

FORM C/OH
COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr John K Courage	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	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.
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COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>
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☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18975.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4378.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19055.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 28000.00

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 15th day of January, 2020, 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	\$ 18975.00
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	\$ 4378.31
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 17

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
7/9/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Derek Naiser

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

6 Contributor address; City; State; Zip Code
**104 Sumer Glen Dr
Boerne, TX 78006**

8 Principal occupation / Job title (See instructions)
Ower

9 Employer (See instructions)
LVN, Inc

Date
9/9/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Linebarger Groggan Blair & Sampson LLP

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

Contributor address; City; State; Zip Code
**PO Box 17428
Austin, TX 78760**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
10/23/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
USAA Employee PAC

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

Contributor address; City; State; Zip Code
**9800 Fredericksburg Rd
San Antonio, TX 78288**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
10/23/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rosemary Kowalski

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

Contributor address; City; State; Zip Code
**1220 E. Commerce
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Chairman Emeritus

Employer (See instructions)
RK group

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 17
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marc Rodriguez 6 Contributor address; City; State; Zip Code 1122 Colorado St Suite #2399 Austin, T 78701	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Govt Relations		9 Employer (See instructions) Offices of Marc A Rodriguez
Date 10/24/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brad Beldon Contributor address; City; State; Zip Code 35 Royal Waters Drive SAN ANTONIO, T 78248	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Roofing Contractor		Employer (See instructions) Beldon Industries
Date 10/24/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Beldon Contributor address; City; State; Zip Code 35 Royal Waters Drive San Antonio, T 78248	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Admin		Employer (See instructions) Beldon Industries
Date 10/24/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Putman Contributor address; City; State; Zip Code 120 E Edgewood San Antonio, T 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Putman Law Firm		Employer (See instructions) lawyer
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 17

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
10/24/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Lukin T Gilliland Jr

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
901 N.E. Loop 410 #909
San Antonio, TX 78209

8 Principal occupation / Job title (See instructions)
Investor

9 Employer (See instructions)
Self

Date
10/24/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Charles E Cheevers Jr

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
1112 Monmouth
San Antonio, TX 78239

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
10/25/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Alex B Hamilton

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
1449 Blue Crest Ln
San Antonio, TX 78232-5005

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
10/25/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Clay Jett

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
1622 Wood Quail
San Antonio, TX 78248

Principal occupation / Job title (See instructions)
Banking

Employer (See instructions)
Simmons Bank

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 17
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Gonzalez 6 Contributor address; City; State; Zip Code 206 E. Locust St. San Antonio, TX 78212	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Lawyer		9 Employer (See instructions) Ogletree & Deakins, P.C.
Date 10/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carolee C Moore Contributor address; City; State; Zip Code 4218 Misty Glade San Antonio, TX 78247	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Instructor		Employer (See instructions) UIW
Date 10/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David H Plylar Contributor address; City; State; Zip Code 4218 Misty Glade San Antonio, TX 78247	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 10/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arhtur J Downey Contributor address; City; State; Zip Code 730 Arch Stone San Antonio, TX 78258	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Colonel		Employer (See instructions) US Army 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:
5 of 17

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
10/28/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Eugene W Marck

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

6 Contributor address; City; State; Zip Code
**345 Argyle Ave
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
10/29/2019

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

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

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

Principal occupation / Job title (See instructions)
Lawyer

Employer (See instructions)
Self

Date
10/29/2019

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

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

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

Principal occupation / Job title (See instructions)
Investor

Employer (See instructions)
Self

Date
10/30/2019

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

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

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

Principal occupation / Job title (See instructions)
Roofing Contracto

Employer (See instructions)
Beldon Roofing

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 17
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bob Comeaux 6 Contributor address; City; State; Zip Code 1810 Oakline Dr San Antonio, T 78232	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 10/31/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Wells Contributor address; City; State; Zip Code 600 E Market #3302 San Antonio, T 78266	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) Dailey & Wells Communications
Date 10/31/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JoAnne Wells Contributor address; City; State; Zip Code 600 E Market #3302 San Antonio, T 78266	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) Dailey & Wells Communications
Date 11/1/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harriette W Furino Contributor address; City; State; Zip Code 18323 Sonterra Pl San Antonio, TX 78258-4368	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
11/4/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Anthony Blasi

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**4531 Briargrove St
San Antonio, TX 78217-1417**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
11/4/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1535 Yosemite Oaks
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Hogan Properties Co.

Date
11/4/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marilyn P Graham

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**3678 Hidden Dr #1402
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
11/4/2019

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**17918 Texas Emmy Ln
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
land Developer

Employer (See instructions)
Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
11/4/2019

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**31 Inwood Mnr
San Antonio, T 78248**

8 Principal occupation / Job title (See instructions)
Lawyer

9 Employer (See instructions)
retired

Date
11/5/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gordon V Hartman

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1202 W. Bitters Bldg 1 #1200
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Gordon Hartman Enterprises

Date
11/6/2019

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**700 E Hildebrand Ave Apt #1202
San Antonio, T 78212-2568**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
SWRI

Date
11/8/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pat Frost

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**520 Geneseo Rd
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Frost Bank

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
11/9/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Marcie Ince

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**30 Imperial Way
San Antonio, T 78248**

8 Principal occupation / Job title (See instructions)
Community Service

9 Employer (See instructions)
N/A

Date
11/10/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
George Block

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**127 Burr Rd. #
San Antonio, T 78209**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
11/10/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kathleen Weir Vale

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**102 E. Hollywood
San Antonio, TX 78212-2309**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
11/10/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pat Maloney

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**239 E Commerce
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Lawyer

Employer (See instructions)
Law Offices Pat Maloney

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 17
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Guerra Jr 6 Contributor address; City; State; Zip Code 16607 Blanco Rd Suite 707 San Antonio, T 78232	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Realtor		9 Employer (See instructions) Integrated Realty Group
Date 11/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ann Stevens Contributor address; City; State; Zip Code 9035 Luzita Ln San Antonio, T 78230	Amount of contribution (\$) 75.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 11/12/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kacy Cigarroa Contributor address; City; State; Zip Code 18 Gallery Ct San Antonio, T 78209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Lawyer		Employer (See instructions) Krueger, Carson LLC
Date 11/12/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jean Latsha Contributor address; City; State; Zip Code 5014 W Frances Pl Austin, T 78731	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) VP of Dev.		Employer (See instructions) Pedcor Investments
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
11/12/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
SABPAC1PAC1

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**3625 Paesanos Parkway
San Antonio, TX 78231**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
11/12/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
SSFCU Political Action Committee

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**16211 La Canteray Parkway
San Antonio, TX 78256**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
11/12/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
S&B PAC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 266245
Houston, TX 77207**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
11/12/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Harry Adams

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2319 Fountain Way
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
McCombs Enterprises

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 17
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/12/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David B Zachry 6 Contributor address; City; State; Zip Code PO Box 33240 San Antonio, TX 78265-3240	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Chairman of the Board		9 Employer (See instructions) Zachry Corp
Date 11/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James W Mock III Contributor address; City; State; Zip Code 74 Three Lakes Dr San Antonio, TX 78248-1022	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 11/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David M Adelman Contributor address; City; State; Zip Code 146 Charles Rd San Antonio, TX 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) DSA Properties
Date 11/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory Garza Contributor address; City; State; Zip Code 15527 Dawn Crest San Antonio, TX 78248	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) CPA		Employer (See instructions) Garza & Gonzalez
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 17
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott Simpson 6 Contributor address; City; State; Zip Code 1901 Buena Vista San Antonio, TX 78207	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Self
Date 11/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eduardo Parra Contributor address; City; State; Zip Code 7323 Eagle Ledge San Antonio, T 78249	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Engineer		Employer (See instructions) Parra & Co LLC
Date 11/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephen Pooppoon Contributor address; City; State; Zip Code 145 Grand Oak San Antonio, T 78232	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) LPDC Development
Date 11/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve Garza Contributor address; City; State; Zip Code 310 Ridge Blf San Antonio, T 78216	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Providence Comm Real Estate
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 17
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard D Bowser 6 Contributor address; City; State; Zip Code 13807 Chittim Mdws San Antonio, TX 78232	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 11/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sue S Bowser Contributor address; City; State; Zip Code 13807 Chittim Mdws San Antonio, TX 78232	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 11/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phil Hardberger Contributor address; City; State; Zip Code 319 W. Hollywood Ave San Antonio, TX 78212	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 11/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carol G Loven Contributor address; City; State; Zip Code 1815 Enclave Park San Antonio, TX 78213	Amount of contribution (\$) 50.00
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		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15 of 17
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/20/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory Asvestas 6 Contributor address; City; State; Zip Code 13930 Country Ridge San Antonio, TX 78216	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Real Estate Developer		9 Employer (See instructions) Gregory James Associates
Date 11/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ann Salamone Contributor address; City; State; Zip Code 12719 Cranes ML San Antonio, TX 78230-1957	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Chairwoman of Board		Employer (See instructions) Rochal Industires
Date 11/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hubert Hill Contributor address; City; State; Zip Code 24806 Night Arrow San Antonio, TX 78258	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) Retired
Date 11/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walter M Embrey III Contributor address; City; State; Zip Code 406 Wiltshire Ave San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Developer		Employer (See instructions) Embrey Partners Ltd
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:
16 of 17

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
11/23/2019

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

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
Chairman of the Board

9 Employer (See instructions)
Nustar

Date
11/23/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
PO Box 781609
San Antonio, TX 78278-1609

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
11/23/2019

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
CAO

Employer (See instructions)
Nustar

Date
11/26/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Phillip D Green

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
157 Cibolo Ridge Trail
San Antonio, TX 78015-8305

Principal occupation / Job title (See instructions)
Chairman, CEO

Employer (See instructions)
Frost Bank

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:
17 of 17

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
12/1/2019

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**1 Bitterblue Ln
San Antonio, TX 78216-1790**

8 Principal occupation / Job title (See instructions)
Developer

9 Employer (See instructions)
Bitterblue Inc

Date
12/1/2019

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1 Bitterblue Ln
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Bitterblue Inc

Date
12/10/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Freda Facey

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1935 Far Niente
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Healthcare Admin

Employer (See instructions)
Retired

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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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 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 7/3/2019	5 Payee name AT&T		
6 Amount (\$) 84.52	7 Payee address; City; State; Zip Code 410 NE Broadway St Portland, OR 97232		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign Office Expense	(b) Description Phone <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 7/9/2019	Payee name Bexar County Democratic Party		
Amount (\$) 250.00	Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertising for Veterans Day Event <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 7/12/2019	Payee name CPS Energy		
Amount (\$) 253.64	Payee address; City; State; Zip Code PO Box 2678 San Antonio, TX 78289		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Office Expense	Description Utilities <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 7/15/2019	5 Payee name PayPal		
6 Amount (\$) 7.55	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 <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 7/15/2019	Payee name Rocket Science Group, LLC		
Amount (\$) 53.30	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 7/17/2019	Payee name NationBuilder		
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 S. Grand Ave #2 Fl 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: Council District 9 Office held: N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 14	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 7/31/2019	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 Charges	(b) 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A
Date 8/13/2019	Payee name Rocket Science Group, LLC	
Amount (\$) 53.30	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A
Date 8/19/2019	Payee name NationBuilder	
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 S. Grand Ave #2 Fl 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 Council District 9 Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 8/30/2019	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 Charges	(b) 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 9/9/2019	Payee name CPS Energy		
Amount (\$) 40.26	Payee address; City; State; Zip Code PO Box 2678 San Antonio, TX 78289		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Office Expense	Description Utilities <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 9/12/2019	Payee name Rocket Science Group, LLC		
Amount (\$) 53.30	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			

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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 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/2019	5 Payee name Can We Talk		
6 Amount (\$) 70.00	7 Payee address; City; State; Zip Code 326 Anton Dr San Antonio, TX 78223		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 9/17/2019	Payee name NationBuilder		
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 S. Grand Ave #2 Fl 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: Council District 9 Office held: N/A			
Date 9/20/2019	Payee name Norma Denham & Associates		
Amount (\$) 500.00	Payee address; City; State; Zip Code 118 Broadway San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Consultation Services	Description Campaign Consulting <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 9/23/2019	5 Payee name Facebook		
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 9/24/2019	Payee name Big Brothers Big Sisters		
Amount (\$) 100.00	Payee address; City; State; Zip Code 10843 Gulfdale San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Charitable Donation		Description Donation Bowl for Kids <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 9/30/2019	Payee name Facebook		
Amount (\$) 20.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			

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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 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2019	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 Charges		(b) 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A
Date 10/7/2019	Payee name Society of Professional Journalists		
Amount (\$) 371.20	Payee address; City; State; Zip Code 8631 Post Oak Lane San Antonio, TX 78217		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising in GridX Program <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A
Date 10/15/2019	Payee name Rocket Science Group, LLC		
Amount (\$) 63.95	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2019	5 Payee name NationBuilder		
6 Amount (\$) 29.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave #2 Fl 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 <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 10/31/2019	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges	Description Bank Service Charge <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 11/12/2019	Payee name Rocket Science Group, LLC		
Amount (\$) 63.95	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/12/2019	5 Payee name PayPal		
6 Amount (\$) 81.00	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 <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A			
Date 11/18/2019	Payee name PayPal		
Amount (\$) 62.88	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: Council District 9 Office held: N/A			
Date 11/18/2019	Payee name NationBuilder		
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 S. Grand Ave #2 Fl 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: Council District 9 Office held: N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 10 of 14	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2019	5 Payee name Alamo Mailing		
6 Amount (\$) 1020.10	7 Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78233		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Fundraising		(b) Description Invitations <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 11/26/2019	Payee name Derek Roberts		
Amount (\$) 140.00	Payee address; City; State; Zip Code 11818 Jasmine Way San Antonio, TX 78253		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: consulting Expense		Description Reimbursement for Fall Festival Expenses <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 11/29/2019	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges		Description Bank Service Charge <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 14	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 12/3/2019	5 Payee name Prestige Printing LLC	
6 Amount (\$) 279.00	7 Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Christmas Cards <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A
Date 12/5/2019	Payee name Weebly	
Amount (\$) 15.05	Payee address; City; State; Zip Code 460 Bryant St San Francisco, CA 94107	
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 Council District 9 Office held N/A
Date 12/5/2019	Payee name Facebook	
Amount (\$) 25.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 12 of 14	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2019	5 Payee name Prestige Printing LLC	
6 Amount (\$) 65.00	7 Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Christmas Party Program <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A		
Date 12/12/2019	Payee name DNH*GODADDY.COM	
Amount (\$) 157.36	Payee address; City; State; Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260	
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: Council District 9 Office held: N/A		
Date 12/12/2019	Payee name Rocket Science Group, LLC	
Amount (\$) 63.95	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 13 of 14	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2019	5 Payee name NationBuilder	
6 Amount (\$) 29.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave #2 Fl 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 <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A		
Date 12/23/2019	Payee name Monique Lane	
Amount (\$) 250.00	Payee address; City; State; Zip Code 13054 Five Brooks Helotes, TX 78023	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: consulting Expense	Description Consultation Services <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A		
Date 12/31/2019	Payee name Facebook	
Amount (\$) 5.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertising <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: John Courage Office sought: Council District 9 Office held: N/A		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 14 of 14	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2019	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 Charges	
	(b) 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: John Courage		
Office sought: Council District 9		
Office held: N/A		

Date	Payee name	
Amount (\$)	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 (\$)	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		

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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 <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		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

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		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

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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 (\$)

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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
		<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
-------------	--------------------------------------

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

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

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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking
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 <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		
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		

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

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.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics 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 or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder