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

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

| The C/OH Instruction G  | uide explains how to complete t   |                              | Ethics Commission Filers)        | 2 Total pages fi    | led:                 |
|---|---|------------------------------|----------------------------------|---------------------|----------------------|
| 3 CANDIDATE /<br>OFFICEHOLDER   | MS / MRS / MR FIRS  |                              | MI <b>K</b>                      | OFFICE US           | SE ONLY              |
| NAME  | NICKNAME LAS  |                              | SUFFIX                           | Date Received       |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address          | ADDRESS / PO BOX; APT / SUI<br>1938 Broken Oak St<br>San Antonio TX 78232-310 |                              | TATE; ZIP CODE                   |                     |                      |
| 5 CANDIDATE /<br>OFFICEHOLDER<br>PHONE                                | AREA CODE PHONE NU ( 210 ) 216-502  |                              | NSION                            | Date Hand-delivered | I or Date Postmarked |
| 6 CAMPAIGN<br>TREASURER   | MS / MRS / MR FIRS  | •                            | MI<br>T                          | Receipt #           | Amount \$            |
| NAME  | NICKNAME LAS  |                              | SUFFIX                           | Date Processed      |                      |
|   | Tak   | ao                           |                                  | Date Imaged         |                      |
| TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUI   | MBER EXTEI                   | NSION                            |                     |                      |
| 9 REPORT TYPE   |   |                              |                                  |                     |                      |
|   | January 15: Semi-Ann  | ual                          |                                  |                     |                      |
| 10 PERIOD<br>COVERED  | Month Da  | y Year                       | Month                            | Day Year            |                      |
| COVERED   | 10/1/20   | 020 THROU                    | GH <b>12</b>                     | /31/2020            |                      |
| 11 ELECTION   | ELECTION DATE   |                              | ELECTION TYPE                    |                     |                      |
|   | Month Day Year <b>5/1/2021</b>  | Primary Runo  X General Spec | Description                      |                     |                      |
|   |   |                              | - <del></del>                    |                     |                      |
| 12 OFFICE   | OFFICE HELD (if any)  City Council District 9                                 |                              | 13 OFFICE SOUGHT  Council Distri |                     |                      |
|   |   | GO TO PAGE 2                 |                                  |                     |                      |

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

## FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME                               |   |   |  | 15 Filer II    | ) (Ethics Commission Filers)  |
|--|---|---|--|----------------|-------------------------------|
| Mr John K Couraç                           | ge  |   |  |                |                               |
| 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 ADDRESS   |   |  |                |                               |
|  | SPECIFIC  |   |  |                |                               |
| Additional Pages                           |   | COMMITTEE CAMPA   | IGN TREASURER NAME   |                |                               |
|  |   | COMMITTEE CAMPA   | IIGN TREASURER ADDRESS   |                |                               |
| 17 CONTRIBUTION TOTALS                     | 1. PLEDGES, LO  | EMIZED POLITICAL CONT<br>DANS, OR GUARANTEES<br>ONS MADE ELECTRONIC |  | \$             | 0                             |
|  |   | TICAL CONTRIBUTIONS<br>N PLEDGES, LOANS, OR                         | GUARANTEES OF LOANS)   | \$             | 1000.00                       |
| EXPENDITURE<br>TOTALS                      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.   |   |  | \$             | 47.70                         |
|  | 4. TOTAL POLITICAL EXPENDITURES \$ 2485.22  |   |  |                | 2485.22                       |
| CONTRIBUTION<br>BALANCE                    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 16895.89  |   |  | 16895.89       |                               |
| OUTSTANDING<br>LOAN TOTALS                 | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   |   |  | \$             | 29000.00                      |
| 18 AFFIDAVIT                               |   |   |  |                |                               |
|  |   |   | I swear, or affirm, under penalty or is true and correct and includes al me under Title 15, Election Code. |                |                               |
|  |   |   | * * * Electronically   |                |                               |
| AFFIX NOTARY STAM                          | P / SEAL ABOVE  |   | Signature of Candida   | te or Officeho | older                         |
| Sworn to and subscribe of <b>January</b> , |   |   | _  | this           | the <u>15th</u> day           |
| Signature of officer adn                   | ninistering oath  | Printed name of   | officer administering oath   | Title          | of officer administering oath |

### **SUBTOTALS - COH**

## FORM C/OH COVER SHEET PG 3

| 19  | FILER NA | AME  | 20 Filer ID (Ethics Co | mmission Filers)   |
|-----|----------|--|------------------------|--------------------|
|     | Mr John  | K Courage  |                        |                    |
| 21  |          | LE SUBTOTALS<br>F SCHEDULE   |                        | SUBTOTAL<br>AMOUNT |
| 1.  | X        | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      |                        | \$ 1000.00         |
| 2.  | X        | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        |                        | \$0                |
| 3.  | X        | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                        | \$0                |
| 4.  | X        | X SCHEDULE E: LOANS  |                        |                    |
| 5.  | X        | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              |                        | \$ 1485.22         |
| 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                        |                        | \$ 1000.00         |
| 10. | X        | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF             | · C/OH                 | \$ 0               |
| 11. | X        | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION            | NS .                   | \$ 0               |
| 12. | X        | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |                        | \$ 0               |

#### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

| Т   | he Instruction Guide explains how to complete this                          | form.                             | 1 Total pages Schedule A1:<br>1 of 2      |  |
|---|---|-----------------------------------|---|--|
| 2 FILER NAME<br>Mr John K Cour  | rage  |                                   | 3 Filer ID (Ethics Commission Filers)     |  |
| 4 Date<br>7/1/2020  | Kathleen Vale   |                                   | 7 Amount of contribution (\$)<br>100.00   |  |
|   | 6 Contributor address; City; S<br>102 E. Hollywood<br>San Antonio, TX 78212 | State; Zip Code                   |   |  |
| 8 Principal occupa  | tion / Job title (See instructions)   | 9 Employer (See instru<br>Retired | uctions)                                  |  |
| Date<br><b>7/1/2020</b>   | Full name of contributor  | C (ID#)                           | Amount of contribution (\$) 100.00        |  |
|   | Contributor address; City; S 4811 Isaac Ryan San Antonio, TX 78253          | State; Zip Code                   |   |  |
| Principal occupation / Job title (See instructions)  Employer (See instructions)  Retired |   |                                   |   |  |
| Date<br><b>9/11/2020</b>  | Full name of contributor  | C (ID#)                           | Amount of contribution (\$) <b>250.00</b> |  |
|   | Contributor address; City; S 19027 Salao Canyon San Antonio, TX 78258       | State; Zip Code                   |   |  |
| Principal occupa  Director  | tion / Job title (See instructions)   | Employer (See instru<br>USAA      | uctions)                                  |  |
| Date<br><b>12/22/2020</b>   | Full name of contributor  | AC (ID#)                          | Amount of contribution (\$) <b>250.00</b> |  |
|   | Contributor address; City; S 5501 Legacy Oaks Pkwy #724 Shertz, TX 78154    | State; Zip Code                   |   |  |
| Principal occupa  | tion / Job title (See instructions)   | Employer (See instru<br>Retired   | uctions)                                  |  |
|   |   |                                   |   |  |
|   |   |                                   |   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

|  |   | The Instruction Guide explains how to co                              | mplete this     | form.                            | 1          | Total pages Schedule A1: 2 of 2           |
|--|---|---|-----------------|----------------------------------|------------|---|
| 2  | FILER NAME Mr John K Cou  | rage  |                 |                                  | 3          | Filer ID (Ethics Commission Filers)       |
| 4  | Date<br>12/27/2020  | 5 Full name of contributor Gradford Beldon                            | out-of-state PA | AC (ID#                          | ) 7        | Amount of contribution (\$) <b>250.00</b> |
|  |   | 6 Contributor address;<br>35 Royal Waters Dr<br>San Antonio, TX 78248 | City;           | State; Zip Code                  | •          |   |
| 8  | Principal occupa  | ation / Job title (See instructions)                                  |                 | 9 Employer (See<br>Beldon Roofin |            | ons)                                      |
|  | Date<br>12/30/2020  | Full name of contributor  | out-of-state PA | AC (ID#                          | _)         | Amount of contribution (\$) <b>50.00</b>  |
|  |   | Contributor address; 1901 RIDGE PARK ST San Antonio, TX 78232         | City;           |                                  |            |   |
| Principal occupation / Job title (See instructions)          |   |   | Employer (See   | instruction                      | ons)       |   |
|  | Date  | Full name of contributor  | out-of-state PA | AC (ID#                          | _)         | Amount of contribution (\$)               |
|  |   | Contributor address;  | City;           |                                  |            |   |
| Principal occupation / Job title (See instructions) Employer |   |   | Employer (See   | instructio                       | ons)       |   |
|  | Date  | Full name of contributor  | out-of-state PA | AC (ID#                          | _)         | Amount of contribution (\$)               |
|  |   | Contributor address;  | City;           |                                  |            |   |
|  | Principal occupa  | ation / Job title (See instructions)                                  |                 | Employer (See                    | instructio | ons)                                      |
|  |   |   |                 |                                  |            |   |
|  |   |   |                 |                                  |            |   |
|  |   |   |                 |                                  |            |   |
|  |   |   |                 |                                  |            |   |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements |   |                 |                                  |            |   |

Forms provided by Texas Ethics Commission

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

Forms provided by Texas Ethics Commission

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

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

|    | ٦                      | The Instruction Guide explains how to complete this form.                              |              | 1 Total pages Schedule B:<br>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  |

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

**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 9 Loan Amount (\$) 5 Date of loan 7 Name of lender out-of-state PAC (ID#\_ 12/30/2020 Mr John K Courage 1000.00 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest rate financial 0.000000 1938 Broken Oak St institution? San Antonio TX 78232-3104 11 Maturity date Ν **12** Principal occupation / Job title (See instructions) 13 Employer (See instructions) **City Councilman District 9** 14 Description of Collateral Check if personal funds were deposited into political account (See instructions) X none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** 0.00 18 Guarantor address; City; State; Zip Code x not applicable **20** Principal occupation (See instructions) 21 Employer (See instructions) Date of loan Name of lender out-of-state PAC (ID#\_ Loan Amount (\$) Is lender a Lender address; State; Zip Code Interest rate financial institution? Maturity date Principal occupation / Job title (See instructions) Employer (See instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor **INFORMATION** City; State: Guarantor address: Zip Code not applicable Principal occupation (See instructions) Employer (See instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

#### SCHEDULE F1

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

Accounting/Banking Advertising Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

| Consulting Expense Contributions/Donations Made By          |   | Polling Expense<br>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:<br>1 of 14                       | 2 FILER NAME Mr John K Courage  | 3                                   | Filer ID (Ethics Commission Filers)       |
| 4 Date<br>7/1/2020  | 5 Payee name<br>Weebly  |                                     |   |
| 6 Amount (\$)<br>15.05                                      | 7 Payee address; City; State;<br>460 Bryant St<br>San Francisco, CA 94107       | Zip Code                            |   |
| 8 PURPOSE OF EXPENDITURE                                    | (a) Category (See categories listed at the top of this sched Other: Advertising | (b) Description Website Svcs        |   |
|   | (c) Check if travel outside of Texas, complete sch                              | nedule T Check if Au                | stin, TX, officeholder living expense     |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/O |   | Office sought Council District 9    | Office held<br><b>N/A</b>                 |
| Date<br><b>7/6/2020</b>                                     | Payee name<br><b>Weebly</b>   |                                     |   |
| Amount (\$)<br><b>15.05</b>                                 | Payee address; City; State; 460 Bryant St San Francisco, CA 94107               | Zip Code                            |   |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See categories listed at the top of this sched  Other: Advertising    | Description Website Svcs            |   |
|   | Check if travel outside of Texas, complete sch                                  | nedule T Check if Au                | stin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/C          |   | Office sought Council District 9    | Office held N/A                           |
| Date<br><b>7/13/2020</b>                                    | Payee name<br>NationBuilder   |                                     |   |
| Amount (\$)<br>29.00  | Payee address; City; State; 520 S. Grand Ave #2 FI Los Angeles, CA 90071        | Zip Code                            |   |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See categories listed at the top of this sched Other: Advertising     | Description Website Svcs            |   |
|   | Check if travel outside of Texas, complete sch                                  | nedule T Check if Au                | stin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/C          |   | Office sought Council District 9    | Office held N/A                           |
|   | ATTACH ADDITIONAL COPIES OF THI   | S SCHEDULE AS NEEDED                | )   |

|  | EXPENDITURE CATEGORIE                                      | S FOR BOX 8(a)                    |  |
|--|--|-----------------------------------|--|
| Accounting/Banking   | Event Expense  | Loan Repayment/Reimbursement      | Solicitation/Fundraising Expense           |
| Advertising Expense  | Fees   | Office Overhead/Rental Expense    | Transportation Equipment & Related Expense |
| Consulting Expense Contributions/Donations Made By             | Food/Beverage Expense<br>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:                                     | 2 FILER NAME   |                                   | 3 Filer ID (Ethics Commission Filers)      |
| 2 of 14  | Mr John K Courage  |                                   |  |
| 4 Date   | 5 Payee name   |                                   |  |
| 7/13/2020  | Rocket Science Group, LLC                                  |                                   |  |
| 6 Amount (\$)  | 7 Payee address; City; State;                              | Zip Code                          |  |
| 63.95  | 675 Ponce de Leon Ave NE #5000                             | •                                 |  |
|  | Atlanta, GA 30308  |                                   |  |
|  |  | 1                                 |  |
| 8  | (a) Category (See categories listed at the top of this sch | 1                                 |  |
| PURPOSE  | Other: Advertising   | Advertising                       |  |
| OF   |  |                                   |  |
| EXPENDITURE  | (6)  |                                   |  |
|  | (c) Check if travel outside of Texas, complete s           |                                   | Austin, TX, officeholder living expense    |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/C |  | Office sought  Council District 9 | Office held N/A                            |
| experiordire to beliefft C/C                                   | DH John Courage  | Council District 9                | N/A  |
|  |  |                                   |  |
| Date   | Payee name   |                                   |  |
| 7/17/2020  | ZOOM US  |                                   |  |
| Amount (\$)  | Payee address; City; State;                                | Zip Code                          |  |
| 16.00  | 55 Almanden Blvd #6 Fl                                     |                                   |  |
|  | San Jose, CA 95113   |                                   |  |
|  | Category (See categories listed at the top of this sch-    | edule) Description                |  |
| PURPOSE  | Other: Video Meeting                                       | Website Svcs                      |  |
| OF   | G  |                                   |  |
| EXPENDITURE  |  |                                   |  |
|  | Check if travel outside of Texas, complete s               | chedule T Check if A              | Austin, TX, officeholder living expense    |
| Complete ONLY if direct  |  | Office sought                     | Office held                                |
| expenditure to benefit C/C                                     |  | Council District 9                | N/A  |
| •  |  |                                   |  |
| Date   | Payee name   |                                   |  |
| 7/31/2020  | Frost Bank   |                                   |  |
|  |  | 7:- 01-                           |  |
| Amount (\$)<br><b>5.00</b>                                     | Payee address; City; State; PO Box 1600                    | Zip Code                          |  |
| 0.00   | San Antonio, TX 78296                                      |                                   |  |
|  | San Antonio, 1X 70230                                      |                                   |  |
|  | Category (See categories listed at the top of this sch     | edule) Description                |  |
| PURPOSE  | Other: Service Charges                                     | Bank Service Cha                  | arge                                       |
| OF   |  |                                   |  |
| EXPENDITURE  |  |                                   |  |
|  | Check if travel outside of Texas, complete s               | 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 TI                             | HIS 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 Legal Services The Instruction Guide explains h | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:<br>3 of 14  | 2 FILER NAME Mr John K Courage  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>8/3/2020   | 5 Payee name<br>Weebly  | 1  |   |
| 6 Amount (\$)<br>15.16   | 7 Payee address; City; Stat<br>460 Bryant St<br>San Francisco, CA 94107   | e; Zip Code  |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this Other: Advertising   | (b) Description Website Svcs   |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Check if travel outside of Texas, complet  Candidate / Officeholder name  John Courage                                  | Office sought  Council District 9  | Office held  N/A  |
| Date<br>8/5/2020   | Payee name<br><b>Weebly</b>   |  |   |
| Amount (\$)<br>15.16   | Payee address; City; Stat<br>460 Bryant St<br>San Francisco, CA 94107   | e; Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this Other: Advertising   | Description Website Svcs   |   |
|  | Check if travel outside of Texas, complet   | e schedule T Check if A  | ustin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH <b>John Courage</b>   | Office sought  Council District 9  | Office held N/A   |
| Date<br>8/13/2020  | Payee name Rocket Science Group, LLC  |  |   |
| Amount (\$)<br><b>63.95</b>  | Payee address; City; Stat<br>675 Ponce de Leon Ave NE #5000<br>Atlanta, GA 30308  | e; Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this Other: Advertising   | Description Advertising  |   |
|  | Check if travel outside of Texas, complet   | e schedule T Check if A  | ustin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/C   |   | Office sought  Council District 9  | Office held N/A   |
|  | ATTACH ADDITIONAL COPIES OF   | THIS SCHEDULE AS NEEDE   | D   |

| Accounting/Panking  | EXPENDITURE CATEGORI   | IES FOR BOX 8(a)  Loan Repayment/Reimbursement | Solicitation/Eundraining Evpopes  |
|---|--|--|---|
| Accounting/Banking Advertising Expense                      | Event Expense<br>Fees  | Office Overhead/Rental Expense                 | Solicitation/Fundraising Expense Transportation Equipment & Related Expense |
| Consulting Expense Contributions/Donations Made By          | Food/Beverage Expense<br>Gifts/Awards/Memorials Expense                      | Polling Expense Printing Expense               | Travel in District Travel Out Of District                                   |
| Candidate/Officeholder/Political C                          |  | Salaries/Wages/Contract Labor                  | Other (enter a category not listed above)                                   |
| Credit Card Payment   | The Instruction Guide explains ho  | w to complete this form                        |   |
| 1 Total pages Schedule F1:<br>4 of 14                       | 2 FILER NAME Mr John K Courage   |  | 3 Filer ID (Ethics Commission Filers)                                       |
| <b>4</b> Date <b>8/13/2020</b>                              | 5 Payee name<br>NationBuilder  | ,  |   |
| 6 Amount (\$)<br>29.00                                      | 7 Payee address; City; State<br>520 S. Grand Ave #2 FI                       | e; Zip Code                                    |   |
|   | Los Angeles, CA 90071  |  |   |
| 8<br>PURPOSE<br>OF  | (a) Category (See categories listed at the top of this so Other: Advertising | (b) Description Website Svcs                   |   |
| EXPENDITURE   |  |  |   |
|   | (c) Check if travel outside of Texas, complete                               |  | Austin, TX, officeholder living expense                                     |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name  DH John Courage                               | Office sought  Council District 9              | Office held<br>N/A  |
| Date<br><b>8/17/2020</b>                                    | Payee name<br>ZOOM US  |  |   |
| Amount (\$)<br><b>16.00</b>                                 | Payee address; City; State<br>55 Almanden Blvd #6 FI<br>San Jose, CA 95113   | e; Zip Code                                    |   |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See categories listed at the top of this so Other: Video Meeting   | chedule) Description Website Svcs              |   |
| EXPENDITURE   | Check if travel outside of Texas, complete                                   | e schedule T Check if A                        | Austin, TX, officeholder living expense                                     |
| Complete ONLY if direct expenditure to benefit C/C          |  | Office sought Council District 9               | Office held N/A   |
| Date<br>8/31/2020   | Payee name<br>Frost Bank   |  |   |
| Amount (\$)<br><b>5.00</b>                                  | Payee address; City; State PO Box 1600 San Antonio, TX 78296                 | e; Zip Code                                    |   |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See categories listed at the top of this so Other: Service Charges | Description Bank Service Cha                   | arge  |
|   | Check if travel outside of Texas, complete                                   | e schedule T Check if A                        | Austin, TX, officeholder living expense                                     |
| Complete ONLY if direct expenditure to benefit C/C          |  | Office sought Council District 9               | Office held<br>N/A  |
|   | ATTACH ADDITIONAL COPIES OF  | THIS SCHEDULE AS NEEDE                         | ED  |

|  | EXPENDIT   | JRE CATEGORIES FOR                                       | BOX 8(a)  |   |
|--|--|--|---|---|
| Accounting/Banking<br>Advertising Expense<br>Consulting Expense<br>Contributions/Donations Made By | Event Expense<br>Fees<br>Food/Beverage Ex<br>Gifts/Awards/Memo | Loan Re Office C pense Polling I prials Expense Printing | epayment/Reimbursement<br>overhead/Rental Expense<br>Expense<br>Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District |
| Candidate/Officeholder/Political C<br>Credit Card Payment  | •  |  | /Wages/Contract Labor   | Other (enter a category not listed above)   |
| 1 Total pages Schedule F1:<br>5 of 14  | 2 FILER NAME Mr John K Courage                                 | Guide explains how to com                                | plete this form   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 9/1/2020  | 5 Payee name Weebly  |  | I   |   |
| 6 Amount (\$)<br>15.16   | 7 Payee address;<br>460 Bryant St<br>San Francisco, CA 9410    |  | Code  |   |
| 8 PURPOSE OF   | (a) Category (See categories liste Other: Advertising          | ed at the top of this schedule)                          | (b) Description Website Svcs  |   |
| EXPENDITURE  | (c) Check if travel outside of                                 | of Texas, complete schedule                              | T Check if A  | ustin, TX, officeholder living expense  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Candidate / Officehole   |  | Office sought Council District 9  | Office held N/A   |
| Date<br>9/8/2020   | Payee name<br><b>Weebly</b>                                    |  |   |   |
| Amount (\$)<br><b>15.16</b>  | Payee address;<br>460 Bryant St<br>San Francisco, CA 9410      |  | Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories liste Other: Advertising              | ed at the top of this schedule)                          | Description<br>Website Svcs   |   |
|  | Check if travel outside of                                     | of Texas, complete schedule                              | T Check if A  | ustin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officehold<br>DH <b>John Courage</b>               | der name   | Office sought  Council District 9                                       | Office held N/A   |
| Date<br>9/14/2020  | Payee name Rocket Science Group,                               | LLC  |   |   |
| Amount (\$)<br><b>63.95</b>  | Payee address;<br>675 Ponce de Leon Ave<br>Atlanta, GA 30308   | •  | Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories liste Other: Advertising              | ed at the top of this schedule)                          | Description<br>Advertising  |   |
|  | Check if travel outside of                                     | f Texas, complete schedule                               | T Check if A  | ustin, TX, officeholder living expense  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C  |  | der name   | Office sought Council District 9  | Office held N/A   |
|  | ATTACH ADDITIONAL  | COPIES OF THIS SO  | CHEDULE AS NEEDE  | D   |

|  | EXPENDITURE CATEGORII  | ES 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 hov | 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:<br>6 of 14  | 2 FILER NAME Mr John K Courage   | ,  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>9/14/2020  | 5 Payee name<br>NationBuilder  |  |   |
| 6 Amount (\$)<br>29.00   | 7 Payee address; City; State;<br>520 S. Grand Ave #2 FI<br>Los Angeles, CA 90071   | Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this sci<br>Other: Advertising   | (b) Description Website Svcs   |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Check if travel outside of Texas, complete  Candidate / Officeholder name  John Courage                                    | Office sought  Council District 9  | Office held  N/A  |
| Date<br>9/17/2020  | Payee name<br>ZOOM US  |  |   |
| Amount (\$)<br><b>16.00</b>  | Payee address; City; State; 55 Almanden Blvd #6 FI San Jose, CA 95113  | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sol Other: Video Meeting  | Description Website Svcs   |   |
|  | Check if travel outside of Texas, complete   | schedule T Check if A  | ustin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH <b>John Courage</b>  | Office sought Council District 9   | Office held N/A   |
| Date<br>9/30/2020  | Payee name<br>Frost Bank   |  |   |
| Amount (\$)<br><b>5.00</b>   | Payee address; City; State; PO Box 1600 San Antonio, TX 78296  | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this so Other: Service Charges   | Description Bank Service Cha   | ırge  |
|  | Check if travel outside of Texas, complete   | schedule T Check if A  | ustin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/C   |  | Office sought Council District 9   | Office held N/A   |
|  | ATTACH ADDITIONAL COPIES OF T  | HIS SCHEDULE AS NEEDE  | D   |

|  | 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 Legal Services The Instruction Guide explains h | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:   | 2 FILER NAME Mr John K Courage  | -  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>10/1/2020  | 5 Payee name Weebly   |  |   |
| 6 Amount (\$)<br>15.16   | 7 Payee address; City; Stat<br>460 Bryant St<br>San Francisco, CA 94107   | e; Zip Code  |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this Other: Advertising   | (b) Description Website Svcs   |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Check if travel outside of Texas, complet  Candidate / Officeholder name  John Courage                                  | Office sought  Council District 9  | office held  N/A  |
| Date<br>10/5/2020  | Payee name<br><b>Weebly</b>   |  |   |
| Amount (\$)<br>15.16   | Payee address; City; Stat<br>460 Bryant St<br>San Francisco, CA 94107   | e; Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this Other: Advertising   | Description Website Svcs   |   |
|  | Check if travel outside of Texas, complet   | e schedule T Check if A  | ustin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH <b>John Courage</b>   | Office sought Council District 9   | Office held N/A   |
| Date<br>10/13/2020   | Payee name<br>Rocket Science Group, LLC   |  |   |
| Amount (\$)<br><b>63.95</b>  | Payee address; City; Stat<br>675 Ponce de Leon Ave NE #5000<br>Atlanta, GA 30308  | e; Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this Other: Advertising   | Description Advertising  |   |
|  | Check if travel outside of Texas, complet   | e schedule T Check if A  | ustin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/C   |   | Office sought  Council District 9  | Office held N/A   |
|  | ATTACH ADDITIONAL COPIES OF   | THIS SCHEDULE AS NEEDE   | D   |

|   | EXPENDITUE  | RE CATEGORIES FOR            | BOX 8(a)  |   |
|---|---|------------------------------|---|---|
| Accounting/Banking Advertising Expense                    | Event Expense<br>Fees   | Loan Re                      | payment/Reimbursement<br>verhead/Rental Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expe  |                              | •   | Travel in District  |
| Contributions/Donations Made By                           | Gifts/Awards/Memoria  |                              | Expense   | Travel Out Of District  |
| Candidate/Officeholder/Political C<br>Credit Card Payment | •   |                              | /Wages/Contract Labor                           | Other (enter a category not listed above)                                   |
| 1 Total pages Schedule F1:                                | 2 FILER NAME  | ide explains how to comp     | Diete this form                                 | 2 Filer ID (Ethica Commission Filers)                                       |
| 8 of 14   | Mr John K Courage   |                              |   | 3 Filer ID (Ethics Commission Filers)                                       |
| 4 Date<br>10/19/2020                                      | 5 Payee name<br>NationBuilder                                       |                              |   |   |
| 6 Amount (\$)<br>29.00                                    | 7 Payee address;<br>520 S. Grand Ave #2 FI<br>Los Angeles, CA 90071 | City; State; Zip (           | Code  |   |
| 8 PURPOSE OF  | (a) Category (See categories listed Other: Advertising              | at the top of this schedule) | (b) Description<br>Website Svcs                 |   |
| EXPENDITURE   | (c)   |                              | T   | TV official allocations are assets  |
| O Complete ONLY if direct                                 | (c) Check if travel outside of                                      |                              |   | ustin, TX, officeholder living expense                                      |
| Complete ONLY if direct<br>expenditure to benefit C/C     | Candidate / Officeholde  DH John Courage                            |                              | Office sought Council District 9                | Office held<br><b>N/A</b>   |
| Date<br>10/19/2020  | Payee name<br>ZOOM US   |                              |   |   |
| Amount (\$)<br><b>16.00</b>                               | Payee address;<br>55 Almanden Blvd #6 Fl<br>San Jose, CA 95113      | City; State; Zip (           | Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See categories listed Other: Video Meeting                | at the top of this schedule) | Description<br>Website Svcs                     |   |
| LAFENDITORE   | Check if travel outside of  | exas, complete schedule      | T Check if A                                    | ustin, TX, officeholder living expense                                      |
| Complete ONLY if direct expenditure to benefit C/C        | Candidate / Officeholde<br>DH <b>John Courage</b>                   | r name                       | Office sought Council District 9                | Office held N/A   |
| Date<br>10/19/2020  | Payee name NationBuilder  |                              |   |   |
| Amount (\$)<br><b>29.00</b>                               | Payee address;<br>520 S. Grand Ave #2 FI<br>Los Angeles, CA 90071   | City; State; Zip (           | Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See categories listed Other: Advertising                  | at the top of this schedule) | Description<br>Website Svcs                     |   |
|   | Check if travel outside of  | exas, complete schedule      | T Check if A                                    | ustin, TX, officeholder living expense                                      |
| Complete ONLY if direct expenditure to benefit C/C        |   | r name                       | Office sought Council District 9                | Office held N/A   |
|   | ATTACH ADDITIONAL   | COPIES OF THIS SC            | HEDULE AS NEEDE                                 | D   |

|  | EXPENDITURE CATEGORII  | ES FOR BOX 8(a)  |   |
|--|--|--|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | · ·  | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| •  | The Instruction Guide explains how   | v to complete this form  |   |
| 1 Total pages Schedule F1:<br>9 of 14  | 2 FILER NAME Mr John K Courage   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>10/31/2020   | 5 Payee name<br>Frost Bank   |  |   |
| 6 Amount (\$)<br>5.00  | 7 Payee address; City; State; PO Box 1600 San Antonio, TX 78296                  | Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this so Other: Service Charges | (b) Description Bank Service Cha   | arge  |
|  | (c) Check if travel outside of Texas, complete                                   | schedule T Check if A  | austin, TX, officeholder living expense   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  |  | Office sought Council District 9   | Office held N/A   |
| Date<br>11/2/2020  | Payee name<br><b>Weebly</b>  |  |   |
| Amount (\$)<br><b>15.16</b>  | Payee address; City; State;<br>460 Bryant St<br>San Francisco, CA 94107          | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this so Other: Advertising         | hedule) Description Website Svcs   |   |
|  | Check if travel outside of Texas, complete                                       | schedule T Check if A  | austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |  | Office sought Council District 9   | Office held<br>N/A  |
| Date<br>11/5/2020  | Payee name<br><b>Weebly</b>  |  |   |
| Amount (\$)<br><b>15.16</b>  | Payee address; City; State; 460 Bryant St San Francisco, CA 94107                | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sc Other: Advertising         | hedule) Description Website Svcs   |   |
|  | Check if travel outside of Texas, complete                                       | schedule T Check if A  | austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |  | Office sought Council District 9   | Office held N/A   |
|  | ATTACH ADDITIONAL COPIES OF T  | THIS SCHEDULE AS NEEDE   | D   |

|   | EXPENDITURE CATEGORI  | ES FOR BOX 8(a)                         |  |  |
|---|---|---|--|--|
| Accounting/Banking  | Event Expense   | Loan Repayment/Reimbursement            | Solicitation/Fundraising Expense           |  |
| Advertising Expense   | Fees  | Office Overhead/Rental Expense          | Transportation Equipment & Related Expense |  |
| Consulting Expense Contributions/Donations Made By              | Food/Beverage Expense<br>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  | _                                       |  |  |
| 1 Total pages Schedule F1:                                      | 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)      |  |
| 10 of 14  | Mr John K Courage   |   | _ (  |  |
| 4 Date  | 5 Payee name  |   |  |  |
| 11/13/2020  | Rocket Science Group, LLC   |   |  |  |
| 6 Amount (\$)   | 7 Payee address; City; State:   | Zip Code                                |  |  |
| 67.15   | 675 Ponce de Leon Ave NE #5000  | , |  |  |
|   | Atlanta, GA 30308   |   |  |  |
|   |   |   |  |  |
| 8   | (a) Category (See categories listed at the top of this so                   | 1 7 7                                   |  |  |
| PURPOSE   | Other: Advertising  | Advertising                             |  |  |
| OF  |   |   |  |  |
| EXPENDITURE   |   |   |  |  |
|   | (c) Check if travel outside of Texas, complete                              | schedule T Check if A                   | Austin, TX, officeholder living expense    |  |
| 9 Complete ONLY if direct                                       | Candidate / Officeholder name   | Office sought                           | Office held                                |  |
| expenditure to benefit C/C                                      | OH John Courage   | Council District 9                      | N/A  |  |
|   |   |   |  |  |
| Date  | Payee name  |   |  |  |
| 11/17/2020  | NationBuilder   |   |  |  |
| Amount (\$)   | Payee address; City; State:   | ; Zip Code                              |  |  |
| 29.00   | 520 S. Grand Ave #2 FI  |   |  |  |
|   | Los Angeles, CA 90071   |   |  |  |
|   |   |   |  |  |
|   | Category (See categories listed at the top of this so<br>Other: Advertising | hedule) Description Website Svcs        |  |  |
| PURPOSE   | Other: Advertising  | Website Oves                            |  |  |
| OF<br>EXPENDITURE   |   |   |  |  |
| EXPENDITURE   |   |   |  |  |
|   | Check if travel outside of Texas, complete                                  | <del></del>                             | Austin, TX, officeholder living expense    |  |
| Complete ONLY if direct   |   | Office sought                           | Office held                                |  |
| expenditure to benefit C/C                                      | DH John Courage   | Council District 9                      | N/A  |  |
|   |   |   |  |  |
| Date  | Payee name  |   |  |  |
| 11/17/2020  | ZOOM US   |   |  |  |
| Amount (\$)   | Payee address; City; State  | ; Zip Code                              |  |  |
| 16.00   | 55 Almanden Blvd #6 FI  |   |  |  |
|   | San Jose, CA 95113  |   |  |  |
|   | Category (See categories listed at the top of this so                       | hodulo) Decembries                      |  |  |
| DUDDOGE   | Other: Video Meeting  | hedule) Description Website Svcs        |  |  |
| PURPOSE   | onion vidoo mooning   | 11000000                                |  |  |
| OF  |   |   |  |  |
| EXPENDITURE   |   |   |  |  |
|   | Check if travel outside of Texas, complete                                  |   | Austin, TX, officeholder living expense    |  |
| Complete ONLY if direct   |   | Office sought                           | Office held                                |  |
| expenditure to benefit C/OH John Courage Council District 9 N/A |   |   |  |  |
|   |   |   |  |  |
|   | ATTACH ADDITIONAL COPIES OF 1   | THIS SCHEDIII E AS NEEDI                | ∍n   |  |
|   | ATTACTI ADDITIONAL COFIES OF I  | JOINLAG NEEDE                           |  |  |

|  | EXPENDITURE CATEGORIES                                      | S FOR BOX 8(a)                                 |   |
|--|---|--|---|
| Accounting/Banking                     | ·   | Loan Repayment/Reimbursement                   | Solicitation/Fundraising Expense                              |
| Advertising Expense Consulting Expense |   | Office Overhead/Rental Expense Polling Expense | Transportation Equipment & Related Expense Travel in District |
| Contributions/Donations Made By        |   | Printing Expense                               | Travel Out Of District  |
| Candidate/Officeholder/Political C     | Committee Legal Services                                    | Salaries/Wages/Contract Labor                  | Other (enter a category not listed above)                     |
| Credit Card Payment                    | The Instruction Guide explains how t                        | to complete this form                          |   |
| 1 Total pages Schedule F1:             | 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)                         |
| 11 of 14                               | Mr John K Courage   |  |   |
| 4 Date<br>11/30/2020                   | 5 Payee name<br>Facebook                                    |  |   |
| 6 Amount (\$)                          | 7 Payee address; City; State;                               | Zip Code                                       |   |
| 25.00                                  | 1 Hacker Way  |  |   |
|  | Menlo Park, CA 94025  |  |   |
| 8                                      | (a) Category (See categories listed at the top of this sche | dule) (b) Description                          |   |
| PURPOSE                                | Other: Advertising  | Advertising                                    |   |
| OF                                     |   |  |   |
| EXPENDITURE                            |   |  |   |
|  | (c) Check if travel outside of Texas, complete so           | chedule T Check if A                           | Austin, TX, officeholder living expense                       |
| 9 Complete ONLY if direct              |   | Office sought                                  | Office held   |
| expenditure to benefit C/C             | OH John Courage   | Council District 9                             | N/A   |
|  |   |  |   |
| Date                                   | Payee name  |  |   |
| 11/30/2020                             | Frost Bank  |  |   |
| Amount (\$)                            | Payee address; City; State; PO Box 1600                     | Zip Code                                       |   |
| 5.00                                   | San Antonio, TX 78296                                       |  |   |
|  | San Antonio, 1x 76296                                       |  |   |
|  | Category (See categories listed at the top of this sche     | dule) Description                              |   |
| PURPOSE                                | Other: Service Charges                                      | Bank Service Ch                                | arge  |
| OF                                     |   |  |   |
| EXPENDITURE                            |   |  |   |
|  | Check if travel outside of Texas, complete so               |  | 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   |
|  | Г   |  |   |
| Date<br><b>12/2/2020</b>               | Payee name Weebly   |  |   |
|  | -   | 7: 0 1   |   |
| Amount (\$)<br><b>15.16</b>            | Payee address; City; State; 460 Bryant St                   | Zip Code                                       |   |
| 13.10                                  | San Francisco, CA 94107                                     |  |   |
|  | Jan Tancisco, GA 34107                                      |  |   |
|  | Category (See categories listed at the top of this sche     |  |   |
| PURPOSE                                | Other: Advertising  | Website Svcs                                   |   |
| OF                                     |   |  |   |
| EXPENDITURE                            |   |  |   |
|  | Check if travel outside of Texas, complete so               | chedule T Check if A                           | Austin, TX, officeholder living expense                       |
| Complete ONLY if direct                |   | Office sought                                  | Office held   |
| expenditure to benefit C/C             | OH John Courage   | Council District 9                             | N/A   |
|  |   |  |   |
|  | ATTACH ADDITIONAL COPIES OF TH                              | IIS SCHEDIII E AS NEEDI                        | -<br>PD   |
|  | ATTACH ADDITIONAL COLIEG OF TH                              | JOHEDOLL AU NELDI                              |   |

|  | EXPENDITURE CATEGORI  | ES FOR BOX 8(a)  |   |
|--|---|--|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gifts/Awards/Memorials Expense        | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>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<br>12/7/2020  | 5 Payee name<br>Weebly  | ,  |   |
| 6 Amount (\$)<br>15.16   | 7 Payee address; City; State 460 Bryant St San Francisco, CA 94107                      | ; Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this so Other: Advertising            | (b) Description Website Svcs   |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Check if travel outside of Texas, complete  Candidate / Officeholder name  John Courage | Office sought  Council District 9  | Office held  N/A  |
| Date<br><b>12/9/2020</b>   | Payee name<br>Facebook  |  |   |
| Amount (\$)<br>25.00   | Payee address; City; State  1 Hacker Way  Menlo Park, CA 94025                          | ; Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this so Other: Advertising                | Description Advertising  |   |
|  | Check if travel outside of Texas, complete  | schedule T Check if A  | sustin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH <b>John Courage</b>                                 | Office sought Council District 9   | Office held N/A   |
| Date<br>12/11/2020   | Payee name Prestige Printing LLC  |  |   |
| Amount (\$)<br><b>315.01</b>   | Payee address; City; State<br>8 Burwood Lane<br>San Antonio, TX 78216                   | ; Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this so Other: Advertising                | Description Advertising  |   |
|  | Check if travel outside of Texas, complete  | 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 OF   | THIS SCHEDULE AS NEEDE   | ED.   |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Advertising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 13 of 14 Mr John K Courage 4 Date 5 Payee name 12/11/2020 **Facebook** 6 Amount (\$) 7 Payee address; City; State; Zip Code 10.00 1 Hacker Way Menlo Park, CA 94025 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Advertising Other: Advertising PURPOSE OF **EXPENDITURE** (c) Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete schedule T 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH **Council District 9** John Courage N/A Payee name Date 12/11/2020 Alamo Mailing Amount (\$) Pavee address: City: State: Zip Code 165.24 13114 Lookout Run San Antonio, TX 78233 Category (See categories listed at the top of this schedule) Description Advertising Other: Advertising **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 **Council District 9** John Courage N/A Date Payee name 12/13/2020 **Rocket Science Group, LLC** Amount (\$) Payee address; State; Zip Code 67.15 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308 Category (See categories listed at the top of this schedule) Description Advertising Other: Advertising **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 John Courage **Council District 9** N/A ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

|  | EXPENDITURE CATEGOR  | IES 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 he | 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<br>12/17/2020   | 5 Payee name<br>ZOOM US  | -  |   |
| 6 Amount (\$)<br>16.00   | 7 Payee address; City; State<br>55 Almanden Blvd #6 FI<br>San Jose, CA 95113   | e; Zip Code  |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this sometimes Other: Video Meeting                                    | Website Svcs   |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Check if travel outside of Texas, complete  Candidate / Officeholder name  John Courage                                  | Office sought  Council District 9  | ostin, TX, officeholder living expense  Office held  N/A  |
| Date<br>12/31/2020   | Payee name<br>Facebook   |  |   |
| Amount (\$)<br>25.47   | Payee address; City; State  1 Hacker Way  Menlo Park, CA 94025   | e; Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this s Other: Advertising  | Description Advertising  |   |
|  | Check if travel outside of Texas, complete   | e schedule T Check if A  | ustin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH <b>John Courage</b>  | Office sought Council District 9   | Office held N/A   |
| Date<br>12/31/2020   | Payee name<br>Frost Bank   |  |   |
| Amount (\$)<br><b>5.00</b>   | Payee address; City; State PO Box 1600 San Antonio, TX 78296   | e; Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this s Other: Service Charges  | Description Bank Service Cha   | rge   |
|  | Check if travel outside of Texas, complete   | e schedule T Check if A  | ustin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/C   |  | Office sought Council District 9   | Office held N/A   |
|  | ATTACH ADDITIONAL COPIES OF  | THIS SCHEDULE 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 co   |                 |  |
| 1 Total pages Schedule F2:   | 2 FILER NAME   |                 | 3 Filer ID (Ethics Commission Filers)                            |
| 1 of 1   | Mr John K Courage  |                 |  |
| 4 TOTAL OF UNITEMIZE   | ED UNPAID INCURRED OBLIGATIONS   |                 | \$ 0   |
| 5 Date   | 6 Payee name   |                 |  |
| 7 Amount (\$)  | 8 Payee address; City; State; Zip Co   | de              |  |
| 9 TYPE OF EXPENDITURE  | Political Non-Political  |                 |  |
| 10 PURPOSE OF EXPENDITURE  | (a) Category (See categories listed at the top of this schedule)   | (b) Description |  |
|  | (c) Check if travel outside of Texas, complete schedule T  | Check           | if Austin, TX, officeholder living expense                       |
| 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH |  |                 |  |
| Date   | Payee name   |                 |  |
| Amount (\$)  | Payee address; City; State; Zip Co   | de              |  |
| TYPE OF<br>EXPENDITURE   | Political Non-Political  |                 |  |
| PURPOSE<br>OF<br>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 ONLY if direct expenditure to benefit C/C   |  | ffice sought    | Office held  |
|  |  |                 |  |
|  | ATTACH ADDITIONAL COPIES OF THIS SC  | HEDULE AS NEE   | EDED   |

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

|   | TI                       | ne 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                     | 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<br>Food/Beverage Expense  | Office Overhead/Rental Exper<br>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<br>  | 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 (\$)  | Payee address; City; State   | e; Zip Code                                     |  |
| TYPE OF<br>EXPENDITURE   | Political Non-Po   | olitical  |  |
|  | Category (See categories listed at the top of this s                     | chedule) Descr                                  | ption  |
| PURPOSE<br>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/0   |  | Office Sought                                   | Office field   |
|  |  |   |  |
|  |  |   |  |
|  | ATTACH ADDITIONAL COPIES OF  | THIS SCHEDULE AS                                | NEEDED   |

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

#### SCHEDULE G

Accounting/Banking Advertising Expense Consulting Expense

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

Fees Food/Beverage Expense

Office Overhead/Rental Expense Polling Expense

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

| Contributions/Donations Made By<br>Candidate/Officeholder/Political C<br>Credit Card Payment | Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form |
|--|---|
| 1 Total pages Schedule G:  | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| 1 of 1   | Mr John K Courage   |
| 4 Date   | 5 Payee Name  |
| 12/30/2020   | Texas Democratic Party  |
| 6 Amount (\$)  1000.00  X Reimbursement from political contributions intended                | 7 Payee address; City; State; Zip Code 1106 Lavaca #100 Austin, TX 78701  |
| PURPOSE OF   | (a) Category (See categories listed at the top of this schedule) Other: Voter file  (b) Description  Voter File to support Campaign Work  |
| EXPENDITURE  | (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C                                  |   |
| Date   | Payee name  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| Reimbursement from political contributions intended  |   |
| PURPOSE OF  Category (See categories listed at the top of this schedule)  Description        |   |
| EXPENDITURE  | 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   |
| Date   | Payee name  |
| Amount (\$)  Reimbursement from political contributions intended                             | Payee address; City; State; Zip Code  |
| PURPOSE<br>OF  | Category (See categories listed at the top of this schedule)  Description   |
| EXPENDITURE  | Check if travel outside of Texas, complete schedule T  Check if Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name Office sought Office held   |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |

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

#### SCHEDULE H

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

Food/Beverage Expense Gifts/Awards/Memorials E

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Candidate/Officeholder/Political C<br>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:<br>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   |  |  |  |  |  |
| <b>9</b> 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<br>OF<br>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<br>OF<br>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:<br>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<br>OF<br>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<br>OF<br>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<br>OF<br>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:<br>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:<br>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