

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 50		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST John	MI K	OFFICE USE ONLY Date Received		
	NICKNAME	LAST Courage	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1938 Broken Oak St San Antonio TX 78232-3104					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 216-5020	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Ryan	MI T	Receipt #	Amount \$	
	NICKNAME	LAST Takao	SUFFIX	Date Processed		
	Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 19206 Barrow Bay San Antonio TX 78258					
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 859-9106	EXTENSION			
9 REPORT TYPE	January 15: Semi-Annual					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
		7/1/2022		THROUGH	12/31/2022	
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
		5/6/2023	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Council District 9			13 OFFICE SOUGHT (if known) Council District 9		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Mr John K Courage

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 24732.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4114.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 52357.60
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 January, 2023, 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		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 24432.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 300.83
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		\$ 4114.29
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 22

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
7/5/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Mr James E Sullivan Jr

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**802 East El Prado Dr
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Commercial Real Estate broker

9 Employer (See instructions)
Self

Date
7/5/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Mark Mays

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**250 W Nottingham #400
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Self

Date
7/5/2022

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Principal

Employer (See instructions)
Milam Real Estate Capital, LLC

Date
7/5/2022

Full name of contributor out-of-state PAC (ID# _____)
Ms Carol Carr

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
NA

Employer (See instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 22

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
7/6/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Emmanuel N Zacharias

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**18022 Via Del Arbol
San Antonio, TX 78257-5066**

8 Principal occupation / Job title (See instructions)
Managing Member

9 Employer (See instructions)
Paradigm Digital Signage

Date
7/6/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Rodrigo J Ayala

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5 Remington Run
San Antonio, TX 78257-7707**

Principal occupation / Job title (See instructions)
Real Estate Investor

Employer (See instructions)
Self

Date
7/6/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Tomas V Saide

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**18346 Muir Glen Dr
San Antonio, TX 78258-5013**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Costa Pacifica Restaurant

Date
7/6/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Eduardo Salinas

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**17934 Via Del Arbol
San Antonio, TX 78257-5062**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Depth Entertainment

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 22

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
7/25/2022

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**526 W Craig
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Self

Date
8/2/2022

Full name of contributor out-of-state PAC (ID# _____)
Ms Casandra Ortiz

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9103 Mellbrook St
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Kassahn & Ortiz

Date
8/2/2022

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1 Bitterblue Ln
San Antonio, TX 78218-1790**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)

Date
8/2/2022

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1 Bitterblue Ln
San Antonio, TX 78218-1790**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
BitterBlue, Inc

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 22

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
8/2/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Andrew Lewis

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1879 E. Borgfeld Dr
San Antonio, TX 78260**

8 Principal occupation / Job title (See instructions)
CFO

9 Employer (See instructions)
BitterBlue, Inc

Date
8/2/2022

Full name of contributor out-of-state PAC (ID# _____)
Ms Brittany Lewis

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1879 E. Borgfeld Dr
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Nurse Practioner

Employer (See instructions)
Centro/Med

Date
8/2/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Hunter E Powell

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**6117 Charis CT
Austin, TX 78735-1657**

Principal occupation / Job title (See instructions)
Managing Dir

Employer (See instructions)
BitterBlue, Inc

Date
8/2/2022

Full name of contributor out-of-state PAC (ID# _____)
Ms Laura G Powell

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**6117 Charis CT
Austin, TX 78735-1657**

Principal occupation / Job title (See instructions)
Coach

Employer (See instructions)
Private School

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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 22

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
8/2/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Jason D Hauck

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2101 Airole Way
Austin, TX 78704-3226**

8 Principal occupation / Job title (See instructions)
Regional Dev Partner

9 Employer (See instructions)
The Morgan Group

Date
8/2/2022

Full name of contributor out-of-state PAC (ID# _____)
Ms Genevieve M Konicke

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2101 Airole Way
Austin, TX 78704-3226**

Principal occupation / Job title (See instructions)
Physicians Assistant

Employer (See instructions)
Dell Childrens Hospital

Date
8/2/2022

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Brown & Ortiz PC

Date
8/2/2022

Full name of contributor out-of-state PAC (ID# _____)
Ms Leslie Brown

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
US Air Force

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
8/2/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Daniel Ortiz

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**9103 Mellbrook St
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Brown & Ortiz PC

Date
8/11/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Frank Burney

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**112 E Pecan
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Martin Drought PC

Date
9/12/2022

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Community Service

Employer (See instructions)
N/A

Date
9/22/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Jeffrey L Kothman

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**326 Big Oak Dr
Adkins, TX 78101**

Principal occupation / Job title (See instructions)
COO

Employer (See instructions)
Texas Towing

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
9/22/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Clay Jackson

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2047 Rigsby Ave
San Antonio, TX 78210**

8 Principal occupation / Job title (See instructions)
CFO

9 Employer (See instructions)
Texas Towing

Date
10/19/2022

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2728 North Harwood St #500
Dallas, TX 75201**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
10/20/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Robert P Jordan

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1331 Barton Creek
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
VP & Commercial Escrow Officer

Employer (See instructions)
Chicago Title

Date
10/21/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Richard H Cavender

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**21105 Interstate 10 West
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Owner Partner

Employer (See instructions)
Cavendor Auto Family

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 22

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
10/21/2022

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2150 Encino Loop
San Antonio, TX 78259**

8 Principal occupation / Job title (See instructions)
Providence Real Estate

9 Employer (See instructions)
Providence Real Estate Broker

Date
10/21/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Michael Kent

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**31725 Meadow Creek Trl
Fair Oaks, TX 78015-4110**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
10/21/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Robert A Wehrmeyer

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**29739 Mellow Wind Dr
Fair Oaks, TX 78015**

Principal occupation / Job title (See instructions)
Director of. Operations

Employer (See instructions)
Triumph Group

Date
10/21/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr James B Griffen

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**247 Stanford Dr
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Killen, Griffin & Farrimond

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
10/21/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Andrew W Waterman

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**7753 Pimlico LN
Boerne, TX 78015**

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Waterman Construction

Date
10/21/2022

Full name of contributor out-of-state PAC (ID# _____)
Ms Mary C Waterman

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**7753 Pimlico LN
Boerne, TX 78015**

Principal occupation / Job title (See instructions)
PNP

Employer (See instructions)
Greater San Antonio Emergency Physicians

Date
11/1/2022

Full name of contributor out-of-state PAC (ID# _____)
San Antonio Fire & Police Pens Assn PAC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**11603 W Coker Loop #201A
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
11/17/2022

Full name of contributor out-of-state PAC (ID# _____)
Ms April Ancira

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**31305 Keeneland Dr.
Boerne, T 78015**

Principal occupation / Job title (See instructions)
VP

Employer (See instructions)
ANCIRA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 22
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) USAA Employee Political Action Committee	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 9800 Fredericksburg Rd San Antonio, TX 78288		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 11/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Wyatt Wright	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 10403 Metacomet St San Antonio, T 78230		
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Wayne Wright Lawyers
Date 11/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Beatrice Wright	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 10403 Metacomet St San Antonio, T 78230		
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Wayne Wright Lawyers
Date 11/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr T Paul Furukawa	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 18328 Edwards Oaks San Antonio, T 78259		
Principal occupation / Job title (See instructions) Social Worker		Employer (See instructions) N/A



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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11 of 22

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
11/18/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Jimmy Toubin

7 Amount of contribution (\$)
150.00

6 Contributor address; City; State; Zip Code
**230 W Sunset #1007
San Antonio, T 78209**

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
Toubin Insurance Agency

Date
11/18/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Erik Solmundson

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**15219 Bent Moss St
San Antonio, T 78232-4247**

Principal occupation / Job title (See instructions)
Contracts Administrator

Employer (See instructions)
Park Place Recreation Designs

Date
11/18/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Charles A Gonzalez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**206 E Locust St
San Antonio, T 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ogletree Deakins, P.C.

Date
11/18/2022

Full name of contributor out-of-state PAC (ID# _____)
Ms Dulce Tapia

Amount of contribution (\$)
9.00

Contributor address; City; State; Zip Code
**15829 Spyglass Trail
San Antonio, T 78247**

Principal occupation / Job title (See instructions)
S3

Employer (See instructions)
GDT

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 22
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Susanne OBrien	7 Amount of contribution (\$) 20.00
6 Contributor address; City; State; Zip Code 3239 Gazelle Range San Antonio, T 78259		
8 Principal occupation / Job title (See instructions) Software Developer		9 Employer (See instructions) Retired
Date 11/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Kenneth Phelps	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 18222 Crystal Cv San Antonio, T 78259-3683		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 11/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Russell Thompson	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 19030 Mountain PL San Antonio, T 78259		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 11/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Rebecca Hirsch	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 19027 Salado Canyon San Antonio, T 78258		
Principal occupation / Job title (See instructions) Director		Employer (See instructions) USAA

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 22
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Armen Babajanian	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 122 Atwater Drive Castle Hills, T 78213		
8 Principal occupation / Job title (See instructions) CEO		9 Employer (See instructions) World Affairs Council of San Antonio
Date 11/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Kenneth Kanagaki	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 9410 Whitehall Street San Antonio, T 78216-5238		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 11/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Tom Johnson	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 1210 Country Path San Antonio, T 78216		
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 11/21/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Brad Beldon	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 95 Royal Waters Dr San Antonio, T 78213		
Principal occupation / Job title (See instructions) Chief Culture Officer & CEO		Employer (See instructions) Beldon Roofing

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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: 14 of 22
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/29/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Killen Griffin & Farrimond Political Committee	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 10101 Reunion Place #250 San Antonio, TX 78216		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 11/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Kevin Downey	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 13622 Inwood Park San Antonio, T 78216		
Principal occupation / Job title (See instructions) Chief Strategy Officers		Employer (See instructions) Crosspoint, Inc.
Date 12/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Phyllis Thompson	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 16803 Summer Creek Dr San Antonio, T 78248		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 12/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Stephen Schnipper	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 11807 Buttonwillow Cove San Antonio, T 78213		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired

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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: 15 of 22
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 12/6/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Michael Tinnon	7 Amount of contribution (\$) 20.00
6 Contributor address; City; State; Zip Code 20522 Settlers Vly San Antonio, T 78258		
8 Principal occupation / Job title (See instructions) Manager		9 Employer (See instructions) COI Enterprises
Date 12/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Hope Andrade	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 123 Lexington Ave #1604 San Antonio, T 78205		
Principal occupation / Job title (See instructions) Entrepreneur		Employer (See instructions) Self
Date 12/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Daniel Lasey	Amount of contribution (\$) 18.00
Contributor address; City; State; Zip Code 9539 Sinsonte San Antonio, T 78230		
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 12/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Gina Sandoval	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 6963 Willow Oak Dr San Antonio, T 78249		
Principal occupation / Job title (See instructions) Scrum Master		Employer (See instructions) USAA

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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: 16 of 22
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 12/6/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr John Friedrich	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1577 Chase Rd Berlin, V 05602-9552		
8 Principal occupation / Job title (See instructions) VP		9 Employer (See instructions) ADP
Date 12/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Erik Solmundson	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 15219 Bent Moss St San Antonio, T 78232-4247		
Principal occupation / Job title (See instructions) Contracts Administrator		Employer (See instructions) Park Place Recreation Designs
Date 12/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Hubert Hill	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 24806 Night Arrow San Antonio, T 78258		
Principal occupation / Job title (See instructions) Former Educator		Employer (See instructions) Retired
Date 12/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Peter Lund	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2810 Whisper Fawn San Antonio, TX 78230		
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A

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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:
17 of 22

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
12/8/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Joshua C Greene

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**1223 Carriage Elm
San Antonio, TX 78249-2701**

8 Principal occupation / Job title (See instructions)
Computer Programmer

9 Employer (See instructions)
IBM

Date
12/8/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Scott Smith

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**14915 Royal Orbit
San Antonio, TX 78148**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
12/8/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Eduardo Parra

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**7323 Eagle Ledge
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
Parra & Co. LLC

Date
12/8/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Eugene Marck

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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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: 18 of 22
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 12/8/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Roslyn Higginbotham	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code 17014 Summer Creek Dr San Antonio, TX 78248	
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 12/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Susan Korbel	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 220 Garden View San Antonio, TX 78213	
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Core Research
Date 12/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr James W Mock III	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 74 Three Lakes Dr San Antonio, TX 78248-1022	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 12/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Apartment Association	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 7525 Babcock Road San Antonio, TX 78249	
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:
19 of 22

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
12/8/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Art Downey

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**730 Arch Stone
San Antonio, TX 78258-2352**

8 Principal occupation / Job title (See instructions)
US Army Retired

9 Employer (See instructions)
Colonel

Date
12/9/2022

Full name of contributor out-of-state PAC (ID# _____)
Ms Linda Comeaux

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3185 Morning Creek
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
12/9/2022

Full name of contributor out-of-state PAC (ID# _____)
Ms Richard Pressman

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**11310 Whisper Falls St
San Antonio, T 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
12/9/2022

Full name of contributor out-of-state PAC (ID# _____)
Ms Yehonati Leor

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**127 Sandhill Woods
Rockport, T 78382**

Principal occupation / Job title (See instructions)
Climate and drought researcher

Employer (See instructions)
Texas Drought Project

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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: 20 of 22
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Mike MacNaughton	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 20031 Encino Rdg San Antonio, T 78259		
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 12/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Kathy MacNaughton	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 20031 Encino Rdg San Antonio, T 78259		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 12/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Marcia L Ince	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 30 Imperial Way San Antonio, TX 78248-1562		
Principal occupation / Job title (See instructions) Community Service		Employer (See instructions) N/A
Date 12/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Susan N Sebastian	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 1407 Thush Ridge San Antonio, TX 78248		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired

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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: 21 of 22
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr David Voss	7 Amount of contribution (\$) 20.00
6 Contributor address; City; State; Zip Code 2234 Pinoak Knl San Antonio, T 78248		
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 12/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Melvin Cohen	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 13722 Cape Bluff San Antonio, T 78216		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) N/A
Date 12/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Jean Hackett	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2735 Wonderview Drive San Antonio, T 78230		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) N/A
Date 12/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Bonnie Conner	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3750 Hunters Cir San Antonio, T 78230		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) N/A

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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:
22 of 22

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
12/29/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Jimmy Toubin

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**230 W Sunset #1007
San Antonio, T 78209**

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
Toubin Insurance Agency

Date
12/29/2022

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
12/29/2022

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**18222 Crystal Cv
San Antonio, T 78259-3683**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
12/30/2022

Full name of contributor out-of-state PAC (ID# _____)
Mr Alice Penrod

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**18419 Turkey Trll
San Antonio, T 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 10/21/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Paul Killen	8 Amount of Contribution \$ 300.83
	7 Contributor address; City; State; Zip Code 10101 Reunion Place #250 San Antonio, TX 78216	9 In-kind contribution description Pay for Max & Louie's for a fundraiser
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See instructions) Killen Griffin & Farrimond
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)		

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

PLEGGED 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)

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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 <input type="checkbox"/> 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 <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation (See instructions)		21 Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation (See instructions)		Employer (See instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
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4 Date 7/5/2022	5 Payee name San Antonio AFL-CIO
----------------------------------	---

6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 9502 Computer Dr San Antonio, TX 78229
---------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Banquet Table
	(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 7/12/2022	Payee name Vista Print
--------------------------	----------------------------------

Amount (\$) 408.10	Payee address; City; State; Zip Code 100 Hayden Ave Lexington, MA 02421
------------------------------	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
--	--	--	---------------------------

Date 7/13/2022	Payee name Cricket Wireless
--------------------------	---------------------------------------

Amount (\$) 30.00	Payee address; City; State; Zip Code 575 Morosgo Dr Atlanta, GA 30324
-----------------------------	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
--	--	--	---------------------------

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 7/13/2022	5 Payee name Rocket Science Group, LLC	
6 Amount (\$) 74.61	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9
		Office held N/A

Date 7/18/2022	Payee name NationBuilder		
Amount (\$) 35.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Website Svcs	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

Date 7/18/2022	Payee name ZOOM US		
Amount (\$) 16.00	Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Video Meeting	Description Website Svcs	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)	
4 Date 7/29/2022	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 8/4/2022	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges	Description Bank Service Charge	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

Date 8/15/2022	Payee name Rocket Science Group, LLC		
Amount (\$) 74.61	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertising	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 13	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 8/15/2022	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 8/16/2022	Payee name ZOOM US		
Amount (\$) 16.00	Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Video Meeting		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
Date 8/16/2022	Payee name NationBuilder		
Amount (\$) 35.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought 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 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)	
4 Date 8/31/2022	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 9/13/2022	Payee name Rocket Science Group, LLC		
Amount (\$) 74.61	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 9/13/2022	Payee name Cricket Wireless		
Amount (\$) 30.00	Payee address; City; State; Zip Code 575 Morosgo Dr Atlanta, GA 30324		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Utilities	Description phone service	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 9/16/2022	5 Payee name ZOOM US	
6 Amount (\$) 16.00	7 Payee address; City; State; Zip Code 55 Almanden Blvd 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 9/16/2022	Payee name NationBuilder		
Amount (\$) 35.00	Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Website Svcs	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

Date 9/30/2022	Payee name Frost Bank		
Amount (\$) 5.00	Payee address; City; State; Zip Code PO Box 1600 San Antonio, TX 78296		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Service Charges	Description Bank Service Charge	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2022	5 Payee name Celebrate Excellence	
6 Amount (\$) 75.00	7 Payee address; City; State; Zip Code 2130 Jackson-Keller San Antonio, TX 78213	
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 10/13/2022	Payee name Cricket Wireless	
Amount (\$) 30.00	Payee address; City; State; Zip Code 575 Morosgo Dr Atlanta, GA 30324	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Utilities	Description phone service
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9
		Office held N/A
Date 10/13/2022	Payee name Rocket Science Group, LLC	
Amount (\$) 74.61	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)	
4 Date 10/13/2022	5 Payee name NationBuilder		
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Website Svcs	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
Date 10/13/2022	Payee name ZOOM US		
Amount (\$) 16.00	Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Video Meeting	Description Website Svcs	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
Date 10/17/2022	Payee name Max & Louies		
Amount (\$) 50.00	Payee address; City; State; Zip Code 226 W Bitters #126 San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Fundraising	Description Fundraiser	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)	
4 Date 10/29/2022	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 11/15/2022	Payee name Rocket Science Group, LLC		
Amount (\$) 74.61	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 11/15/2022	Payee name ZOOM US		
Amount (\$) 16.00	Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Video Meeting	Description Website Svcs	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 10 of 13	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2022	5 Payee name NationBuilder		
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Website Svcs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
Date 11/15/2022	Payee name Cricket Wireless		
Amount (\$) 30.00	Payee address; City; State; Zip Code 575 Morosgo Dr Atlanta, GA 30324		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Utilities		Description phone service
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
Date 11/29/2022	Payee name Mr Colt Osburn		
Amount (\$) 2000.00	Payee address; City; State; Zip Code 17365 Henderson Pass #1233 San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Consulting		Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)	
4 Date 11/29/2022	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 12/12/2022	Payee name DNH*GODADDY.COM		
Amount (\$) 82.68	Payee address; City; State; Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Website Svcs	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A
Date 12/15/2022	Payee name Cricket Wireless		
Amount (\$) 30.00	Payee address; City; State; Zip Code 575 Morosgo Dr Atlanta, GA 30324		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Utilities	Description phone service	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 12 of 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2022	5 Payee name NationBuilder	
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 520 S. Grand Ave Los Angeles, CA 90071	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising	(b) Description Website Svcs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9
		Office held N/A

Date 12/15/2022	Payee name ZOOM US		
Amount (\$) 16.00	Payee address; City; State; Zip Code 55 Almanden Blvd San Jose, CA 95113		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Video Meeting	Description Website Svcs	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

Date 12/15/2022	Payee name Rocket Science Group, LLC		
Amount (\$) 104.46	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising	Description Advertising	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Courage	Office sought Council District 9	Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 13 of 13	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)	
4 Date 12/29/2022	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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule 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
--	-------------

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

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
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2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Name of person from whom investment is purchased 6 Address of person from whom investment is purchased; City; State; Zip Code
	7 Description of investment
	8 Amount of investment (\$)

Date	Name of person from whom investment is purchased Address of person from whom investment is purchased; City; State; Zip Code
	Description of investment
	Amount of investment (\$)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
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5 Date	6 Payee name
---------------	---------------------

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

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

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
1 of 1

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
 6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

**The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••**

C/OH NAME
Mr John K Courage

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder