description Phone banking Other: Campaign Services Phone banking Category (See categories listed at the top of this schedule) Description Phone banking Cotheck if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to bene	_				
Date 3/22/2021		(c) Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense	
Date 3/22/2021					
Amount (\$) 585.00 Payee address; City; State; Zip Code 619 North Hackberry San Antonio, TX 78202 PURPOSE OF EXPENDITURE Check if travel outside of Texas, complete schedule T	expenditure to benefit C/C	OH John Courage	Council District 9	N/A	
Category (See categories listed at the top of this schedule)		•			
PURPOSE OF EXPENDITURE Candidate / Officeholder name 3/22/2021 Amount (\$) 555.00 Purpose OF EXPENDITURE Category (See categories listed at the top of this schedule) Other: Campaign Services Phone banking Check if travel outside of Texas, complete schedule T	Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Other: Campaign Services Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date 3/22/2021 Amount (\$) Payee name Mark Niedenberger Amount (\$) Payee address; City; State; Zip Code 400 Bitters Rd #1511 San Antonio, TX 78216 Category (See categories listed at the top of this schedule) Other: Campaign Services Phone banking Category (See categories listed at the top of this schedule) Other: Campaign Services Complete ONLY if direct expenditure to benefit C/OH Council District 9 Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Council District 9 N/A Council District 9 Office held N/A	585.00	619 North Hackberry			
PURPOSE OF EXPENDITURE Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense		San Antonio, TX 78202			
Complete ONLY if direct expenditure to benefit C/OH Payee name Mark Niedenberger Amount (\$) 555.00 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) OF EXPENDITURE Candidate / Office holder name Office sought Council District 9 N/A Office held N/A Office held N/A Description Phone banking Category (See categories listed at the top of this schedule) OF EXPENDITURE Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Of Council District 9 Office held N/A Office held Office sought Office held Office held N/A Office held N/A		<u> </u>			
Complete ONLY if direct expenditure to benefit C/OH Date 3/22/2021 Amount (\$) 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) Office sought Council District 9 Category (See categories listed at the top of this schedule) Office sought Council District 9 Category (See categories listed at the top of this schedule) Office sought Council District 9 Category (See categories listed at the top of this schedule) Other: Campaign Services Complete ONLY if direct expenditure to benefit C/OH Council District 9 Council District 9 Office held N/A Category (See categories listed at the top of this schedule) Office sought Council District 9 Complete ONLY if direct expenditure to benefit C/OH Council District 9 Office held N/A		Other: Campaign Services	Phone banking		
Complete ONLY if direct expenditure to benefit C/OH Date 3/22/2021 Amount (\$) Payee address; City; State; Zip Code 400 Bitters Rd #1511 San Antonio, TX 78216 PURPOSE OF EXPENDITURE Candidate / Office held the top of this schedule) Other: Campaign Services Complete Schedule T Check if Austin, TX, officeholder living expense Office held N/A Office held N/A Description Phone banking Description Phone banking Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas, complete schedule T Office sought Council District 9 Office held N/A	_				
Complete ONLY if direct expenditure to benefit C/OH Date 3/22/2021 Amount (\$) 555.00 Purpose OF EXPENDITURE Payee name Office sought Council District 9 Office held N/A Office held N/A Office held N/A Office held N/A Description Phone banking Description Phone banking Category (See categories listed at the top of this schedule) Office held N/A Office held N/A Office held N/A	EXPENDITURE	Chack if traval autaids of Tayas, samplets as	hadula T Chack if i	Austin TV officeholder living evnence	
Date 3/22/2021 Amount (\$) 555.00 Payee address; City; State; Zip Code 400 Bitters Rd #1511 San Antonio, TX 78216 Category (See categories listed at the top of this schedule) Office Danking Check if travel outside of Texas, complete schedule T Complete ONLY if direct expenditure to benefit C/OH John Courage Council District 9 N/A N/A	Complete ONLY if direct				
Amount (\$) Payee address; City; State; Zip Code 400 Bitters Rd #1511 San Antonio, TX 78216 Category (See categories listed at the top of this schedule) Office EXPENDITURE Check if travel outside of Texas, complete schedule T Complete ONLY if direct expenditure to benefit C/OH Council District 9 N/A Payee address; City; State; Zip Code Description Phone banking Category (See categories listed at the top of this schedule) Phone banking Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense					
Amount (\$) Payee address; City; State; Zip Code 400 Bitters Rd #1511 San Antonio, TX 78216 Category (See categories listed at the top of this schedule) Office EXPENDITURE Check if travel outside of Texas, complete schedule T Complete ONLY if direct expenditure to benefit C/OH Council District 9 N/A Payee address; City; State; Zip Code Description Phone banking Category (See categories listed at the top of this schedule) Phone banking Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense					
### Style="background-color: blue;"> ### 400 Bitters Rd #1511 San Antonio, TX 78216 Category (See categories listed at the top of this schedule)		•			
### Style="background-color: blue;"> ### 400 Bitters Rd #1511 San Antonio, TX 78216 Category (See categories listed at the top of this schedule)	Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Other: Campaign Services Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Campaign Services Description Phone banking Check if Austin, TX, officeholder living expense Office sought Council District 9 N/A	,	•	·		
PURPOSE OF EXPENDITURE Check if travel outside of Texas, complete schedule T Complete ONLY if direct expenditure to benefit C/OH Courage Other: Campaign Services Phone banking Check if Austin, TX, officeholder living expense Office sought Council District 9 N/A		San Antonio, TX 78216			
PURPOSE OF EXPENDITURE Check if travel outside of Texas, complete schedule T Complete ONLY if direct expenditure to benefit C/OH Courage Other: Campaign Services Phone banking Check if Austin, TX, officeholder living expense Office sought Council District 9 N/A		Category (See categories listed at the top of this sched	dule) Description		
OF EXPENDITURE Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Council District 9 N/A	PURPOSE	5 ,			
Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Office sought Council District 9 N/A					
Complete ONLY if direct expenditure to benefit C/OH Courage Candidate / Officeholder name office sought Council District 9 N/A	EXPENDITURE				
expenditure to benefit C/OH John Courage Council District 9 N/A		Check if travel outside of Texas, complete sol	hedule T Check if A	Austin, TX, officeholder living expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	expenditure to benefit C/C	OH John Courage	Council District 9	N/A	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
		ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDE	ED	
		ATTAON ADDITIONAL COLLEGION	IO GOLIEDOLE AG NEEDL	-0	

	EXPENDIT	JRE CATEGORIES FOR	BOX 8(a)		
Accounting/Banking Advertising Expense	Event Expense Fees		epayment/Reimbursement Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Ex		Expense	Travel in District	
Contributions/Donations Made By	Gifts/Awards/Memo		Expense	Travel Out Of District	
Candidate/Officeholder/Political C Credit Card Payment	· ·	Salaries Buide explains how to com	s/Wages/Contract Labor	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	Jailag explaine from to com	pioto uno romi	3 Filer ID (Ethics Commission Filers)	
21 of 21	Mr John K Courage			The 12 (Euros Commission Files)	
4 Date 3/22/2021	5 Payee name Bryana Garcia				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
30.00	PO Box 700007				
	San Antonio, TX 78270				
8	(a) Category (See categories liste		(b) Description		
PURPOSE	Other: Campaign Servi	ices	Phone banking		
OF EXPENDITURE					
	(c) Check if travel outside of	of Texas, complete schedule	T Check if A	ustin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officehold	der name	Office sought	Office held	
expenditure to benefit C/C	OH John Courage		Council District 9	N/A	
Date 3/22/2021	Payee name Michelle McBurney				
Amount (\$)	Payee address;	City; State; Zip	Code		
345.00	2926 War Feather				
	San Antonio, TX 78238				
	Category (See categories liste		Description		
PURPOSE	Other: Campaign Servi	ices	Phone banking		
OF					
EXPENDITURE		CT	T	TV office believe living accounts	
Opening to ONLY if the et		of Texas, complete schedule		ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholo John Courage	aer name	Office sought Council District 9	Office held N/A	
·					
Date	Payee name	<u> </u>	<u> </u>		
3/22/2021	NGP VAN INC MOTO				
Amount (\$)	Payee address;	City; State; Zip	Code		
480.00	655 15th st NW #650				
	Washington , DC 20005				
	Category (See categories liste	ed at the top of this schedule)	Description		
PURPOSE	Other: Advertising		phonebanking car	mpaign source	
OF					
EXPENDITURE					
		f Texas, complete schedule		ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		der name	Office sought Council District 9	Office held N/A	
experiorate to benefit G/C	OH John Courage		Council District 9	IV/A	
	ATTACH ADDITIONAL	COPIES OF THIS SO	CHEDULE AS NEEDE	D	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.			Total pages Schedule F3:		
2	FILER NAME Mr John K Cou	urage		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	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 I	NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Exper Polling Expense	Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labo	Travel Out Of District Other (enter a category not listed above)	
Candidate/Officeriolder/Folitical C	The Instruction Guide explain			
1 Total pages Schedule F4:	2 FILER NAME	·	3 Filer ID (Ethics Commission Filers)	
1 of 1	Mr John K Courage		C The IS (Ethios commission There)	
4				
4 TOTAL OF UNITEMIZ 	ED EXPENDITURES CHARGED TO A CF	REDIT CARD	\$ O	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State	e; Zip Code		
9 TYPE OF EXPENDITURE	Political Non-Po	olitical		
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s	(b) Descr	ption	
	(c) Check if travel outside of Texas, complete	schedule T	heck if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/4		Office sought	Office held	
Date	Payee name			
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Po	olitical		
	Category (See categories listed at the top of this s	chedule) Descr	ption	
PURPOSE OF				
EXPENDITURE	Check if traval outside of Toyas complete	, achadula T	these if Austin TV efficiencides living average	
Complete ONLY if direct	Check if travel outside of Texas, complete Candidate / Officeholder name	Office sought	check if Austin, TX, officeholder living expense Office held	
expenditure to benefit C/OH				
	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 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 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr John K Courage 1 of 2 4 Date 5 Payee Name 3/11/2021 **USPS** 6 Amount (\$) 7 Payee address; City; State; Zip Code 144.00 15610 Henderson Pass **X** Reimbursement from San Antonio, TX 78232 political contributions intended (a) Category (See categories listed at the top of this schedule) Postage for Postcards 8 (b) Description **PURPOSE Advertising Expense** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name **USPS** 3/12/2021 Payee address; City; Zip Code Amount (\$) State; 396.00 15610 Henderson Pass Reimbursement from San Antonio, TX 78232 political contributions intended Category (See categories listed at the top of this schedule) Postage for Postcards Description **PURPOSE** Advertising Expense OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 3/12/2021 **USPS** Amount (\$) Payee address; Zip Code City; State; 720.00 10410 Perrin Beitel Rd **X** Reimbursement from San Antonio, TX 78284-9785 political contributions intended Category (See categories listed at the top of this schedule) Postage for postcards Description **PURPOSE** Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete schedule T Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Advertising Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2 of 2 Mr John K Courage 4 Date 5 Payee Name 3/13/2021 **USPS** 6 Amount (\$) 7 Payee address; City; State: Zip Code 360.00 10410 Perrin Beitel Rd **X** Reimbursement from San Antonio, TX 78284-9785 political contributions intended (a) Category (See categories listed at the top of this schedule) 8 postage for postcards (b) Description **PURPOSE Advertising Expense** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 3/17/2021 **USPS** Amount (\$) Payee address; State; Zip Code City; 720.00 10410 Perrin Beitel Rd Reimbursement from San Antonio, TX 78284-9785 political contributions intended Category (See categories listed at the top of this schedule) Description postage for postcards **PURPOSE** Advertising Expense OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Accounting/Banking Advertising Expense Consulting Expense

Food/Beverage Expense Gifts/Awards/Memorials E

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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

SCHEDULE |

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) (b) Descri	ption (See instructions regarding type of information required.)					
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ption (See instructions regarding type of information required.)					
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ption (See instructions regarding type of information required.)					
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ption (See instructions regarding type of information required.)					
	ATTACH ADDITIONAL CODIES OF THIS SCHEDLILE	AC NEEDED					

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

SCHEDULE K

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

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• C/OH NAME Filer ID (Ethics Commission Filers) Mr John K Courage **SIGNATURE** I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder **FILER WHO IS NOT AN OFFICEHOLDER** .. Complete A & B below only if you are not an officeholder. .. **CAMPAIGN FUNDS** A. Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. В. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER** .. Complete this section only if you are an officeholder. .. I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder