

FORM C/OH
COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr John K Courage	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	<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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13429.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 22925.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19779.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 31933.00

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 16th day of July, 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	\$ 13429.00
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	\$ 22332.80
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	\$ 593.00
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 13

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
5/27/2021

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

7 Amount of contribution (\$)
9.00

6 Contributor address; City; State; Zip Code
**25511 Mesa Rnch
San Antonio , TX 78258**

8 Principal occupation / Job title (See instructions)
Teacher

9 Employer (See instructions)
NEISD

Date
5/27/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2627 Rio Brazos
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
NA

Employer (See instructions)
NA

Date
5/27/2021

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**13524 Evergreen Way
Austin, TX 78737**

Principal occupation / Job title (See instructions)
floral and event designer/planner

Employer (See instructions)
Kathi Thomas Design

Date
5/27/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**24 Inwood Blf
San Antonio , TX 78248**

Principal occupation / Job title (See instructions)
Retiref

Employer (See instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 13
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/27/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Galesspe Morrow 6 Contributor address; City; State; Zip Code 11411 Whisper Dawn St San Antonio, TX 78230	7 Amount of contribution (\$) 350.00
8 Principal occupation / Job title (See instructions) Deputy Director		9 Employer (See instructions) Texas Department of State Health Services
Date 5/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicki Roberson Contributor address; City; State; Zip Code 254 CICERO Dr San Antonio, TX 78218	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) Retired
Date 5/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Green Contributor address; City; State; Zip Code 14915 Lake Woodbridge Ct Sugar Land, TX 77498	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Lead Strategist		Employer (See instructions) Run The World
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amanda Gentis Contributor address; City; State; Zip Code 12906 COUNTRY Rdg San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Alamo City Moms
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 13

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
5/29/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**12906 COUNTRY Rdg
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Sales

9 Employer (See instructions)
Lookout

Date
5/29/2021

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**13702 Landmark
San Antonio, TX 78217-1309**

Principal occupation / Job title (See instructions)
NA

Employer (See instructions)
NA

Date
5/29/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**2915 Green Run Ln
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)
NA

Employer (See instructions)
NA

Date
5/29/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**4811 Isaac Ryan
San Antonio, TX 78253**

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:
4 of 13

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
5/30/2021

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
PO Box 780489
San Antonio, TX 78278-0489

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/30/2021

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

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
15722 Mission Crest
San Antonio, TX 78232

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/30/2021

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
CAO

Employer (See instructions)
Nustar

Date
5/30/2021

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 13

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
5/30/2021

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

7 Amount of contribution (\$)
300.00

6 Contributor address; City; State; Zip Code
**10919 Town Center
San Antonio, TX 78251**

8 Principal occupation / Job title (See instructions)
Director of Sales

9 Employer (See instructions)
ABH Hospitality

Date
5/30/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 33240
San Antonio, TX 78265-3240**

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

Employer (See instructions)
Zachry Corp

Date
5/30/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9386 Huebner Rd #109A
San Antonio, TX 78240-1654**

Principal occupation / Job title (See instructions)
Contractor

Employer (See instructions)
self

Date
5/30/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9386 Huebner Rd #109A
San Antonio, TX 78240-1654**

Principal occupation / Job title (See instructions)
Unknown

Employer (See instructions)
Unknown

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 13
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frances E Barros 6 Contributor address; City; State; Zip Code 14018 Sage Blf San Antonio, TX 78216-1935	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) CPA		9 Employer (See instructions) Self
Date 5/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SA Appartment Assoc PAC Contributor address; City; State; Zip Code 7525 Babcock San Antonio, TX 78249	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 5/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carol W Gill Contributor address; City; State; Zip Code 5 Niram Lane San Antonio, TX 78216-2362	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) NA		Employer (See instructions) NA
Date 5/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marc D Gill Contributor address; City; State; Zip Code 5 Niram Lane San Antonio, TX 78216-2362	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) NA		Employer (See instructions) NA
<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 13
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bracewell PAC 6 Contributor address; City; State; Zip Code 711 Louisiana St Houston, TX 77002	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 6/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eugene Marck Contributor address; City; State; Zip Code 345 Argyle Ave San Antonio, TX 78209	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 6/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deborah Hays Contributor address; City; State; Zip Code 3314 Falling Brk San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) Retired
Date 6/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darby Riley Contributor address; City; State; Zip Code 320 Lexington Ave San Antonio, TX 78215	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) attorney		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:
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2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
6/1/2021

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

7 Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**19027 Salado Cyn
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Director, Chief of Staff, CAO

9 Employer (See instructions)
USAA

Date
6/1/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1810 Oakline Dr
San Antonio, TX 78232**

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

Employer (See instructions)
N/A

Date
6/1/2021

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

Amount of contribution (\$)
50.00

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
6/1/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**812 Eventide
SA n Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Petroleum landman

Employer (See instructions)
Self

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 13
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ina Minjarez 6 Contributor address; City; State; Zip Code 9406 Hazelton Ln San Antonio, TX 78251	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Self-Employed
Date 6/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erik Solmundson Contributor address; City; State; Zip Code 15219 Bent Moss St San Antonio, TX 78232	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Contracts administrator		Employer (See instructions) Park Place Recreation Designs
Date 6/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charlie Jackson Contributor address; City; State; Zip Code 1108 Lavaca St_Ste110 #309 Austin, TX 78701	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Technologist		Employer (See instructions) Acceleros
Date 6/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phyllis Thompson Contributor address; City; State; Zip Code 16803 SUMMER CREEK Dr San Antonio, TX 78248	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: 10 of 13
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michele C Hausmann 6 Contributor address; City; State; Zip Code 28 Tidbury Ln San Antonio, TX 78230	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Real Estate		9 Employer (See instructions) Landusesolutions
Date 6/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacques Braha Contributor address; City; State; Zip Code 28 Tidbury Ln San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) Fulcrum Deveopment
Date 6/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve Braha Contributor address; City; State; Zip Code 101 Turnberry Way San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) Fulcrum Deveopment
Date 6/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Enrique Flores Contributor address; City; State; Zip Code 1913 Chalk Rock CV Austin, TX 78735	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Madhouse Dev Svcs
<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: 11 of 13
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lloyd Doggett for Congress 6 Contributor address; City; State; Zip Code PO Box 5843 Austin, TX 78763	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 6/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry Travis Contributor address; City; State; Zip Code 239 Loera San Antonio, TX 78212	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 6/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Minerva Sanchez Contributor address; City; State; Zip Code 3711 River Falls San Antonio, TX 78259	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Aandrade-vandeputte
Date 6/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herberto Guerra Jr Contributor address; City; State; Zip Code 1 Lone Start Pass #BLD41 San Antonio, TX 78264	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Chairman		Employer (See instructions) Avanzar
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 13
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hugo Sosa 6 Contributor address; City; State; Zip Code PO Box 5679 San Antonio, TX 78201	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) NA		9 Employer (See instructions) NA
Date 6/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC Texas Assoc of Realtors Contributor address; City; State; Zip Code PO Box 2246 Austin, TX 78768	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 6/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barbara T Baruch Contributor address; City; State; Zip Code 8735 Paseo Oaks San Antonio, TX 78256	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions)
Date 6/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank Burney Contributor address; City; State; Zip Code 112 E Pecan San Antonio, TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Martin Drought PC
<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 13
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Audrey Fisher 6 Contributor address; City; State; Zip Code 9134 Welles Way San Antonio, TX 78240	7 Amount of contribution (\$) 75.00
8 Principal occupation / Job title (See instructions) NA		9 Employer (See instructions) NA
Date 6/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) USAA Employee PAC Contributor address; City; State; Zip Code 9800 Fredericksburg Rd San Antonio, TX 78288	Amount of contribution (\$) 500.00
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 20		2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)	
4 Date 5/17/2021		5 Payee name ZOOM US			
6 Amount (\$) 16.00		7 Payee address; City; State; Zip Code 55 Almanden Blvd #6 Fl San Jose, CA 95113			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Video Meeting		(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 5/27/2021	Payee name Facebook				
Amount (\$) 400.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name John Courage		Office sought Council District 9	Office held N/A

Date 5/27/2021	Payee name Facebook				
Amount (\$) 250.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name John Courage		Office sought Council District 9	Office held N/A

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 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/27/2021	5 Payee name KAHL Radio		
6 Amount (\$) 1014.00	7 Payee address; City; State; Zip Code 8023 Vantage Dr #840 San Antonio, TX 78230		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Radio Media
	(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 5/28/2021	Payee name Frost Bank		
Amount (\$) 49.85	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges		Description Bank Service Charge
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 5/28/2021	Payee name Kelsey Brandt		
Amount (\$) 750.00	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: 3 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2021	5 Payee name Kelsey Brandt		
6 Amount (\$) 18.67	7 Payee address; City; State; Zip Code 101 Linda Dr San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Food		(b) Description Reimbursement for purchases
	(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 6/1/2021	Payee name RoboDial.Org, LLC		
Amount (\$) 42.13	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 6/1/2021	Payee name Facebook		
Amount (\$) 207.55	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2021	5 Payee name Norma Denham & Associates		
6 Amount (\$) 3473.25	7 Payee address; City; State; Zip Code 118 Broadway San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Consultation Services		(b) Description Campaign Consulting
	(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 6/1/2021	Payee name Facebook		
Amount (\$) 600.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 6/2/2021	Payee name Michelle McBurney		
Amount (\$) 195.00	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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Payee name Herlinda Torres		
6 Amount (\$) 90.00	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 6/2/2021	Payee name Carmen Torres		
Amount (\$) 217.50	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 6/2/2021	Payee name Maria Williams		
Amount (\$) 75.00	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	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 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Payee name Stacy Gillespie		
6 Amount (\$) 75.00	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 6/2/2021	Payee name Jacob Marshall		
Amount (\$) 270.00	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 6/2/2021	Payee name Anyka H Bumgarner		
Amount (\$) 450.00	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	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 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Payee name Rosalinda Ramos		
6 Amount (\$) 675.00	7 Payee address; City; State; Zip Code 8230 Meado Sun St 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 6/2/2021	Payee name Rosemary Merino		
Amount (\$) 525.00	Payee address; City; State; Zip Code 8230 Meado Sun St 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 6/2/2021	Payee name Raquel Gates		
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 Poll worker
	<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 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Payee name Hustle Inc		
6 Amount (\$) 1182.65	7 Payee address; City; State; Zip Code 251 Kearny St San Francisco, CA 94108		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Texting Campaign Services
	(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 6/2/2021	Payee name Hustle Inc		
Amount (\$) 1182.65	Payee address; City; State; Zip Code 251 Kearny St San Francisco, CA 94108		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Texting Campaign Services
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 6/2/2021	Payee name Jake Billo		
Amount (\$) 135.00	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 Poll worker
	<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 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Payee name Juston Glasscock		
6 Amount (\$) 105.00	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 Poll worker
	(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 6/2/2021	Payee name Kevin Garcia		
Amount (\$) 345.00	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 Poll worker
	<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 6/2/2021	Payee name Lyn Thomas		
Amount (\$) 450.00	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 Poll worker
	<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 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Payee name Ricardo Ramon		
6 Amount (\$) 135.00	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 Poll worker
	(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 6/2/2021	Payee name Trenton Cantu		
Amount (\$) 120.00	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 Poll worker
	<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 6/2/2021	Payee name Valerie Reiffert		
Amount (\$) 150.00	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 Poll worker
	<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 20	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Payee name Alamo Mailing	
6 Amount (\$) 1537.56	7 Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Mailers
	(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 6/3/2021	Payee name Hustle Inc	
Amount (\$) 100.00	Payee address; City; State; Zip Code 251 Kearny St San Francisco, CA 94108	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Texting Campaign Services
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A

Date 6/3/2021	Payee name Hustle Inc	
Amount (\$) 100.00	Payee address; City; State; Zip Code 251 Kearny St San Francisco, CA 94108	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Texting Campaign Services
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9 Office held N/A

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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 20	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 6/3/2021	5 Payee name Colt Osburn	
6 Amount (\$) 800.00	7 Payee address; City; State; Zip Code 17365 Henderson Pass #1233 San Antonio, TX 78232	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Camapign Signs Materials	(b) Description Reimbursement for purchases for food, suppies and
	(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 6/4/2021	Payee name Prestige Printing LLC	
Amount (\$) 880.07	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 6/4/2021	Payee name RoboDial.Org, LLC	
Amount (\$) 46.97	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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 13 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/5/2021	5 Payee name Tilos Tex Mex, LLC		
6 Amount (\$) 593.00	7 Payee address; City; State; Zip Code 12403 West Ave San Antonio, TX 78232		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Meeting Expense		(b) Description Election Party
	(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 6/7/2021	Payee name Facebook		
Amount (\$) 900.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 6/7/2021	Payee name Pizza Italia		
Amount (\$) 54.25	Payee address; City; State; Zip Code 3023 Thousand Oaks #101 San Antonio, TX 78247		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Food		Description Planning Meeting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 14 of 20	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2021	5 Payee name Trenton Cantu	
6 Amount (\$) 45.00	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 Poll worker
	(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 6/8/2021	Payee name Bobby Carranza	
Amount (\$) 286.00	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 Retrieve 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 6/8/2021	Payee name Kevin Garcia	
Amount (\$) 262.50	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 Poll worker
	<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: 15 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2021	5 Payee name Raquel Gates		
6 Amount (\$) 105.00	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 Poll worker
	(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 6/8/2021	Payee name Rosemary Merino		
Amount (\$) 150.00	Payee address; City; State; Zip Code 8230 Meado Sun St San Antonio, TX 78270		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Poll worker
	<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 6/8/2021	Payee name Rosalinda Ramos		
Amount (\$) 150.00	Payee address; City; State; Zip Code 8230 Meado Sun St San Antonio, TX 78270		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign Services		Description Poll worker
	<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: 16 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2021	5 Payee name Herlinda Torres		
6 Amount (\$) 120.00	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 6/8/2021	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 6/8/2021	Payee name Carmen Torres		
Amount (\$) 105.00	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	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: 17 of 20	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 6/9/2021	5 Payee name JVC Media	
6 Amount (\$) 365.34	7 Payee address; City; State; Zip Code 9335 Lamerton San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Campaign T-Shirts
	(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 6/10/2021	Payee name Herlinda Torres	
Amount (\$) 90.00	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 6/11/2021	Payee name Bryan Naylor	
Amount (\$) 220.00	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 Retrieve 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

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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: 18 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/14/2021	5 Payee name Cricket Wireless		
6 Amount (\$) 30.00	7 Payee address; City; State; Zip Code 575 Morosgo Dr Atlanta, GA 30324		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Utilities		(b) Description phone service
	(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 6/14/2021	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 6/16/2021	Payee name NationBuilder		
Amount (\$) 29.00	Payee address; City; State; Zip Code 520 S. Grand Ave #2 Fl Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 19 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/17/2021	5 Payee name Facebook		
6 Amount (\$) 351.07	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Advertising
	(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 6/17/2021	Payee name Kelsey Brandt		
Amount (\$) 300.00	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 6/25/2021	Payee name PayPal		
Amount (\$) 105.59	Payee address; City; State; Zip Code 12312 Port Grace Blvd La Vista, NE 76592		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges		Description Service Charge
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			

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: 20 of 20	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2021	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 6/30/2021	Payee name Hustle Inc		
Amount (\$) 960.05	Payee address; City; State; Zip Code 251 Kearny St San Francisco, CA 94108		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Texting Campaign Services
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date	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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

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

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

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

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

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

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

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

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

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

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	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 G: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 6/5/2021	5 Payee Name Tilo Mexican Restaurant	
6 Amount (\$) 593.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 12403 West Ave San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Election Party
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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