

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 41	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST John	MI K	OFFICE USE ONLY Date Received 1/13/2025 5:31:29PM	
	NICKNAME	LAST Courage	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 700007 San Antonio TX 78270				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 216-5020	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Zada	MI	Receipt #	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed 1/13/2025 5:31:29PM	
	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 700007 San Antonio TX 78270				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 872-4213	EXTENSION		
9 REPORT TYPE	January 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year Month Day Year 7/1/2024 THROUGH 12/31/2024				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5/3/2025	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) Council District 9		13 OFFICE SOUGHT (if known) Mayor		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12124.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 13543.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 25021.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr John K Courage, this the 13th day of January, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mr John K Courage		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12124.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13543.82
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
7/2/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Zada True-Courage

7 Amount of contribution (\$)
10.00

6 Contributor address; City; State; Zip Code
**1938 Broken Oak St
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
7/2/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Zada True-Courage

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**1938 Broken Oak St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
7/3/2024

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**3523 Red Oak Ln
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
CDC

Date
7/3/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Zada True-Courage

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**1938 Broken Oak
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
7/3/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Ian Straus

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
**6307 Ridge Forest Dr
San Antonio, TX 78233**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
7/3/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Gary Rogers

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**293 Donella Dr
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
7/3/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Eileen Shiman

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**130 Tranquil Trail Dr
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
7/3/2024

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**19538 Mill Oak
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Medical Physicist

Employer (See instructions)
MARP, Inc

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
7/3/2024

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**14806 Dancers Image
San Antonio, TX 78248**

8 Principal occupation / Job title (See instructions)
Accountant

9 Employer (See instructions)
Schuh Browne, P.C.

Date
7/6/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Jean Hackett

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**13314 Voelcker Ranch Dr
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
7/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Hector Cavazos

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**21135 Pacific Grove
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Cavazos Law

Date
7/13/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr R Micheal Berrier

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**202 Lavaca St
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Bar Owner

Employer (See instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
7/13/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Caroline Brown

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**210 Cave Ln
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Brown & McDonald

Date
7/15/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2454 Toftrees Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Brown & Ortiz

Date
7/16/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Charlotte Pollock

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**15622 Partridge Trl
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
n/a

Employer (See instructions)
n/a

Date
7/16/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Ken Phelps

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**1822 Crystal Cove
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
na

Employer (See instructions)
na

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
7/16/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Ian Straus

7 Amount of contribution (\$) **20.00**

6 Contributor address; City; State; Zip Code
**6307 Ridge Forest Dr
San Antonio, TX 78233**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
7/16/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Robert Pollock

Amount of contribution (\$) **25.00**

Contributor address; City; State; Zip Code
**15622 Partridge Trl
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
n/a

Date
7/16/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Zada True-Courage

Amount of contribution (\$) **20.00**

Contributor address; City; State; Zip Code
**1938 Broken Oak St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
7/16/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Zada True-Courage

Amount of contribution (\$) **25.00**

Contributor address; City; State; Zip Code
**1938 Broken Oak St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
7/16/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Brown & McDonald PLLC

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**100 NE Loop 410 #1385
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
7/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Wiesie Steen

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**1250 NE Loop 410 #305
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Investor

Employer (See instructions)
Self

Date
7/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr John T Steen

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**1250 NE Loop 410 #305
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Lawyer, Investor

Employer (See instructions)
Self

Date
7/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Connie LeBlanc

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**70 Courtside Circle
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 14
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 8/5/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Jennifer Lynch 6 Contributor address; City; State; Zip Code 14415 Larkstone St San Antonio, TX 78232	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See instructions) Education		9 Employer (See instructions) Neisd
Date 8/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Zada True-Courage Contributor address; City; State; Zip Code 1938 Broken Oak San Antonio, TX 78232	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 8/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Zada True-Courage Contributor address; City; State; Zip Code 1938 Broken Oak San Antonio, TX 78232	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 8/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Zada True-Courage Contributor address; City; State; Zip Code 1938 Broken Oak San Antonio, TX 78232	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
8/13/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Zada True-Courage

7 Amount of contribution (\$)
5.00

Contributor address; City; State; Zip Code
1938 Broken Oak
San Antonio, TX 78232

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
8/15/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Barbara Tauber

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
734 Lost Cyn
San Antonio, TX 78258

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
8/26/2024

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
234 Brees
San Antonio , TX 78209

Principal occupation / Job title (See instructions)
Helper

Employer (See instructions)
Retired

Date
9/2/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Steven Selinger

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
7611 Granite Hall Ave
Richmond, VA 23225

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
9/11/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Melvin L Cohen

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**13722 Cape Bluff
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
9/25/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Nicholas Barron

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**15910 Robles Nuevo
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
9/25/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Dewayne Nelson

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**510 Texas Pt
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
US Army

Employer (See instructions)
Retired

Date
9/25/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Ken Phelps

Amount of contribution (\$)
20.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 14

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
9/25/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Stephen Versteeg

7 Amount of contribution (\$)
26.00

6 Contributor address; City; State; Zip Code
**105 Reno St
San Antonio, TX 78208**

8 Principal occupation / Job title (See instructions)
Product Engineer

9 Employer (See instructions)
FBD Partnership

Date
9/25/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Ian Straus

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**6307 Ridge Forest Dr
San Antonio, TX 78233**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
9/25/2024

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**141 Lindy Hls
Cibolo, TX 78108**

Principal occupation / Job title (See instructions)
Training Manager

Employer (See instructions)
Complete Data Systems

Date
9/25/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Daniel Laser

Amount of contribution (\$)
18.00

Contributor address; City; State; Zip Code
**9539 Sinsonte St
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
9/26/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Zada True-Courage

7 Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
1938 Broken Oak St
San Antonio, TX 78232

8 Principal occupation / Job title (See instructions)
NA

9 Employer (See instructions)
NA

Date
9/26/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Brad Thomas

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
13411 Marceline
San Antonio, TX 78232

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
9/26/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr William Kiser

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
14890 Cadillac Dr
San Antonio, TX 78248

Principal occupation / Job title (See instructions)
Professor

Employer (See instructions)
UIW

Date
9/27/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Janette Barnard

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
3215 Medaris Ln
San Antonio, TX 78258

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
9/27/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Cindy Craft

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**1718 Encino Spg
San Antonio, TX 78259**

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

9 Employer (See instructions)
N/A

Date
9/28/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Tilman Fertita

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**1510 W. Loop South
Houston , TX 77027**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Landrys Inc

Date
9/29/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Fredrick Schultz

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3003 Whisper Fern St
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
n/a

Employer (See instructions)
n/a

Date
9/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Phil Hardberger

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**319 Hollywood Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
13 of 14

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
10/2/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr pablo escamilla

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**1047 W 17th
Houston , TX 77008**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Escamilla Poneck,LLP

Date
11/7/2024

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Bitterblue Inc

Date
11/7/2024

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Bitterblue Inc

Date
11/23/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Ken Nirenberg

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**12726 Cranes MI
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 14
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Carol Noble 6 Contributor address; City; State; Zip Code 12726 Cranes MI San Antonio, TX 78230	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

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

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/2024	5 Payee name PayPal		
6 Amount (\$) 202.13	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Processing Expenses		(b) Description Service Charges
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name John Courage		Office sought Mayor	Office held Council District 9
Date 7/1/2024	Payee name Google Ads		
Amount (\$) 282.48	Payee address; City; State; Zip Code 1600 Amphiteatre Ave Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name John Courage		Office sought Mayor	Office held Council District 9
Date 7/15/2024	Payee name Rocket Science Group, LLC		
Amount (\$) 569.24	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name John Courage		Office sought Mayor	Office held Council District 9

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 7/16/2024	5 Payee name NationBuilder		
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Website Svcs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 7/16/2024	Payee name Orb Media Marketing		
Amount (\$) 100.00	Payee address; City; State; Zip Code 1110 Austin Rd Austin, TX 78215		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Consulting		Description Consulting Campaign
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 7/16/2024	Payee name Orb Media Marketing		
Amount (\$) 1400.00	Payee address; City; State; Zip Code 1110 Austin Rd Austin, TX 78215		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Consulting		Description Consulting Campaign
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 7/17/2024	5 Payee name Orb Media Marketing		
6 Amount (\$) 800.00	7 Payee address; City; State; Zip Code 1110 Austin Rd Austin, TX 78215		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Consulting		(b) Description Consulting Campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 7/17/2024	Payee name Google Ads		
Amount (\$) 500.00	Payee address; City; State; Zip Code 1600 Amphiteatre Ave Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 7/31/2024	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Fees		Description Bank Service Charge
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 8/1/2024	5 Payee name Google Ads		
6 Amount (\$) 471.07	7 Payee address; City; State; Zip Code 1600 Amphiteatre Ave Mountain View, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 8/13/2024	Payee name Rocket Science Group, LLC		
Amount (\$) 524.47	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 8/14/2024	Payee name Orb Media Marketing		
Amount (\$) 1500.00	Payee address; City; State; Zip Code 1110 Austin Rd Austin, TX 78215		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Consulting		Description Consulting Campaign
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 8/16/2024	5 Payee name NationBuilder		
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Website Svcs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 8/19/2024	Payee name Google Ads		
Amount (\$) 500.00	Payee address; City; State; Zip Code 1600 Amphiteatre Ave Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 8/22/2024	Payee name WIX.com		
Amount (\$) 77.94	Payee address; City; State; Zip Code 7095 Hollywood Blvd Los Angeles, CA 90028		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 8/27/2024	5 Payee name Events.com		
6 Amount (\$) 9.00	7 Payee address; City; State; Zip Code 811 Prospect St La Jolla, CA 92037		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertise Event
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 8/28/2024	Payee name Prestige Printing LLC		
Amount (\$) 114.75	Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 8/30/2024	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Fees		Description Bank Service Charge
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 8/31/2024	5 Payee name FEDEX Office		
6 Amount (\$) 186.72	7 Payee address; City; State; Zip Code 13420 San Pedro Ave San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 9/3/2024	Payee name Google Ads		
Amount (\$) 417.10	Payee address; City; State; Zip Code 1600 Amphiteatre Ave Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 9/10/2024	Payee name Orb Media Marketing		
Amount (\$) 1500.00	Payee address; City; State; Zip Code 1110 Austin Rd Austin, TX 78215		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Consulting		Description Consulting Campaign
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/2024	5 Payee name Rocket Science Group, LLC		
6 Amount (\$) 524.47	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 9/16/2024	Payee name NationBuilder		
Amount (\$) 35.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 9/30/2024	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Fees		Description Bank Service Charge
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 10/1/2024	5 Payee name Google Ads		
6 Amount (\$) 452.13	7 Payee address; City; State; Zip Code 1600 Amphiteatre Ave Mountain View, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 10/15/2024	Payee name Rocket Science Group, LLC		
Amount (\$) 524.47	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 10/16/2024	Payee name NationBuilder		
Amount (\$) 35.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 10 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2024	5 Payee name Frost Bank		
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Service Fees		(b) Description Bank Service Charge
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 11/12/2024	Payee name Rocket Science Group, LLC		
Amount (\$) 503.15	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
John Courage Mayor Council District 9			
Date 11/18/2024	Payee name NationBuilder		
Amount (\$) 35.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
John Courage Mayor Council District 9			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/26/2024	5 Payee name Orb Media Marketing		
6 Amount (\$) 1500.00	7 Payee address; City; State; Zip Code 1110 Austin Rd Austin, TX 78215		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Consulting		(b) Description Consulting Campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 11/29/2024	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Fees		Description Bank Service Charge
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 12/13/2024	Payee name Rocket Science Group, LLC		
Amount (\$) 503.15	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 12 of 12	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2024	5 Payee name NationBuilder		
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Website Svcs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			
Date 12/31/2024	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Fees		Description Bank Service Charge
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 12/31/2024	Payee name PayPal		
Amount (\$) 141.55	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Processing Expenses		Description Service Charges
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held Council District 9			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	-------------

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

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

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

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

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

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

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

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

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

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

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

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

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

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

Date	Payee name
------	------------

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

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

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
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
Mr John K Courage

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder