

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|--|--|---|---|--|-----------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: 47 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST John | MI K | OFFICE USE ONLY | |
| | NICKNAME | LAST Courage | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1938 Broken Oak St San Antonio TX 78232-3104 | | | Date Received | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (210) | PHONE NUMBER 216-5020 | EXTENSION | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Ryan | MI T | | |
| | NICKNAME | LAST Takao | SUFFIX | Receipt # | Amount \$ |
| | | | | Date Processed | |
| | | | | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 19206 Barrow Way San Antonio TX 78258-3846 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE () | PHONE NUMBER - | EXTENSION | | |
| 9 REPORT TYPE | 8th Day Before General Election | | | | |
| 10 PERIOD COVERED | Month Day Year 3/23/2021 | | THROUGH | Month Day Year 4/21/2021 | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | | |
| | Month Day Year | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <input type="checkbox"/> Runoff <input type="checkbox"/> Special | <input type="checkbox"/> Other Description | |
| 12 OFFICE | OFFICE HELD (if any) Council District 9 | | 13 OFFICE SOUGHT (if known) Council District 9 | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | |
|---|---|
| 14 C/OH NAME Mr John K Courage | 15 Filer ID (Ethics Commission Filers) |
|---|---|

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

| | | |
|-----------------------------------|---|--------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 28.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 12248.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 19588.57 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 16419.34 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 38340.00 |

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 23rd day of April, 2021, 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 | \$ 12248.00 |
| 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 | \$ 19588.57 |
| 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 19

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
3/24/2021

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

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
Adjunct Prof

9 Employer (See instructions)
IWU

Date
3/25/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**106 Fawn Dr
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)
EVP

Employer (See instructions)
Communities In Schools

Date
3/25/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2622 Crow Valley
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
N/A

Date
3/25/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**70 COURTSIDE Cir
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
teacher

Employer (See instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 19

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
3/25/2021

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**114 Rio Bravo
San Antonio, TX 78232**

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

9 Employer (See instructions)
N/A

Date
3/25/2021

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**2007 JOLIE BLOSSOM
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
NEISD

Date
3/25/2021

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

Amount of contribution (\$)
20.00

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

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
NEISD

Date
3/26/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3711 River Fls
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Associate

Employer (See instructions)
Andrade-Van de Putte & Associates

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: 3 of 19 |
| 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/26/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diane Rath 6 Contributor address; City; State; Zip Code 68 Bristol Green San Antonio, TX 78209 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occupation / Job title (See instructions) Executive Director | | 9 Employer (See instructions) AACOG |
| Date 3/26/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Comeaux Contributor address; City; State; Zip Code 3185 Morning Creek San Antonio, TX 78247 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Retired | | Employer (See instructions) n/a |
| Date 3/26/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard M Alles Contributor address; City; State; Zip Code 233 Meadowbrook Dr San Antonio, TX 78232-2116 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See instructions) Licensed Engineer | | Employer (See instructions) Self |
| Date 3/26/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Aratingi Contributor address; City; State; Zip Code 2919 Spider Lily San Antonio, TX 78258 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See instructions) N/A | | Employer (See instructions) retired |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 4 of 19 |
| 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/28/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Green 6 Contributor address; City; State; Zip Code 14915 Lake Woodbridge Ct Sugar Land, TX 77498 | 7 Amount of contribution (\$) 20.00 |
| 8 Principal occupation / Job title (See instructions) Lead Strategist | | 9 Employer (See instructions) Run The World |
| Date 3/29/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terry Burns Contributor address; City; State; Zip Code 13139 Vista del Mundo San Antonio, TX 78216 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See instructions) MD | | Employer (See instructions) N/A |
| Date 3/30/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradford Beldon Contributor address; City; State; Zip Code 35 Royal Waters Dr. San Antonio, TX 78248 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See instructions) ceo | | Employer (See instructions) beldon roofing company |
| Date 3/31/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathleen Weir Vale Contributor address; City; State; Zip Code 102 E Hollywood Ave. San Antonio, TX 78212 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Retired | | Employer (See instructions) N/A |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 of 19 |
| 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/31/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rita C Caton 6 Contributor address; City; State; Zip Code 12502 Misty Crk San Antonio, TX 78232-4629 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See instructions) N/A | | 9 Employer (See instructions) N/A |
| Date 3/31/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edward V Dylla Contributor address; City; State; Zip Code 13310 La Vista San Antonio, TX 78216 | Amount of contribution (\$) 25.00 |
| Principal occupation / Job title (See instructions) N/A | | Employer (See instructions) N/A |
| Date 3/31/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miki Gilbreath Contributor address; City; State; Zip Code 15700 Deer Crest San Antonio, TX 78248 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See instructions) N/A | | Employer (See instructions) N/A |
| Date 3/31/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neilesh Verma Contributor address; City; State; Zip Code 1307 Fern Shadow San Antonio, TX 78258 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See instructions) President | | Employer (See instructions) Galaxy Builders LTD |
| <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: 6 of 19 |
| 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/1/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George N Mery 6 Contributor address; City; State; Zip Code 5157 Blanco #E San Antonio, TX 78216 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occupation / Job title (See instructions) President | | 9 Employer (See instructions) Elegant, LLC |
| Date 4/2/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph De Mott Contributor address; City; State; Zip Code 2910 Stokely Hill San Antonio, TX 78258 | Amount of contribution (\$) 20.00 |
| Principal occupation / Job title (See instructions) Lawyer | | Employer (See instructions) Self |
| Date 4/2/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Gonzalez Contributor address; City; State; Zip Code 206 E. Locust Street San Antonio, TX 78212 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Attorney | | Employer (See instructions) Ogletree Deakins, P. C. |
| Date 4/2/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leticia Bresnahan Contributor address; City; State; Zip Code 643 Ridge Trace San Antonio, TX 78258 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Director | | Employer (See instructions) UT Health SA |
| <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:
7 of 19

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/2/2021

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

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
**510 Briar Oak
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Professor

9 Employer (See instructions)
Alamo Colleges

Date
4/2/2021

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Colonel

Employer (See instructions)
US Army - Retired

Date
4/3/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3010 Whisper Fern
San Antonio, TX 78230**

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

Employer (See instructions)
N/A

Date
4/3/2021

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**220 Gardenview
San Antonio, TX 78213-1909**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Core Research

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
4/4/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Southwest Laborers District Council

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**11720 East 21 St. #D
Tulsa, OK 74129**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
4/5/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2426 Mill Creek Dr
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
NA

Date
4/5/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1711 Doe Crst
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
attorney

Employer (See instructions)
NTEU

Date
4/7/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**18323 Sonterra Pl. #1202
San Antonio, TX 78258-4368**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 9 of 19 |
| 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/7/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory L Patterson 6 Contributor address; City; State; Zip Code 15742 Dawn Crest San Antonio, TX 78248 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See instructions) N/A | | 9 Employer (See instructions) N/A |
| Date 4/7/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Colleen Ryan-Domingo Contributor address; City; State; Zip Code 18206 Newcliff San Antonio, TX 78259 | Amount of contribution (\$) 20.00 |
| Principal occupation / Job title (See instructions) home maker | | Employer (See instructions) n/a |
| Date 4/8/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ann Salamone Contributor address; City; State; Zip Code 12719 Cranes MI San Antonio, TX 78230 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See instructions) Board Chair | | Employer (See instructions) Rochal Industries |
| Date 4/8/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Nicholls Contributor address; City; State; Zip Code 2310 Shadow Clf San Antonio, TX 78232 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See instructions) Retired | | Employer (See instructions) N/A |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/9/2021

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

7 Amount of contribution (\$)
75.00

6 Contributor address; City; State; Zip Code
**10321 Sunflower Ln
San Antonio, TX 78213-1608**

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

9 Employer (See instructions)
N/A

Date
4/9/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5707 W IH-10
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
attorney

Employer (See instructions)
self employed

Date
4/9/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**10403 Metacommet St
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
attorney

Employer (See instructions)
self employed

Date
4/9/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
HDR Inc. Politcal Action committee

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1917 S. 67th St
Omaha, NE 68106-2973**

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:
11 of 19

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/9/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
W Plack Carr III

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**201 Primrose Pl
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Principal

9 Employer (See instructions)
Milam Real Estate Capital, LLC

Date
4/9/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**826 W Craig pl
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
4/9/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2150 Encino Loop
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Principal

Employer (See instructions)
Providence Commercial Real Estate Services

Date
4/9/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**11306 Whisper Falls St
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
CPA

Employer (See instructions)
SELF-EMPLOYED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 12 of 19 |
| 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/9/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry Lewis 6 Contributor address; City; State; Zip Code 1414 Melanie Cir San Antonio, TX 78258 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See instructions) Military | | 9 Employer (See instructions) Retired |
| Date 4/9/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harold McCall Contributor address; City; State; Zip Code 5707 Interstate 10 West San Antonio, TX 78201 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See instructions) Attorney | | Employer (See instructions) Self Employed |
| Date 4/9/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert W Miller Contributor address; City; State; Zip Code 14215 Jones Maltzberger Rd San Antonio, TX 78247 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Retired | | Employer (See instructions) None |
| Date 4/9/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George Rice Contributor address; City; State; Zip Code 414 E French San Antonio, TX 78212 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Hydrologist | | Employer (See instructions) Self |
| <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 19 |
| 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/10/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gene W Marck 6 Contributor address; City; State; Zip Code 345 Argyle Ave San Antonio, TX 78209 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See instructions) Retired | | 9 Employer (See instructions) retired |
| Date 4/10/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard A Lee Contributor address; City; State; Zip Code 13703 Chittim Oak San Antonio, TX 78232 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See instructions) N/A | | Employer (See instructions) N/A |
| Date 4/10/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tamara Benevides Contributor address; City; State; Zip Code 10919 Town Center San Antonio, TX 78251 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Director of Sales | | Employer (See instructions) ABH Hospitality |
| Date 4/10/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Braaten Contributor address; City; State; Zip Code 1443 Osnats Pt San Antonio, TX 78258 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See instructions) Professor | | Employer (See instructions) Texas Lutheran University |
| <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: 14 of 19 |
| 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/10/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathy MacNaughton 6 Contributor address; City; State; Zip Code 20031 Encino Rdg San Antonio, TX 78259 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See instructions) Executive Director | | 9 Employer (See instructions) Masters Leadership Program |
| Date 4/10/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daliene Hendon Contributor address; City; State; Zip Code 15219 Chalet Dr San Antonio, TX 78232-4222 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Manager | | Employer (See instructions) Girls on the RUn Bexar County |
| Date 4/11/2021 | 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/administrator | | Employer (See instructions) Retired |
| Date 4/11/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kenneth Phelps Contributor address; City; State; Zip Code 18222 Crystal Cv San Antonio, TX 78259-3683 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See instructions) na | | Employer (See instructions) retired |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 15 of 19 |
| 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/11/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernard Traphan 6 Contributor address; City; State; Zip Code PO Box 769751 San Antonio, TX 78245 | 7 Amount of contribution (\$) 5.00 |
| 8 Principal occupation / Job title (See instructions) IT | | 9 Employer (See instructions) MicroSonic |
| Date 4/12/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walter Martinez Contributor address; City; State; Zip Code 3014 Whisper Fern San Antonio, TX 78230-3542 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Ex Dir. | | Employer (See instructions) SA CDC |
| Date 4/12/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcie ince Contributor address; City; State; Zip Code 30 imperial way San Antonio, T 78248 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Community Service | | Employer (See instructions) N/A |
| Date 4/13/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert L Comeaux Contributor address; City; State; Zip Code 1810 Oakline Dr. San Antonio, TX 78232-4948 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Retired | | Employer (See instructions) Retired |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 16 of 19 |
| 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/15/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitch Meyer 6 Contributor address; City; State; Zip Code 9 PENNY LN SAN ANTONIO, TX 78209 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occupation / Job title (See instructions) Real Estate | | 9 Employer (See instructions) Loopy Limited |
| Date 4/15/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jean Hackett Contributor address; City; State; Zip Code 2735 Wonderview Drive San Antonio, TX 78230 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) retired | | Employer (See instructions) N/A |
| Date 4/15/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Janice Lawlor Contributor address; City; State; Zip Code 17002 Summer Creek Dr San Antonio, TX 78248 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See instructions) research support | | Employer (See instructions) UTHSA |
| Date 4/15/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin Downey Contributor address; City; State; Zip Code 13622 Inwood Park San Antonio, TX 78216 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) CEO | | Employer (See instructions) Crosspoint, Inc. |
| <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: 17 of 19 |
| 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/17/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark W Evans 6 Contributor address; City; State; Zip Code 539 Magna Vista Ct. San Antonio, TX 78258 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See instructions) Retired | | 9 Employer (See instructions) Retired |
| Date 4/18/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary H Gonzalez Contributor address; City; State; Zip Code 11703 Bridge Hampton San Antonio, TX 78251 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See instructions) Administrator | | Employer (See instructions) University Health Systems |
| Date 4/18/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim and Jen Nichols Contributor address; City; State; Zip Code 20139 Standish San Antonio, TX 78258 | Amount of contribution (\$) 25.00 |
| Principal occupation / Job title (See instructions) Communications | | Employer (See instructions) USAA |
| Date 4/18/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rick Brooks Contributor address; City; State; Zip Code 2330 W Kings Hwy San Antonio, TX 78201-4838 | Amount of contribution (\$) 20.00 |
| Principal occupation / Job title (See instructions) teacher | | Employer (See instructions) Northside ISD |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 of 19

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/18/2021

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**5103 Newcastle Ln
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Cokinos | Young

Date
4/18/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**811 Highland Knl
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Merch

Employer (See instructions)
Lms

Date
4/19/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2271 Encino Loop
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
4/19/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2271 Encino Loop
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 19 of 19 |
| 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/19/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Karl-Thomas Musselman 6 Contributor address; City; State; Zip Code 8605 Snowden Cv Austin, TX 78729 | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See instructions) Justice of the Peace | | 9 Employer (See instructions) Williamson County |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

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

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|---|---|--|---|
| 1 Total pages Schedule F1: 1 of 13 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/31/2021 | 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 |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name John Courage | | Office sought Council District 9 | Office held N/A |
| Date 3/31/2021 | Payee name Kelsey Brandt | | |
| Amount (\$) 600.00 | Payee address; City; State; Zip Code 101 Linda Dr San Antonio, TX 78216 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Consultation Services | | Description Campaign Volunteer Coordination |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name John Courage | | Office sought Council District 9 | Office held N/A |
| Date 3/31/2021 | Payee name Michelle McBurney | | |
| Amount (\$) 412.50 | Payee address; City; State; Zip Code 2926 War Feather San Antonio, TX 78238 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Services | | Description Phone banking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name John Courage | | Office sought Council District 9 | Office held N/A |

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 13 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/31/2021 | 5 Payee name Herlinda Torres | | |
| 6 Amount (\$) 660.00 | 7 Payee address; City; State; Zip Code 619 North Hackberry San Antonio, TX 78202 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Services | | (b) Description Phone banking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 3/31/2021 | Payee name Mark Niedenberger | | |
| Amount (\$) 390.00 | Payee address; City; State; Zip Code 400 Bitters Rd #1511 San Antonio, TX 78216 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Services | | Description Phone banking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 3/31/2021 | Payee name Carmen Torres | | |
| Amount (\$) 472.50 | Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Services | | Description Phone banking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name 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: 3 of 13 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/31/2021 | 5 Payee name Bryana Garcia | | |
| 6 Amount (\$) 52.50 | 7 Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Services | | (b) Description Phone banking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/4/2021 | Payee name Academy | | |
| Amount (\$) 129.87 | Payee address; City; State; Zip Code 2024 TX-1604 Loop San Antonio, TX 78232 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Supplies | | Description Tents for Polling places |
| | <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 4/7/2021 | Payee name Maria Williams | | |
| Amount (\$) 67.50 | Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Services | | Description Phone banking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|--|---|--|--|
| 1 Total pages Schedule F1: 4 of 13 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/7/2021 | 5 Payee name Stacy Gillespie | | |
| 6 Amount (\$) 82.50 | 7 Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Services | | (b) Description Phone banking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/7/2021 | Payee name Bryana Garcia | | |
| Amount (\$) 37.50 | Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Services | | Description Phone banking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/7/2021 | Payee name Alamo Mailing | | |
| Amount (\$) 1698.74 | Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78250 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Advertising | | Description Mailer |
| | <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: 5 of 13 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/7/2021 | 5 Payee name Carmen Torres | | |
| 6 Amount (\$) 240.00 | 7 Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Services | | (b) Description Phone banking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/7/2021 | Payee name Mark Niedenberger | | |
| Amount (\$) 120.00 | Payee address; City; State; Zip Code 400 Bitters Rd #1511 San Antonio, TX 78216 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Services | | Description Phone banking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/7/2021 | Payee name Herlinda Torres | | |
| Amount (\$) 405.00 | Payee address; City; State; Zip Code 619 North Hackberry San Antonio, TX 78202 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Services | | Description Phone banking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|--|---|--|--|
| 1 Total pages Schedule F1: 6 of 13 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/7/2021 | 5 Payee name Michelle McBurney | | |
| 6 Amount (\$) 210.00 | 7 Payee address; City; State; Zip Code 2926 War Feather San Antonio, TX 78238 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Services | | (b) Description Phone banking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/9/2021 | Payee name JVC Media | | |
| Amount (\$) 2142.81 | Payee address; City; State; Zip Code 9335 Lamerton San Antonio, TX 78250 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Advertising | | Description Campaign signs |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/12/2021 | Payee name Weathered Souls | | |
| Amount (\$) 120.47 | Payee address; City; State; Zip Code 606 Embassy Oaks San Antonio, TX 78216 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | | Description Fundraiser |
| | <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 13 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/13/2021 | 5 Payee name La Hacienda | | |
| 6 Amount (\$) 260.00 | 7 Payee address; City; State; Zip Code 18747 Redland Rd San Antonio, TX 78259 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: | | (b) Description Fundraiser |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/13/2021 | Payee name Rocket Science Group, LLC | | |
| Amount (\$) 67.15 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Advertising | | Description Advertising |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/13/2021 | Payee name Cricket Wireless | | |
| Amount (\$) 30.00 | Payee address; City; State; Zip Code 575 Morosgo Dr Atlanta, GA 30324 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: utilities | | Description phone service |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|--|---|--|--|
| 1 Total pages Schedule F1: 8 of 13 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/14/2021 | 5 Payee name Herlinda Torres | | |
| 6 Amount (\$) 330.00 | 7 Payee address; City; State; Zip Code 619 North Hackberry San Antonio, TX 78202 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Services | | (b) Description Phone banking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/14/2021 | Payee name Alamo Mailing | | |
| Amount (\$) 4135.46 | Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78250 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Advertising | | Description Campaign signs |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/14/2021 | Payee name Mark Niedenberger | | |
| Amount (\$) 120.00 | Payee address; City; State; Zip Code 400 Bitters Rd #1511 San Antonio, TX 78216 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Services | | Description Phone banking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |

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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 13 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/14/2021 | 5 Payee name Michelle McBurney | | |
| 6 Amount (\$) 217.50 | 7 Payee address; City; State; Zip Code 2926 War Feather San Antonio, TX 78238 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Services | | (b) Description Phone banking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name John Courage | Office sought Council District 9 | Office held N/A |

| | | | |
|--|--|--|-------------------------------------|
| Date 4/14/2021 | Payee name Carmen Torres | | |
| Amount (\$) 390.00 | Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Services | | Description Phone banking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name John Courage | Office sought Council District 9 | Office held N/A |

| | | | |
|--|--|--|---|
| Date 4/15/2021 | Payee name Kelsey Brandt | | |
| Amount (\$) 600.00 | Payee address; City; State; Zip Code 101 Linda Dr San Antonio, TX 78216 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Consultation Services | | Description Campaign Volunteer Coordination |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name John Courage | Office sought Council District 9 | Office held N/A |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|--|---|--|--|
| 1 Total pages Schedule F1: 10 of 13 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/16/2021 | 5 Payee name NationBuilder | | |
| 6 Amount (\$) 29.00 | 7 Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Advertising | | (b) Description Website Svcs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/16/2021 | Payee name RoboDial.Org, LLC | | |
| Amount (\$) 112.82 | Payee address; City; State; Zip Code 4601 North Fairfax Dr Arlington, VA 22203 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Advertising | | Description phonebanking campaign source |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/19/2021 | Payee name ZOOM US | | |
| Amount (\$) 16.00 | Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Video Meeting | | Description Website Svcs |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|--|---|--|---|
| 1 Total pages Schedule F1: 11 of 13 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/19/2021 | 5 Payee name NGP VAN INC MOTO | | |
| 6 Amount (\$) 120.00 | 7 Payee address; City; State; Zip Code 655 15th st NW #650 Washington , DC 20005 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Advertising | | (b) Description phonebanking campaign source |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/19/2021 | Payee name Prestige Printing LLC | | |
| Amount (\$) 1728.75 | Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Advertising | | Description Mailer |
| | <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 4/20/2021 | Payee name Norma Denham & Associates | | |
| Amount (\$) 2490.00 | 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: 12 of 13 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/21/2021 | 5 Payee name Michelle McBurney | | |
| 6 Amount (\$) 210.00 | 7 Payee address; City; State; Zip Code 2926 War Feather San Antonio, TX 78238 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Services | | (b) Description Phone banking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/21/2021 | Payee name Herlinda Torres | | |
| Amount (\$) 405.00 | Payee address; City; State; Zip Code 619 North Hackberry San Antonio, TX 78202 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Services | | Description Phone banking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/21/2021 | Payee name Carmen Torres | | |
| Amount (\$) 255.00 | Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Services | | Description Phone banking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 13 of 13 | 2 FILER NAME Mr John K Courage | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/21/2021 | 5 Payee name Mark Niedenberger | | |
| 6 Amount (\$) 180.00 | 7 Payee address; City; State; Zip Code 400 Bitters Rd #1511 San Antonio, TX 78216 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: Campaign Services | | (b) Description Phone banking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date 4/21/2021 | Payee name Bryana Garcia | | |
| Amount (\$) 45.00 | Payee address; City; State; Zip Code PO Box 700007 San Antonio, TX 78270 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: Campaign Services | | Description Phone banking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A | | | |
| Date | 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 |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

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

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

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

| | |
|---------------------|---|
| 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 |
|--|-------------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

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

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

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

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

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

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

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

| | |
|---------------------|---|
| 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 |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

| | |
|---------------|---------------------|
| 4 Date | 5 Payee Name |
|---------------|---------------------|

| | |
|--|---|
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code |
|--|---|

| | | |
|---|---|------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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

| | |
|---|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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

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

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

| | |
|---|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div> | | |
| 6 Dates of travel | 7 Name of person(s) traveling | |
| | 8 Departure city or name of departure location | |
| | 9 Destination city or name of destination location | |
| 10 Means of transportation | 11 Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div> | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div> | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div> | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |

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